ICTAM VII

Seventh International Congress on Traditional Asian Medicine (ICTAM VII)

Asian Medicine: Cultivating Traditions and the Challenges of Globalisation

7-11 September 2009
Venue : Royal Institute of Management (RIM), Semtokha
Thimphu, Bhutan

ICTAM VII

Asian Medicine: Cultivating Traditions and the Challenges of Globalisation

CONFERENCE PROGRAMME & BOOKLET OF ABSTRACTS

7-11 September 2009
Thimphu, Bhutan

IASTAM
International Association for the Study of Traditional Asian Medicine

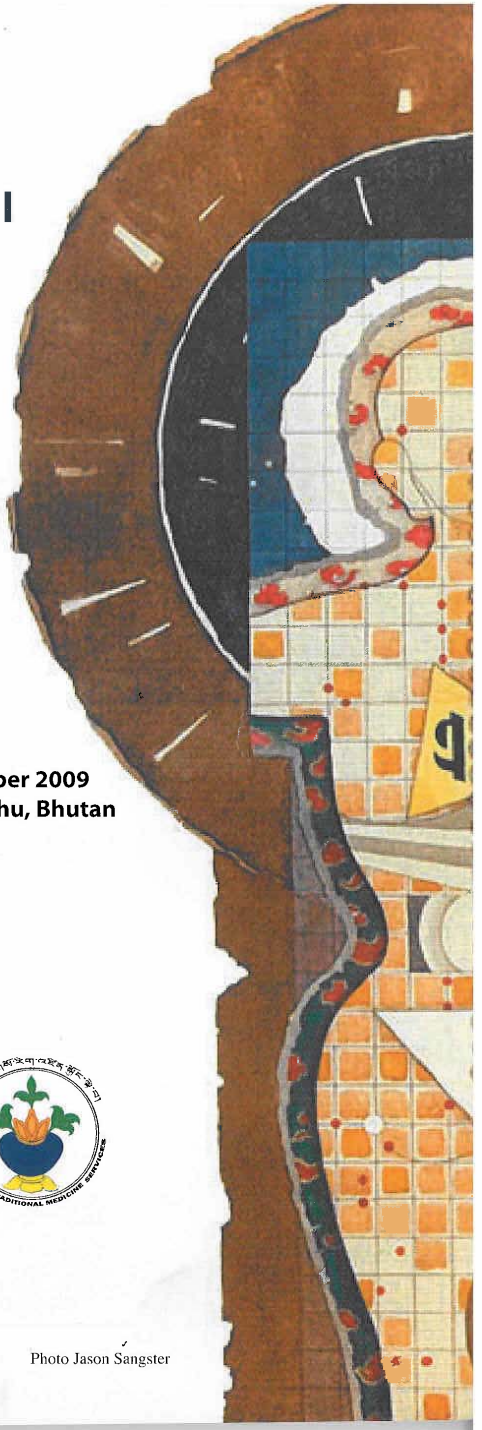

Photo Jason Sangster

ICTAM VII

Asian Medicine: Cultivating Traditions and the Challenges of Globalisation

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AND
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IASTAM

International Association for the Study
of Traditional Asian Medicine

The Seventh Congress on Traditional Asian Medicine
ICTAM VII

7-11 September 2009
Thimphu, Bhutan

Conference Venue

Royal Institute of Management (RIM)
Simthoka
Thimphu

Convenor

IASTAM
International Association of Traditional Asian Medicine

Host

Institute for Traditional Medicine Services
Ministry of Health
Government of Bhutan

Please note that the contents of the programme may be subject to changes. Any amendments will be posted at the conference venue. However, the schedule of the panels is fixed and will not be changed at all. Each paper will be a maximum of 20 minutes followed by 10 minutes of discussion, and will be given in its allocated time slots. Therefore please use the free time for discussions or visiting other panels in the case of a paper's cancellation.

CONTENTS

ACKNOWLEDGEMENTS

ICTAM VII was only possible due to the dedication, hard work, patience and good humour of many people, not all of whom can be mentioned here in a comprehensive manner.

Particular thanks go to Ulrike Čokl, who has done an incredible job with the local organisation of the conference in Thimphu. It was not uncommon to hear of her desperately seeking out a working Internet connection, while coping with flooded offices and Bhutanese diplomacy. She has been an extremely efficient representative conference organiser in Thimphu, collaborating well with our esteemed Bhutanese hosts, participants and local government. I would like to acknowledge her close collaborator, Alpine Bhutan Travel and their staff for all their efforts and hard work to make participants' travel arrangements as best as they could, also coping very well with internet-communication problems.

Furthermore there were eleven people active in this ICTAM's conference organising committee, all of whom have been instrumental in bringing this conference to fruition: Joe Alter, Narendra Bhatt, Marten Boode. Emma Griffin, Marta Hanson, Vivienne Lo, Alex McKay, Geoffrey Samuel, Volker Scheid, Martha Selby and Michael Stanley-Baker.

Special thanks also go to Alex McKay for his splendid travel companionship to a planning meeting in Thimphu in October 2008 and for drafting the programme, to Michael Stanley-Baker for his help with budgeting of the conference, Joe Alter for his dedicated efforts in dealing with the financial details and the IASTAM accounts, Michael Helme for updating the website and not least, Sienna Craig for her inspiring enthusiasm and outstanding co-operation in the fundraising and organisation of Panel Number Nine. I also would like to acknowledge the sponsorship of institutions and companies, which are mentioned separately in the back of this publication.

In addition, thanks are due to our Bhutanese Host, the Institute for Traditional Medicine Services in Thimphu, in particular Dorji Wangchuk, for his invitation to hold the conference in Bhutan, the Government of Bhutan who approved of this and supported our endeavours for holding the largest international conference to date in the "Land of the Dragon".

Finally, perhaps most importantly, to all participants, 'Thank you' for your willingness to undertake the hardship of travelling to the Himalayas to present your work and for all your efforts, understanding and patience in making this conference a success. I wish you an enjoyable conference and a memorable stay in Bhutan.

Theresia Hofer
ICTAM VII Organiser

WELCOME MESSAGE FROM THE PRESIDENT

I am happy to welcome you to the Seventh Congress on Traditional Asian Medicine (ICTAM VII) 'Asian Medicine: Cultivating Traditions and the Challenges of Modernity'.

With nearly 200 participants in attendance, including practitioners and academics as well as private entrepreneurs and government civil servants from 30 countries, IASTAM can truly claim to be an international and interdisciplinary organisation at its heart. The range of topics and methodological approaches presented in the various panels and individual papers ranging in scope from history, philology and religion to literature, Asian and biomedical practices and sciences, and across disciplines from anthropology, art history, material culture, and law to globalisation, feminist and modernisation studies - is perhaps equally unique in an event of this kind.

The four days of the conference promise to be an opportunity for all of us to meet learned and skilled colleagues from around the world, to share, talk, and make friends, and to make contacts that will facilitate co-operative endeavours in the future. All of this will help to advance the IASTAM's unique mission to serve as a platform for both the study and practice of the Asian Healing Arts.

I would like to draw your attention that at this year's ICTAM we will be celebrating the 30th Anniversary of IASTAM, founded in 1979 in Australia by Charles Leslie and A. W. Basham. On Thursday afternoon we will hold a dedicated session to celebrate IASTAM's rich history and achievements, and take this opportunity to also discuss the future of our organisation, award this years award's and prizes and welcome the new Secretary General of IASTAM.

I wish you all a successful conference!

Volker Scheid, President of IASTAM

INFORMATION

International Association for the Study of Traditional Asian Medicine

President:
Volker Scheid, University of Westminster, UK

Vice-Presidents:
Judith Farquhar, University of Chicago, USA
Geoffrey Samuel, Cardiff University, UK

Secretary General:
Marta Hanson, Johns Hopkins University

Treasurer
Joseph S. Alter, University of Pittsburgh, USA

Council Members
Vivienne Lo, University College London
Maarten Bode, University of Amsterdam
Narendra Bhatt, Zandu Pharmaceuticals
Martha Ann Selby, University of Texas, Austin, USA
Waltraud Ernst, Southampton University
Emma Griffin

Honorary Members
Paul Unschuld
Kenneth Zysk

ICTAM VII - ORGANISATION

President:
Volker Scheid, University of Westminster, UK

Secretary General:
Marta Hanson, Johns Hopkins University

Organisers:
Ulrike Čokl, Independent &
Theresia Hofer, Doctoral Researcher, University College London

Conference Host:
Institute for Traditional Medicine Services, Thimphu, Bhutan
ITMS, Institute of Traditional Medicine Service
P.O.Box 297
Thimphu, Bhutan
Fax: +975 2 321473 or +975 2 323012

Conference Venue:
Royal Institute of Management
P.O. Box 416
Simtokha, Thimphu
Bhutan

Programme and Abstract Booklet:
Theresia Hofer

Programme Layout:
Karma Tshering Doma (Kuensel) and Ulrike Čokl

Sponsors of ICTAM VII:
Austrian Federal Minstry of Science and Research
Austrian Academy of Sciences, Institute for Social Anthropology
The Coca Cola Company - China
Herb Farm, Ed Smith
Rockefeller Foundation
Trace Foundation
Wellcome Trust Centre for the History of Medicine at UCL

DAILY ROUTINE

Morning
Optional Asian self-cultivation practices
(Yoga. Tai Chi, Silent Meditation)
in hotel gardens/rooftops: 6.00 – 7.00hrs
(TUES, WED, THURS)

Breakfast at Hotels: 7:00 – 8:00hrs
Transport from Hotels to Conference Venue: 8.15hrs

Morning

Panels

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Tea/Coffee
***

Panels

***
Lunch
***

Afternoon

Panels

***
Tea/Coffee
***

Panels

Evening
Cultural Programme or Keynote Addresses

PROGRAMME (SHORT)

ICTAM VII – Seventh International Congress on Traditional Asian Medicine

Asian Medicines: Cultivating Traditions and the Challenges of Globalisation

Thimphu, Bhutan, 7 – 11 September 2009

SUNDAY, 6th September 2009

16.00 – 19.00	Registration of International Participants (Namgay Heritage Hotel)
19.30 – 21.00	Welcome by the Bhutanese Host and Informal Opening Dinner (Namgay Heritage Hotel)

MONDAY, 7th September 2009

7:00	Breakfast at Hotels
8:15	Departure from hotels to Royal Institute of Management

Official Opening Ceremony

Auditorium, Royal Institute of Management (RIM)

08:45 – 09:00	All guests and participants to be seated
09:00	Arrival of Chief Guest
09:00 – 09:05	Marchang Offering - RIM
09:05 – 09:10	**Welcome Address** - Dr. Gado Tshering, Secretary, Ministry of Health
09:10 – 09:40	**Welcome Addresses:**

a) Volker Scheid, President, International Association for the Study of Traditional Asian Medicine (IASTAM)

b) Charlotte Furth, Offtg. Secretary General, IASTAM

	Keynote Address:
	Dasho Karma Ura, President, Centre for Bhutan Studies (CBS)
	'Gross National Happiness as a larger context of healing and global change'
09:40 – 09:55	Inaugural Address by the Hon'ble Chief Guest
09:55 – 10:00	Vote of Thanks - Dr. Dorji Wangchuk, Director General, Ministry of Health
10:00 – 10:15	Group Photograph - ICB
10:15 - 11:00	Light Refreshments & Viewing of the Photographic Exhibition 'LIVING LINEAGE' in the Foyer of the Royal Institute of Management

Hon'ble Chief Guest: His Excellency, Lyonpo Khandu Wangchuk, Minister of Economic Affairs and Chairman of the University Council, Royal University of Bhutan

MONDAY, 7th September 2009

1st Session: Room A – 11.00 –13.00hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines

A panel in memory of Yeshe Choedron Lama (1971-2006)

Panel Organisers: Sienna Craig, Denise M. Glover

Cultivating the Wilds: Framing Issues and Cross-Disciplinary Concerns
Sienna Craig & Denise M. Glover

Globalisation of Traditional Chinese and Tibetan Medicines between China and Europe: An Interdisciplinary Research Agenda
Mona Schrempf

Critically Endangered? Himalayan Medicinal Plant Conservation and Diversity in Medical Cultures
Calum Blaikie

From Wild to Cultivated: Can Valued *Sowa Rigpa* Medicinal Plants Meet Market Demands Sustainably and Benefit Local Communities?
Carroll Dunham

1st session: Room B – 11.00-13.00hrs

Panel 16: Tibetan Medicine Panel - Diagnosis, Treatment and the Practitioner's Experience
This panel will be partly held in the Tibetan language
Panel organiser: Mingkyi Tsomo (Mingji Cuomu)

Treatments with Mantras and Prayers (*sgnags*)
Akong Trulku Rinpoche (Shetrup Akong Tarap)

The Efficacy of Two Tibetan Medicines in the Treatment of Hypertension
Namlha Kar (Nanlaka)

The Standardization Issues of Tibetan Medicine
Karma Tsoni (Cuoni)

Hepatitis B and a Tibetan Medical Clinical Trial of Da'o 8
Sonam Thobgyal (Suo Lang Duobuji)

1st Session: Room C – 11.00-13.00hrs

Panel 5: Medical Manuscripts on the Silk Roads
Panel Organiser: Catherine Despeux

A Himalayan Melange - Exotic *materia medica* in the Tibetan Dunhuang medical manuscripts
Ronit Yoeli-Tlalim

Medical Diagrams in the Tansuqnamah, the Treasure Book of Ilkhān on Chinese Science and Techniques
Vivienne Lo

Agada pills in *Qian Jin Yi Fang*: A case of Indian Ayurvedic medicine in medieval China
Chen Ming

Medical Manuscripts of Khara-khoto
Catherine Despeux

1st Session: Room D – 11.00 - 13.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: from Past to Present
Panel Organiser: Hugh MacPherson

The Dilemma of Acupuncture and Modern Research
Iven F. Tao

On Effects and How They Could be Influenced
Claudia Witt

On Pragmatic Research to Explore Real World Benefits
Hugh MacPherson

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Lunch 13.00 – 14.00hrs

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2nd Session: Room A – 14.00 - 16.00hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig, Denise M. Glover

Perspectives from the Tradition of Tibetan Medicine on the Nature, Identification, and Potencies of Organic *materia medica*, as well as their Protection and Increased Production
Dr. Dawa

Tibetan Medicine and Climate Change
Jan Salick

The Ethics of Intellectual Property Rights – the Impact of Traditional Knowledge and Health
Chamundeeswari Kuppuswamy

To Treasure Wild Medicinal Plant Resource and Conserve Tibetan Culture
Duji Sina (Dorje Sonam)

2nd Session: Room B – 14.00 - 16.00hrs

Panel 13: Medicine and Healing in the Bon Tradition
English language session
Panel Organisers: Colin Millard, Geoffrey Samuel

The Theory and Practice of Urine Diagnosis in the Bon Medical Tradition.
Colin Millard

Integrating Tibetan Yoga (rtsa rlung 'phrul 'khor) into Contemporary Medical Settings
Alejandro Chaoul

'Light' on the Human Body – The Coarse Physical Body and its Functions in the Aural Transmission from Zhang Zhung on the Six Lamps
Henk Blezer

Precious Pills in the Bon Medical Tradition
Geoffrey Samuel & Colin Millard

2nd Session: Room C – 14.00 - 16.00hrs

Panel 1: Traditional Healing in Bhutan
Panel Organiser: Françoise Pommaret

Colour, Thread and Cloth in Religious Contexts and Healing Rituals in Bhutan
Karin Altmann

In Search of the Wood of Gods
Pelzang Wangchuk

The Significance of Sangay sMan-lha in the Medication of Traditional Medicines in Bhutan
Drungtsho Tandin Phurpa

2nd Session: Room D – 14.00 - 16.00hrs

Panel 6: The Limits of Authenticity - Views from Practitioners
Panel Organiser: Nancy Holroyde Downing

Practitioner of Chinese Medicine, Jack Reginald (JR) Worsley 1923-2003: The Legacy
Helen Fielding

The Daily Search for the "Art of Acupuncture" - from a Practitioner's View
Dr Anita Meyer

The Study of Eastern Medicine in the West
Keiko Golambos

Beneath The Four Pillars
Nancy Holroyde-Downing

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16.00 – 16.15 Tea/Coffee

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3rd Session: Room A – 16.15 – 18.45hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

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Taking a Broader Perspective – Integrated Care as a Model for Equitable Access and Empowerment
Viktoria Stein

Determining Sustainable Global Health Policies: an impact evaluation of the integration of non-biomedicine and biomedicine into local health care systems in the Philippines
Paul Kadetz

Perinatal Health Care and the Integration of Asian Medicine
Roni Sellmann

Impact of Globalisation on the Minocoy Island, Lakshdweep of India
Nasir Ahemad & A. N. Sharma

Indigenous / Traditional Medicines: Challenges and Bottlenecks
Gopal Dixit

3rd Session: Room B – 16.15 – 18.45hrs

Panel 8: Women and Gender in Medicine and Healing Across Asia
Panel Organisers: Theresia Hofer, Jennifer Bright
Panel Chair: Charlotte Furth

Becoming a Mother: Reproductive Technologies and the Ambiguities of Fertility in Imperial and Contemporary China
Francesca Bray

Tibetan Women's Reproductive Health Behaviour between Modern Family Planning and Traditional Family Values
Mona Schrempf

Fertility as the Cutting Edge of Traditional & Biomedical Discourse
Suzanne Cochrane & Jane Lyttleton

Miscarriage – Conceptions Past and Present
Victoria Conran

Islamic Medical Embryology: Traditions and Choices
Ayesha Ahmad

3rd Session: Room C – 16.15 – 18.45hrs

Panel 13: Medicine and Healing in the Bon Tradition
This panel will be in the Tibetan language
Panel Organisers: Colin Millard, Geoffrey Samuel

Presentation on Shang Shung and Tibet's Special Medical Diagnosis Method
Kalsang Norbu

A General Outline of the Diagnostic Methods in the Medical System of Shang Shung and Tibet and the Need to Preserve Them
Rinchen Tenzin

The Background to the Colophon of the rGyud-bzhi of the sde dge dpar khang Blockprint
Nyima Woser Choekhortshang

Essential Instructions on the Diagnosis of the Three Humours
Amchi Gege (Tsultrim Sangye), Triten Norbutse and Tashi Gyegay

***bad kan smug po* Disease**
Nyima Samphel

3rd Session: Room D – 16.15 – 18.45hrs

Panel 6: The Limits of Authenticity - Views from Practitioners
Panel Organiser: Nancy Holroyde Downing

Teaching Practices in Tibetan Medicine: Didactic Procedures in Traditional and in Academic Training
Marie-Thérèse Nicolas

Traditional Medicine and End of Life Care of Terminally ill Patients
Chan Tuck Wai

Ayurvedic Treatment for Chikungunya – Tracing Trajectories, Searching Solutions
Hari Kumar Bhaskaran Nair

On Human Bones
Chang Che-chia

Modernities in Practical Approach
Antonie Van den Bos & Merel Van den Bos

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19:00 CULTURAL SHOW
&
OFFICIAL OPENING DINNER AT RIM
Kindly Hosted by the Ministry of Health, Government of Bhutan
with Chief Guests and all Participants at RIM

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TUESDAY, 8th September 2009

First Session: Room A – 09.30-12.00hrs

Panel 15: Cultivating Perfection and Longevity
Panel Organisers: Vivienne Lo, Geoffrey Samuel

Construction of Authority and Identity in Medieval *Yangsheng*
Michael Stanley-Baker

Yangsheng Self Cultivation: Self Help and Self Image
David Dear

Satisfaction, Pleasure and Euphoria in Medieval Chinese Daoist Yangsheng Texts
Rudolf Pfister

The Principle of Yang Sheng in Education
Felicity Moir & Cinzia Scorzon

Female Alchemy in China: From Religious Practice to Health Regimen
Elena Valussi

1st Session: Room B – 09.30-12.00hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig, Denise M. Glover

Tibetan Medicine in the European OTC-Context
Herbert Schwabl

Conservation of Wild Medicinal Plants Through Sustainable Wild-Harvesting and Propagation by Organic Agriculture Worldwide
Ed Smith

Managing Supply Chain of Herbal Ingredients
Huaying Zhang

GMP and Notions of Quality in the Tibetan Medicine Industry
Martin Saxer

Endangered Tibetan Medicinal Plants and Their Protection
Kalden Nyima

1st Session: Room C – 09.30-12.00hrs

Panel 3: South Asian Medical Pluralism and Globalisation: The Value of Traditional Medicine and its Promotion
Panel Organiser: Omboon Luanratana,

Red Bull, the Spa Culture and Traditional Medicine in Thailand: Cultural Identity and Thai Traditional Medicine
Assunta Hunter

Medicinal Plants used Against Syphilis and Gonorrhoea by Traditional Medicinal Practitioners of Bogra District, Bangladesh
Md. Ariful Haque Mollik

Traditional Folklore Therapy in Darjeeling and its Foothills
Kishore Kumar Thapa

Traditional Folk Medicines of the Shepoumaramath Nagas of Senapati district of Manipur and their Commercialization Oppertunities
Gopal Kumar Niroula Chhetry

The Obstacles of Asian Medicine Utilisation and Solutions
Omboon Luanratana

1st Session Room D – 09.30-12.00hrs

Panel 11: Globalisation, Hybridity and Continuity in Traditional Japanese Health Practices
Panel Organiser: Nancy Stalker

Kampô, Patent Drugs, and Women's Health in Modern Japan
Susan L. Burns

Ties that Bind: Pregnancy and the Persistence of Tradition in Contemporary Japan
Amanda Seaman

Transformations and Social Responses, 1927-2008 – Sustainability of Contemporary Japanese Traditional Medicine
Tanojiri Tetsuro

Macrobiotics: The Globalization of a Japanese Local Diet
Nancy Stalker

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Lunch 12:00 – 13:00

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SIGHTSEEING

13:00 – 18:30

(Organised by **ALPINE BHUTAN TRAVEL** and **ITMS**)

- National Institute for Traditional Medicine and Pharmaceutical Factory
- Dochula, Druk Wangyal Lhakhang
- Botanical Garden in Serbithang OR Yusipang Herbal garden
- Semthoka Dzong

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19:00 - 20:00 Dinner at Hotels

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20:00-21:00
KEYNOTE ADDRESS at NAMGAY HERITAGE HOTEL
'Cultivation of Harmonization of Traditional Asian Medicine'
Kenji Watanabe, Center for Kampo Medicine,
Keio University School of Medicine, Tokyo

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WEDNESDAY, 9th September 2009

1st Session: Room A – 09.30-12.00hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

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Traditional Medical Regulation in the UK and EU
Brion Sweeney

Modernizing Traditional Medicine: The Role of Multinational NGO's in Harnessing Localized Knowledge
Anu Bhardwaj

Traditional Chinese Medicine in Cuba
Johann Perdomo Delgado & Evelyn A. Gonzalez Pla

Effectiveness of Treatment of the Ischaemic Hemiplegic Stroke with Acupuncture
Marcos Diaz

1st Session: Room B – 09.30-12.00hrs

Panel 8: Women and Gender in Medicine and Healing Across Asia
Panel Organisers: Theresia Hofer, Jennifer Bright
Panel Chair: Charlotte Furth

Tradition of Breastfeeding in Bhutan
Passang Lhamo Sherpa

Traditionally intervention of Nutritional Medicine to the diet of Lactating mothers during Perperium in western Rajasthan of India
Mathur Meenakshi & Parihar Neetu

Women's Diseases, Health and Childbirth in Tibetan Medicine
Mingji Cuomu

A Women's Body Not Made of Causes: a Feminist Reading of "*Healthy Mind, Healthy Body: a Health Handbook for Tibetan Women*"
Jennifer Bright

1st Session: Room C – 09.30-12.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: from Past to Present

Panel Organiser: Hugh MacPherson

Non-Conventional Medicines Experimental Program of Emilia-Romagna Region
Francesco Cardini

On the Optimal Interplay of Patients, Practitioners and Paraphernalia
Elisabeth Hsu

On Notions of Effectiveness in Chinese Medicine: "Best Practice" vs. "the Best Practitioner"
Volker Scheid

Chinese Medicine Practitioners' Perspectives on the Use of Biomedical Information in their Practice - a Q Methodological Study
Trina Ward

1st Session: Room D – 09.30-12.00hrs

Panel 2: Caring Homes - Home-based Health Care in Contemporary China

Panel Organisers: Anna Lora-Wainwright, Chang Chia-feng

Panel Chair: Judith Farquhar

Rising and Resting: Practical Habit and Health Knowledge in Chinese Everyday Life
Judith Farquhar

Fighting for Breath: Healthy Men, Cancer and Caring Families in Rural Sichuan
Anna Lora-Wainwright

Everyday Strategies for Survival During the Great Famine in China
Zhou Xun

Community, Mental Health and Home Care
Nancy Chen

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Lunch 12.00 – 13.00hrs

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2nd Session: Room A – 13.00 – 15.30hrs

Panel 15: Cultivating Perfection and Longevity
Panel Organisers: Vivienne Lo, Geoffrey Samuel

Ingestion of the Five Sprouts
Gil Raz

Tibetan Longevity Practices: The Body in Buddhist Tantric Ritual
Geoffrey Samuel

***Chulen* - Reinventing the Idea of a 'Tonic'**
Barbara Gerke

Writing the Body Techniques for Prolonging Life in 16th-17th Century China: Why and How
Hsiu-fen Chen

Grasping at the Wind: in Search of the Vayus
Lucy Powell

2nd Session: Room B – 13.00 – 15.30hrs

Panel 8: Women and Gender in Medicine and Healing across Asia
Panel Organisers: Theresia Hofer, Jennifer Bright
Panel Chair: Charlotte Furth

Tibetan Women Doctors and Healers in Transition
Theresia Hofer

Imperial Consorts and Eunuchs in the Qing Imperial Court- Not Quite Men
James Flowers

Reviewing the System of Women Doctor in Chosun Dynasty, Korea
Sae-Young Hon

Failing to Conceive: Dealings with, and Perceptions of, Infertile Female Bodies in Lhasa
Heidi Fjeld

30 Minutes Discussion with all Panel Participants

2nd Session: Room C – 13.00 – 15.30hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig, Denise M. Glover

Medicinal Plants and Its Conservation in China with Reference in Chinese Himalayan Region
Pei Shengji

Medicinal Plants Conservation and Traditional Knowledge Transferring in Kawagebo Region
Ma Jianzhong and Samdrup Tsering

An Alternative Approach to Medicinal Plant Conservation in Ladakh, India
Tsewang Gonbo

Conservation, Cultivation, and Sustainable Use of Medicinal Plants: Preliminary Report from Trials in Mustang, Nepal
Amchi Gyatso Bista

Yartsa Gunbu (*Cordyceps sinensis*: An Ancient Medicinal Fungus Transforming Rural Tibet
Daniel Winkler

2nd Session: Room D – 13.00 – 15.30hrs

Panel 7: Text and Practice in Himalayan Healing
Panel Organisers: Alex McKay, Ivette Vargas

Curriculum, Pedagogy, and Modernity in the Early Sman rtsis khang
Stacey Van Vleet

"Oh fever… go to yon foreign people": the Healing Traditions of the Atharvaveda, Then and Now
Alex McKay

Disease, Healing and Religion: Klu Creates Dialogue Between Religion and Medicine
Ivette Vargas-O'Bryan

The Reorganization of Ancient Tibetan Medicine Books
Feng Ling

On the Connection Between Tantric Theory and the Healing Performed Through Spirit Mediums in Tibetan Communities
Dawn Collins

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15.30 – 16.00 Tea/Coffee

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3rd Session: Room A – 16.00 – 18.00hrs

Panel 1: Traditional Healing in Bhutan
Panel Organiser: Françoise Pommaret

"Lords of Treasures (*gTer bdag*): The Healing Mediums of Northeast Bhutan
Françoise Pommaret

A Study on the Attitude of Bhutanese People on gSo-ba-Rigpa
Namgay Lhamo

Traditional Asian Medicine and Leprosy in Bhutan
Judith Justice

Negotiating with the Spirits and Healing Malady
Karma Pedey

3rd Session: Room B – 16.00 – 18.00hrs

Panel 17: Trade and the Globalisation of Medicine Across Asia
Panel Organiser: Guy Attewell

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gSo-ba Rig-pa and intellectual property rights - sacrilege or necessity?
Phurpa Wangchuk

Strategies of Cooperation and Network-Building of Healers in Kathmandu and Geographical Surrounds and Possible Integration in Governmental Structures in Regard to the Global and Historical Context
Lydia Roessl

Substance, Aura and Parallel Lives: Tyriaq in Trade and Therapeutics in the 19th Century
Guy Attewell

The Problem of Identifying *Mudan* 牡丹and the Tree Peony in Early China
Teruyuki Kubo

3rd Session: Room C – 16.00 – 18.00hrs

Panel 16: Tibetan Medicine Panel – Diagnosis, Treatment and the Practitioner's Experience
This panel will be in the Tibetan language
Panel Organiser: Mingkyi Tsomo (Mingji Cuomu)

Presenting the Somaraza and the Influence of Indian Medicine
Ren Renchengyal

Gyu thog yon tan mgon po and Tibetan Medicine
Shamdo Lusham Gya (Li Xian Jia)

One Hour Round-Table Discussion

3rd Session: Room D – 16.00 – 18.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: from Past to Present
Panel Organiser: Hugh MacPherson

The Efficacy of Thai Massage in Social Contexts
Junko Iida

Preliminary Research Study on the Efficacy of Tibetan Medicine Against All Forms of Cancer
Dorjee Rapten

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18:30 – 19:30 Dinner at Hotels

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19:45 – 20:30:
KEYNOTE ADDRESS at NAMGAY HERITAGE HOTEL
Globalisation and Traditional Systems of Medicine:
Universal Basics and Spherical Limits'
Narendra Bhatt

THURSDAY, 10th September 2009

1st Session: Room A – 09.30-12.00hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

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Bhutanese Perspective on the Integration of Traditional Medicine with the Allopathic Medicine in its National Health Care
Ugyen Dendup

Health and Happiness; a Holistic Public Health through Bhutanese Traditional Medicine (BTM)
Drungtsho Karma Gaylek

Traditional Medicine Services in Bhutan: Holistic Treatment and Patient Care
Drungtsho Tshering Tashi

1st Session: Room C – 09.30-12.00hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig and Denise M. Glover

2, 5 hours of Roundtable Discussion with all panel participants

1st Session: Room D – 09.30-12.00hrs

Panel 16: Tibetan Medicine Panel - Diagnosis, Treatment and the Practitioner's Experience

This panel will be in the Tibetan language

Panel Organiser: Mingkyi Tsomo (Mingji Cuomu)

Clinical Research on *Honlok* Disease (Dementia)
Renchen Dhondrup (Renqing Dongzhu)

***bDud rtsi lnga lums* - Herbal Steam Baths in Sowa Rigpa**
Drungtsho Sangay Wangdi

Diagnosis & Treatment in Traditional Tibetan Medicine Da'o 13 and Da'o16
Pema Dorjee

Tibetan Medical Diagnosis and Treatment for Diabetes
Mingkyi Tsomo (Mingji Cuomu)

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Lunch 12.00 – 13.00hrs

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2nd session: Room C – 13.00 – 15.30hrs

Panel 17: Trade and the Globalisation of Medicine across Asia

Panel Organiser: Guy Attewell

The use of bee products in Chinese medicine and modern apitherapy
Roland Berger

Globalisation in antiquity? An ethnohistorical analysis of the transmission of Hippocratic concepts of humoral imbalance into Ayurvedic and Unani pharmacopoeias.
Sonia Vougioukalou

Teaching Tibetan Medicine in the West
Sonja Maric

30 Min of Discussion with all panel Particpants

2nd Session: Room A – 13.00 – 15.30hrs

Panel 18: Empiricisms in Transition: Intersections of Science in Asian Medicines
Panel Organiser: Vincanne Adams

Transforming Medical Traditions in 20th and 21st Century India: The Local and the Global in the Evaluation of North Indian Therapeutic Practice
Helen Lambert

Science and the Reinvention of Tibetan Medicine in Exile
Stephan Kloos

Validity and Efficacy in Tibetan Medicine in Xining
Vincanne Adams

Ayurvedic Medicine in Post-Independence India: Revivalism, Heritage, and Modernity
Sameer Gupta

The State of Indigenous Medicine in British Ceylon 1900-1948
Rathnayake M. Abeyarthne

2nd Session: Room B – 13.00 – 15.30hrs

Panel 14: Concepts of Nature and Constructions of 'the Natural' in South Asian Medicine and Literature
Panel Organiser: Mary Cameron

No Nature, No Culture: The Sanskrit Case
Dominik Wujastyk

Āyurveda and Nature in Nepal
Mary Cameron

Connecting Sumitrānandan Pant's Use of Nature in Chāyāvād Poetry to the Gandhi-Tagore Nationalist Controversy
Sarah Houston Green

The Nature of Prakritik Chikitsa in India
Joseph Alter

Prakriti in Yoga and Āyurveda
Reinhard Bögle & Narendra S. Bhatt

2nd Session: Room D – 13.00 – 15.30hrs

Panel 4: Traditional Medicine in Amdo and Korea
Panel Organiser: Wung Seok Cha

Sman pa grwa tshang in Kumbum Monastery
Dhondup Drotsang

Mural paintings in the Medical College of Labrang Monastery
Katharina Anna Sabernig

Research on Akhu Pension Model in Tibetan Buddhist Monastery: In the Case of Sku bum Monastery
Zhang Haiyun

Cultivating Korean Medicine: Institutions of Korean Medicine
Taewoo Kim

The Value of 『Seungjeongwon Ilgi 承政院日記, Medical Record of the Royal Secretariat, in the History of Korean Medicine
Wung Seok Cha

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Tea/Coffee 15.30 – 16.00

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16.00-18.30
30th ANNIVERSARY OF IASTAM CEREMONY
RIM - AUDITORIUM

16.00 – 18.30	**30th Anniversary ceremony and IASTAM Members' Meeting**
16:00	**President's Speech** Volker Scheid
16:05	**Offtg. Secretary General's Speech** Charlotte Furth
16:10	**Charles Leslie's Message for the Conference** (Read by Dominik Wujastyk)
16:15	**30 years of History of IASTAM** Dominik Wujastyk & Narendra Bhatt
16:45	**Round Table Discussion: Future of IASTAM:** 'Advocacy vs Academy'
17:45	Announcement of the Election Results
17:50	Inaugural Speech new Secretary General
18:00	**Announcement of this year's Basham Medal Winner** & **Charles Leslie Prize Young Scholar Presentation Award**
18:10	**Round of Thanks**
18:30	End of Ceremony
18: 35 - 19:35	Keynote address of this year's Basham Award Holder

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19:45
INFORMAL CLOSING DINNER AT RIM

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FRIDAY : Departure

OVERVIEW OF ALL PANELS AND TIMINGS

Panel 1: Traditional Healing in Bhutan

Panel Organiser: Francoise Pommaret

Panel Description: This panel presents different forms of healing which are practised in Bhutan. Some of them may not, strictly speaking, belong to the medical corpus, but are important for the mental and physical well-being of the people. It explores the fascinating links between religious beliefs and healing in a cultural context.

Time: Monday – 14.00 - 16.00hrs Location: Room C

Time: Wednesday – 16.00 – 18.00hrs Location: Room A

Panel 2: Medical Pluralism, Integrated Care and Public Health

Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

Panel Description: The contributions in this panel will analyse Contemporary Applications and the Contemporary Control of Traditional Medicine in various perspectives. Contemporary applications are demonstrated in treating STDs and HIV/AIDS and Ischemic Heart Disease. Contemporary control of Traditional Medicine is illustrated by state, NGO, and scientific regulation. Specific local cases will be presented.

The Panel will also illustrate the various forces that are altering local medical pluralism and the effect of these changes on healthcare access. The effects of globalisation, accessible biomedicine, and global health policy implementing integrated systems will all be presented.

Time: Monday – 16.15 – 18.45hrs Location: Room A

Time: Wednesday – 09.30-12.00hrs Location: Room A

Time: Thursday – 09.30-12.00hrs Location: Room A

Panel 3: South Asian Medical Pluralism and Globalisation: The Value of traditional Medicine and its Promotion

Panel Organiser: Omboon Luanratana

Panel Description: The use of folklore and traditional medicine in the promotion of health and the prevention and cure of disease. The obstacles and strategic approaches for conservation and promotion of these invaluable healthcare systems.

Time: Tuesday – 09.30-12.00hrs Location: Room C

Time: Tuesday – 09.30-12. 00hrs Location: Room C

Panel 4: Traditional Medicine in Amdo and Korea

Panel Organiser: Wungseok Cha

Panel Description: Amdo and Korea are both situated close to China. One is in the west and the other is in the east. Amdo, which is now part of Qinghai of China, has maintained its own unique culture. On the other hand, Korea has been strongly affected by the Chinese culture throughout its history of maintaining its independence. This session is about medicine of these two areas. It is difficult to say that these five studies represent the two areas, but I believe that they will assist in understanding the characteristics of medicine of the two areas.

Time: Thursday – 13.00 – 15.30hrs Location: Room D

Panel 5: Medical Manuscripts on the Silk Roads

Panel Organiser: Catherine Despeux

Panel Description: This panel will comprise papers by scholars working on Silk Roads manuscripts concerned with healing and medicine. The papers will aim to identify contexts and analyse content that will contribute to our understanding of the cross-cultural transmission of medical knowledge and practice. Inevitably this subject will bring together scholars working across a range of different linguistic and disciplinary fields

Time: Monday – 11.00 -13.00hrs Location: Room C

Panel 6: The Limits of Authenticity - Views from Practitioners

Panel Organiser: Nancy Holroyde-Downing

Panel Description: It is not surprising to me that some of the most vibrant work on the history of Chinese healing arts comes from social and cultural anthropologists who seek intimacy with their subjects. Practitioners are also at an advantage. Jaded stereotypes of practitioners motivated by commerce and career, and seeking continuity in practice, or academics in their ivory towers, were fashioned at a time when disciplinary, geographic and ethnic boundaries seemed more fixed before our eyes. They hardly fit the complex manifestations of medical research and practice that surround us in the twenty-first century. They are even less relevant to the new generation of researchers and practitioners that surround us. This panel comprises practitioners writing at the margins on the relationship between authenticity and tradition in modern practice.

Time: Monday - 14.00 - 16.00hrs Location: Room D

Time: Monday - 16.15 – 18.45hrs Location: Room D

Panel 7: *Text and Practice in Himalayan Healing*

Panel Organisers: Alex McKay, Ivette Vargas

Panel Description: The systemization and globalisation of sowa rigpa has seen an emphasis on the scientific basis of its curing strategies. This process has tended to over-shadow Himalayan healing practices that derive from textually-based Indo-Tibetan esoteric traditions which are, in Western scientific understanding, "religio-magical" rather than medical. This panel seeks to explore the relationship between these texts (an example in the Indic tradition would be the *Atharvaveda*) and actual curing strategies and practices in historical or contemporary Himalayan society. Possible lines of enquiry thus include (but are not restricted to), the extent to which particular esoteric healing practices (such as those of "spirit-mediums"), follow specific textual models and/or internal logic; text-based studies of particular spirit entities in disease causation and curing; historical continuities or fractures in esoteric ritual, lineage, the use of curative substances, etc; or the extent to which such practices are expressed in contemporary society or affected by the cultural expectations of different patient groups. Studies of the "religio-magical" aspects of the Gyü Shi, (*Rgyud bzhi*) particularly those sections not yet translated into European languages, are also welcome.

Time: Wednesday - 13.00 – 15.30hrs Location: Room D

Panel 8: Women and Gender in Medicine and Healing Across Asia

Panel Organisers: Theresia Hofer, Jennifer Bright

Panel Chair: Charlotte Furth

Panel Description: This panel seeks to explore the roles and perspectives of women doctors and patients, and their contributions to, broadly defined "medical" practice and theory of Asian medicines and healing, both, contemporarily and at different historical times and in diverse geographical settings.
Papers are invited that deal with: biographies of female medical practitioners and their role in society, women's and men's health within Asian medical traditions and healing, family planning, the construction of gender in medical texts, expressions of distress particular to certain groups within societies and communities, lay concepts of illness and disease, visual representations of the body, etc.

Time: Monday - 16.15 – 18.45hrs Location: Room B

Time: Wednesday - 09.30-12.00hrs Location: Room B

Time: Wednesday - 13.00 – 15.30hrs Location: Room B

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of *Materia Medica* in Transnational Asian Medicines. *A panel in memory of Yeshe Choedron Lama (1971-2006)*

Panel Organisers: Sienna Craig, Denise M. Glover

Panel Description: This panel aims to integrate knowledge, methods, and field experience from a variety of disciplines and professional perspectives to explore the intersection of conservation and development agendas related to Asian *materia medica*. The panel begins with the assumption that the landscape of Asian medical production is undergoing a profound set of changes, from the increasing commoditization of medicinal and aromatic plants (MAPs) and an array of medicinal products derived from these raw materials to the design and implementation of complex regulatory structures (GAP, GMP, etc) related to the sourcing of medicinals and the production of medicines and other 'natural' products. Importantly linked to these changes are concerns over what 'sustainability' is, means, and does and how

natural resources such as *materia medica* are valued in the intersection between local, regional, and transnational socio-economies. In addition, rising concerns about over-harvesting and concomitant approaches to cultivation of rare, endangered, and commonly used MAPs are giving rise to new possibilities for collaboration between local communities, traditional medicine practitioners, scientists, governmental and non-governmental organizations, and (social) entrepreneurs; yet they are also raising new issues, from the methods by which quality and efficacy of cultivated ingredients are determined to questions about how to equitably distribute resources (including access to medical care), determine 'ownership' of traditional knowledge, steward land, and connect to markets. All of these concerns point toward the intersection of cultural preservation, environmental protection, indigenous and non-indigenous ways of knowing about and interacting with the natural world, and the socio-economic pressures that are concomitant with modern life. They also present unique opportunities for innovative, cross-disciplinary and cross-cultural engagement. In this panel, we strive to offer grounded case studies (e.g. results of cultivation trials, ongoing efforts to create cooperative marketing/sourcing arrangements, models for community-bases medicinal plant conservation, etc.) with more critical or analytical approaches to these issues (e.g. approaches to thinking about IPR in this context, social and political obstacles to conservation, etc.). We also strive to have a balance of medical practitioners, researchers/scientists, and those engaged in conservation and development initiatives involved in this panel.

Time: Monday – 11.00 –13.00hrs	Location: Room A
Time: Monday – 14.00 - 16.00hrs	Location: Room A
Time: Tuesday – 09.30-12.00hrs	Location: Room B
Time: Wednesday – 13.00 – 15.30hrs	Location: Room C

Panel 10: New frontiers in effectiveness and evidence: from past to present

Panel Organiser: Hugh MacPherson

Panel Description: The panel extends the presentations and discussions that evolved from the bridge-building IASTAM conference held in London April 2007 which was organised by Volker Scheid. The panel is built around the theme of effectiveness and evidence, concepts that have had different meanings over time, and continue to be the subject of debate and development. There will be innovative presentations across a spectrum of approaches to research, drawing on historical and anthropological methods as well as the more clinically based studies of efficacy and effectiveness that have more recently been conducted in the West.

Time: Monday - 11.00 - 13.00hrs Location: Room D

Time: Wednesday - 09.30-12.00hrs Location: Room C

Time: Wednesday - 16.00 – 18.00hrs Location: Room D

Panel 11: Globalisation, Hybridity and Continuity in Traditional Japanese Health Practices

Panel Organiser: Nancy Stalker

Panel Description: Japan is one of the wealthiest and most technically advanced societies in the world today, with a well-known public health insurance system that allows even its poorer citizens access to advanced medical technologies. This has resulted in Japan's having one of the longest life spans in the world for women and men. Yet the quest for long life is not simply a matter of up-to-date medical science, as many Japanese seek to relieve the stress of their daily lives by reconnecting with older healing traditions. "Low-tech" traditional health therapies and forms of medical treatment that predate Japan's rapid modernization in the nineteenth century continue to be widely popular, although many times in hybrid forms that blend indigenous ideas about health with modern notions about the body and scientific medical treatment. This interdisciplinary panel explores three such "alternative" health therapies, namely macrobiotic diets, traditional pregnancy and birthing practices, and Sino-Japanese traditional medicine (kampô). We will demonstrate that for Japanese in the twenty-first century, traditional medicine remains a key element of everyday life.

Time: Tuesday- 09.30-12.00hrs Location: Room D

Panel 12: Caring Homes: Home-based Health Care in Contemporary China

Panel Organisers: Anna Lora-Wainwright

Panel Chair: Judith Farquhar

Panel Description: Access to healthcare for citizens of China presents an ever taxing issue - one that is both hotly debated by lay people and one to which the state has recently turned its attention. Given the obstacles to carrying out fieldwork in the PRC until recently, medical anthropology of health in China has predominantly focused on practitioners and on TCM. This panel proposes to privilege the study of how lay people themselves understand illness and how they deal with it. Situating everyday practices related to health and healing within the context of people's lives in their homes will provide a better understanding of the challenges they face and the obstacles they encounter in their attempts at overcoming them. The focus is not only on the religious and ritualistic aspects of care (such as sacred healing and shamanism), but also on its more "mundane" aspects, such as herbalism, traditional manipulative techniques, special systems of exercise and dietary changes. Medicine will be assessed alongside other daily practices through which individuals and their families shape their bodies. Focusing on sufferers rather than medical systems, and advocating a bottom-up account of sufferers' agency, this panel aims to highlight the ways in which sufferers creatively and simultaneously resort to a variety of means to safeguard their health and that of their families.

Papers will focus on how care is managed in the home: who takes responsibility for healing? How is authority established? When caring practices fail, who is held accountable? In which ways are generational and gender differences negotiated through choices around care? How has globalisation impacted on home based practices of health maintenance and healing? How do globalised images of what is healthy interact with locally and historically formed perceptions? As such, contributions will show that practices of health maintenance and healthcare constitute relations between family members and between members of a social group, as well as setting social groups apart from each other. A closer understanding of these micro-processes of healthcare within the home, is inextricable from the macro-setting, and is intended to enhance the understanding of wider social processes at play within local settings.

Time: Wednesday - 09.30-12.00hrs Location: Room D

Panel 13: Medicine and Healing in the Bon Tradition

Panel in Tibetan and English

Panel Organisers: Colin Millard, Geoffrey Samuel

Panel Description: This panel will look at medicine and healing in the Bon tradition of Tibet. A traditional classificatory scheme of Bon knowledge is to speak of the 'nine ways of Bon'. The four lower ways are concerned with rituals that aim to remove obstacles, hindrances, and sickness, particularly when these are seen to be caused by harmful spirits, and as such many of these practices are directly related to medicine. The rituals of the higher ways are also related to medicine in that the techniques of the lower ways are empowered by the mantras and tantric visualisations of the higher ways. The first of the lower ways is known as the 'Way of the Gshen of Phywa'. This includes divination, astrology, ransom rituals, and medicine.

Alongside an elaborate tradition of healing rituals, the Bon tradition also has a fully developed tradition of medicine which parallels that found in the principal text of the Tibetan Buddhist medical tradition, the Rgyud bzhi. The Bonpo regard the Rgyud bzhi as a reworking of their own main medical text, the 'Bum bzhi, which they claim to be much older than the Rgyud bzhi. In the 1930s the Bon lama and scholar Khyungtrul Jigmai Namkai Dorje (1897-1955) wrote a comprehensive four-volume commentary on the 'Bum bzhi, the Khyung sprul sman dpe, which is based on both Buddhist and Bonpo sources. In recent years there has been a resurgence of the Bon medical tradition, which is currently been taught in a number of medical schools in Tibet and Nepal using both the 'Bum bzhi and the Khyung sprul sman dpe.

Time: Monday - 14.00 - 16.00hrs Location: Room B

Time: Monday 16.15 – 18.15hrs Location: Room C

Panel 14. Concepts of Nature and Constructions of "the Natural" in South Asian Medicine and Literature

Panel Organiser: Mary Cameron

Panel Description:

Time: Thursday 13.00 – 15.30hrs Location: Room B

Panel 15: Cultivating Perfection and Longevity

Panel Organisers: Vivienne Lo, Geoffrey Samuel

Panel Description: This panel will contain multi-media presentations and academic papers on the (proper) aims and practices of self-cultivation and longevity in Asia, past and present. There are no temporal limitations and the geographic range of 'Asia' will include Asian healing traditions in Europe and America. But rather than assume the lens of a modern practice in search of authenticity the speakers will be concerned with the particularities of practice. Each paper will explore the definitions of a self to be cultivated, concepts, ideas and practices surrounding longevity, and set the methods and targets, as far as possible, against their particular social, cultural or institutional backgrounds. While some of the presentations will be traditional text-based studies, others will make their point with film and ethnography

Time: Tuesday 09.30-12.00hrs Location: Room A

Time: Wednesday 13.00 – 15.30hrs Location: Room A

Panel 16: Tibetan Medicine Panel – Diagnosis, Treatment and the Practitioner's Experience

Panel held in the Tibetan language

Panel organiser: Mingkyi Cuomo

Panel Description: One of the main differences between Western biomedical and Tibetan medical diagnosis and treatment is, that while biomedicine relies on technology, Tibetan medicine largely depends on individual skills and practical knowledge of the doctor. These are built upon the basis of medical theory and practice, whereas in biomedicine, they are based on laboratory tests and clinical trials. Patients in remote areas of Tibet often have few options of health care available, and although biomedicines are available and used for minor complaints, people often rely on local Tibetan medical doctors, in particular for chronic diseases. Many rural doctors therefore deal with all kinds of diseases over a long period of time and are able to gain a great deal of good expertise for treating different chronic diseases. However, Tibetan medical treatments are not limited to chronic diseases.

In addition over time, different medical traditions have developed in different parts of Tibet and have their own specialities. In terms of medicinal ingredients, there are also regional differences in the occurance and identification of plants and *materia medica*, as well as the prevalence of certain diseases. This gave rise to diverse ways of practices.

For Tibetan medical practitioners, it is essential to have an opportunity where they can share their experiences and discuss specific diseases. So far, there have been very few international conferences where doctors of *Sowa Rigpa* can get together and share their knowledge. By organizing this specific panel I would like to create such an opportunity for these discussions to take place. The practitioners who will participate in this panel, will come from different regions and countries with their own local medicinal plant and medical heritage, and will get a unique chance to exchange their experiences through their presentations and in discussions.

Time: Monday - 11.00-13.00hrs	Location: Room B
Time: Wednesday 16.00 – 18.00hrs	Location: Room C
Time: Thursday - 09.30-12.00hrs	Location: Room D

Panel 17: Trade and the Globalisation of Medicine across Asia

Panel Organiser: Guy Attewell

Panel Description: This panel examines transregional contact and exchange in medicinal knowledge and substance across Asia. The processes of circulation across Asia, through migration, trade, colonial and missionary activity, provide an arena for the study of the contingency of medical knowledge in movement. What attributes are gained and lost in transmission? What are the dynamics of the acculturation of therapeutics, and the local production of healing knowledge in multiply connected Asian environments?

Time: Wednesday - 16.00 – 18.00hrs	Location: Room B
Time: Thursday - 09.30-12.00hrs	Location: Room B
Time: Thursday - 13.00 – 15.30hrs	Location: Room C

Panel 18: Empiricisms in Transition: Intersections of Science in Asian Medicines

Panel Organiser: Vincanne Adams

Panel Description: Efforts to unravel the thorny question of "science" in relation to Asian Medical Systems have led to important contributions to the field (Leslie, Needham, Bates, Nandy, among others). Analysis of "medical empiricisms" has sometimes served a way to avoid the debate over whether Asian Medical traditions are scientific or whether science is uniquely emergent from European enlightenment. In either case, the effort to demarcate interactions of empirical practices in medicine have been growing over the past decades. This panel builds on this important work. Continuing the effort to move beyond the "either/or" question of science, this panel will explore the historical trajectories of empirical practices that serve to demarcate differences and modernizations that are emergent in Asian medical practices, sometimes in relation to and influenced by foreign practices and sometimes independent of them. We ask how debated notions of "science" are themselves influencing the ways that Asian medical practitioners are making claims about validity, efficacy, rigor and certainty. How are notions of empirical validity being debated as Asian medicines are brought into and marketed in international arenas? How are concerns about the integrity of traditional theories being dealt with by practitioners of Asian medicine? For exploration of these themes, we are suggesting invitations to scholars who are familiar with the historical and with contemporary formulations of these processes and problems. The following list of speakers is a starting point for developing this session. More speakers will be added.

Time: Thursday 13.00 – 15.30hrs Location: Room A

PROGRAMME (DAY BY DAY) & ALL ABSTRACTS

MONDAY, 7th September 2009

OFFICIAL OPENING CEREMONY: AUDITORIUM - 9:00 – 10:30

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Light Refreshments
and
Viewing of Photographic Exhibition 'LIVING LINEAGE': *10.30 – 11.00hrs*

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1st Session, Room A – 11.00 –13.00hrs

Panel 9: Cultivating the Wilds: Idioms and Experiences of Potency, Protection, and Profit in the Sustainable Use of Materia Medica in Transnational Asian Medicines
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organizers: Sienna Craig, Denise M. Glover

Cultivating the Wilds: Framing Issues and Cross-Disciplinary Concerns
Sienna Craig, Dartmouth College & **Denise M. Glover,** University of Puget Sound

Introductory talk by the Panel Organizers

Globalisation of Traditional Chinese and Tibetan Medicines between China and Europe: An Interdisciplinary Research Agenda

Mona Schrempf, Horst-Görtz-Institute for Theory, History and Ethics of Chinese Lifesciences (HGI)**,** Charité University Medicine

Since Europe is now the world's largest market for herbal medicine products, and China is one of the largest producers of traditional Asian medicines, the interdisciplinary study of the rather recent globalisation of Tibetan medicinals is of crucial importance for both biodiversity and the development of traditional Tibetan medicine. Our approach is based on the comparative and analytical question of how certain chosen Chinese and Tibetan pharmaceuticals whose materia medica stems

from the Tibetan Plateau become recontextualised as both globalised and localised authentic carriers of 'traditional' and 'modern'. These medicines will be analysed in their historical and socio-cultural recontextualisations, i.e. as not only having pharmaceutical but also 'social' lives (van der Geest, Hardon, Whyte 2002) that are influenced by local environmental, socio-economic and cultural as well as national and global parameters among collectors, producers, medical doctors and patients. We will analyse how the historical, socio-political, medical and symbolic as well as cultural recontextualisations of these medicines are changing as they move through globalised and localised processes of environmental issues, wild materia medica collection on the Tibetan Plateau, recipe-making, standardisation, and finally their application and use in and between China and Europe.

Critically Endangered? Himalaya Medicinal Plant Ponservation and Diversity in Medical Cultures

Calum Blaikie, Department of Anthropology, University of Kent

The majority of medicinal plant conservation projects in the Himalayan region are based on versions of the 'integrated conservation and development' paradigm, combining biodiversity protection with economic and developmental objectives. Such projects interact with local medical systems in a variety of ways, but there is a marked tendency for them to favour urban and international market development and to contribute, either directly or indirectly, to processes of institutionalization and commodification. In this paper, I use material from Ladakh (India) and from elsewhere in the region to unpack some of the assumptions on which this paradigm rests and to examine the relationship between conservation activities and the change processes shaping healing systems. Practitioners of Tibetan medicine (*amchi*) in Ladakh access *materia medica* through extensive networks that combine a range of exchange forms. In addition to collecting plants and purchasing materials for cash, *amchi* engage in non-monetary direct exchanges, they borrow and lend, and they give and receive materials as gifts. The economy of *materia medica* is embedded in complex social relationships that go beyond what is widely considered as the 'economic' sphere to include friendships, kinship ties and forms of knowledge transmission, as well as the activities of local *amchi* associations. In light of this, I ask: How are medicinal plant conservation activities affecting the social economy of *materia medica*? To what extent are they contributing to processes of institutionalization and commodification? And how are amchi in different social and geographic locations responding to these processes? I approach these questions with reference to three quite different

conservation projects in Ladakh, as well as examples drawn from the wider literature on the subject.Many Himalayan medicinal plant conservation programmes focus on market development and raising the incomes from cultivation and collection, or are explicitly connected to medical institutionalization agendas. The non-market, social dimensions of the economy of *materia medica,* as well as the interests of marginal or non-institutionalized practitioners, are often entirely overlooked. While some such projects have achieved considerable success according to their own indicators, their activities may also have other, more problematic implications for the ways in which practitioners access materials, produce medicines, transmit knowledge, and relate to one another and to their patients. I argue for an approach to conservation which provides more space for a range of social and economic relationships and practice forms, and which recognizes the intrinsic connections between biological and cultural diversity, rather than eroding elements of the latter in its efforts to protect the former.

From Wild to Cultivated: Can Valued Sowa Rigpa Medicinal Plants Meet Market Demands Sustainably and Benefit Local Communities?

Carroll Dunham, Wild Earth Inc., Kathmandu, Nepal

The necessity to develop successful cultivation of valued Sowa Rigpa medicinal plants commonly wildcrafted throughout the Himalayas, has increased in the past few years with growing demands from an increasingly globalized marketplace, but especially from Chinese markets. With the development of Chinese roads into the northern Himalayas, creating greater access to wildcrafted herbs and placing increasing pressure on their sustainability, the necessity to properly understand the reproductive cycles and develop and share "good cultivation practices" for specific highly valued medicinal herbs is imperative. This paper will explore three of the top ten herbs identified by the Himalayan Amchi Association: Hong len (Lagotis Picrochiza), Ol mo 'se (Podophyllum) and solo mar po (Rhodiola himalensis), reviewing what we know about their reproductive cycles, their usage, value and trade while sharing cultivation trials that have taken place in three different locations throughout the Himalayas pro-actively suggesting cultivation methods that benefit communities and meet increasing global demand without depleting sources in the wild.

1st Session: Room B – 11.00-13.00hrs

Panel 16: Tibetan Medicine Panel - Diagnosis, Treatment and the Practitioner's Experience
This panel will be partly held in the Tibetan language
Panel organiser: Mingkyi Tsomo (Mingji Cuomu)

Treatments with Mantras and Prayers (*sgnags*)

Akong Trulku Rinpoche, President of Rokpa Trust, Head of Samye Ling, Scotland

Treatments with mantras and prayers (*sngags*) have served the Tibetans for several thousands of years. The powers from certain deities who reside in different spheres are channelled and can bring about profound healing. I will explain this treatment from a medico-religious point of view, which is what makes them suspicious in a modern medical paradigm. The latter has been the reason why this aspect of Tibetan culture did not develop as much as other aspects of Tibetan Medicine. Nevertheless, I have performed the treatment with mantras and will analyse the reason why mantras can be beneficial and explain the basic concepts and categories which I will illustrate with some clinical cases.

The Efficacy of Two Tibetan Medicines in the Treatment of Hypertension

Namlha Kar, Xining Tibetan Medicine Hospital

Hypertension is very common all over the world, especially in the high plateau, almost half percent of its total population suffered from this disease. Over the past five years, a small range of clinic trial has been conducted in eastern-part of Tibet-Xining Tibetan Hospital, in which using two different Tibetan medicines (*Kobyi 13 and kyuru 25*)to see the efficacy of treating hypertension. So far 50 cases have analyzed its final result. there have analyzed

The standardization Issues of Tibetan Medicine

Karma Tsoni (Cuoni), Xining Tibetan Medicine Hospital
(This is an English Summary, see Tibetan abstract below)

Karma Tsonyi, Qinghai Tibetan Medical College, Vice-professor

- Discussion, exchange and introduction of the recognition of some medicinal ingredients such as Pashaka and Manska;

- International standardization of Tibetan medicine prescriptions in order to eradicate confusions existing among Tibetan medicine doctors inside and outside.
- Thoughts and proposals on the quality standardization of Tibetan medicine based on the traditional quality standards and modern quality control methodology.
- Comments on the legalization on Tibetan medicine in domestic and international practice.

བོད་སྨན་གཅིག་གྱུར་བྱ་བའི་བསམ་ཚུལ།

简述藏医药统一的观点

མཆོ་སྟོན་བོད་སྨན་སློབ་གྲྭ། ཀཱན་ཆོགས་གཉིས།

དང་པོ། བོད་སྨན་གྱི་ངོས་འཛིན་སྐོར།

བ་ཤ་ཀ་དང་སྨན་སྣ་སོགས་སྨན་རིགས་འགའ་ཞིག་གི་ངོས་འཛིན་ཐད་གཅིག་གྱུར་མེད་པ་ལ་ཉེད་ནས་ལོ་མང་རིང་ཞིབ་བསྟུར་བྱས་པའི་གྲུབ་འབྲས་ལ་ད་ཕེངས་གོ་སྐབས་འདིར་གློས་བསྟུར་དང་། ཡན་ཚུན་ཉམས་སྤྱོང་བརྟེ་རེས། མ་འོངས་པར་ཞིབ་འཇུག་གི་ཐབས་ལམ་གཅིག་གྱུར་བྱེད་པའི་བསམ་ཚུལ།

གཉིས་པ། བོད་སྨན་གྱི་སྤྱོད་ཚད་སྐོར།

ཕྱི་ ནང་ སྟོད་ སྨད་ བར་ གསུམ་ གྱི་ བོད་ ལུགས་ སྨན་ ཁང་ དང་། སྨན་པ་ཡོངས་ ཀྱི་ བཞེད་ པ་ མི་ འདྲ་ བར་ དུ་མར་ གྱུར་ ནས་ ཇ་ གར་ སོ་ ལྟ་ ལྟ་ བུའི་ སྨན་ སྤྱོར་ གཅིག་ ལའང་ ངོ་ དང་ ནུས་ པ་ ཁ་དོག་ སོགས་ ལ་ འགྱུར་ བ་ བྱུང་ བས་གདུལ་ བྱ་ ནད་ པ་ རྣམས་ ཀྱི་ ཡིད་ ཀྱི་ ཐེ་ཚོམ་ གྱི་ དྲ་ བར་ ཚུད། དེའི་ ཕྱིར་ ད་ རང་གསོ་ རིག་ འཛིན་ པའི་ གྲ་ མཐར་ གནས་ པའི་ ཆ་ ནས་ བོད་ སྨན་ གྱི་ སྤྱོར་ ཚད་

ལ་འཇལ་ཚད་དང་འདེགས་ཚད་ཀྱི་ལམ་ལུགས་གཉིས་པོར་ཞིབ་འཇུག་རྒྱང་
ཙམ་བགྱིས་པའི་འབྲས་བུ་དེ་ཡང། དཔེ་སྐབས་གོ་སྐབས་འདིར་གྲོས་བསྟུར་དང་།
ཕན་ཚུན་ཤམས་སྐྱོང་བརྗེ་རེས། མ་འོངས་པར་ལག་ལེན་དང་། ཞིབ་འཇུག་
གི་ཐབས་ལམ་གཅིག་གྱུར་བྱེད་པའི་བསམ་ཚུལ།

གསུམ་པ། བོད་སྐྱན་སྒྲས་ཚད་ཐད་ཀྱི་སྒྲིག་ལམ་སྐོར།

བོད་སྐྱན་གྱི་སྒྲས་ཚད་ལ་ཁག་ཐེག་བྱེད་པ་ནི་འཛམ་གླིང་མི་དམངས་
ཡོངས་ཀྱིས་ རེ་བ་གཙོ་བོ་ཞིག་ཏུ་གྱུར་ཡོད་པར་བརྗེན། ང་ཚོས་སྤོལ་རྒྱུན་
གྱི་སྒྲས་ཚད་དང་། དེང་རབས་རིག་གསར་པས་བཤད་པའི་སྒྲས་ཚད་བཅས་
རིགས་གཉིས་ནི་ཉ་ཅང་འགལ་བ་ཞིག་ཏུ་གྱུར་བས་དེ་གཉིས་གང་ཞིག་ལ་ཁས་
ལེན་བྱེད་པ་དང་། ཡང་ན་སྤྱོང་སྟེམ་དུ་འཛོག་པ་བཅས་ཀྱི་ཐད། དཔེ་སྐབས་གོ་
སྐབས་འདིར་ གྲོས་བསྟུར་དང་། ཕན་ཚུན་ཤམས་སྐྱོང་བརྗེ་རེས། མ་འོངས་
པར་ཞིབ་འཇུག་གི་ཐབས་ལམ་གཅིག་གྱུར་བྱེད་པའི་བསམ་ཚུལ།

བཞི་པ། བོད་རྒྱལ་སྤྱིའི་ཁྲིམས་ལུགས་ལ་བརྩི་སྡུད་བྱ་བའི་སྐོར།

བོད་ རྒྱལ་ སྤྱིའི་ ཁྲིམས་ ལུགས་ ལ་ བརྩི་ སྡུད་ བྱ་ བའི་ གྲོས་ གཞི་ འཛོད་
པ་ དང་ ། མ་ འོངས་ པར་ འཛེལ་ རྒྱས་ ཀྱི་ ཁ་ ཕྱོགས་ཡང་ ། དཔེ་ སྐབས་ གོ་
སྐབས་འདིར་གྲོས་བསྟུར་དང་།ཕན་ཚུན་ཤམས་སྐྱོང་བརྗེ་རེས། མ་འོངས་པར་
ཞིབ་འཇུག་གི་ཐབས་ལམ་གཅིག་གྱུར་བྱེད་པའི་བསམ་ཚུལ་བཅས་སོ།

Hepatitis B and a Tibetan Medical Clinical Trial of Da'o 8, Da'o 13 and Da'o16

Sonam Thobgyal, (Suo Lang Duobuji): Research Department of the Tibetan Medical Hospital, Shigatse

I will present the findings of a clinical trial we are performing from 2003 to date with 100 patients on the effectiveness of the three Tibetan medical preparations of Da'o 8, Da'o 13 and Da'o16.

1st Session: Room C – 11.00-13.00hrs

Panel 5: Medical Manuscripts on the Silk Roads
Panel Organiser: Catherine Despeux

A Himalayan Melange - Exotic *materia medica* in the Tibetan Dunhuang Medical Manuscripts

Ronit Yoeli-Tlalim, Wellcome Trust Centre for the History of Medicine, University College London

This paper will deal with foreign names in Tibetan *materia medica* mentioned in the Dunhuang mss. and show how the origins of these names mirror what the Tibetan medical histories tell us, i.e. that the origins of Tibetan medicine contains/synthesises elements from Chinese, Indian and western medical systems.

Medical Diagrams in the Tansuqnamah, the Treasure Book of Ilkhān on Chinese Science and Techniques.

Vivienne Lo, Wellcome Trust Centre for the History of Medicine, University College London

This paper will analyse medical diagrams in the *Tansūqnāmah* [*The Treasure Book of Ilkhān on Chinese Science and Techniques*]. The illustrations in this fourteenth century Persian translation of Chinese medical writings undertaken at the court of Rashīd al-Dīn (1247-1318) are the earliest extant editions of a genre of anatomical illustration beginning with *Yan Luo Zi* 煙儸子 lit. 'Master of the Smoke Curtain' –a figure thought to have flourished between 936 and 941 CE. Among them are a variety of charts that seem to organise seasonal and calendrical influences on the body for prognosis and diagnosis. An analysis of the content and changing contexts of these charts will form the core of this presentation.

Agada Pills in *Qian Jin Yi Fang* : A Case of Indian Ayurvedic Medicine in Medieval China

Chen Ming, School of Foreign Languages, Peking University

The agadatantra (Toxicology) is one of the eight branches (astanga) of ancient Indian Ayurvedic medicine. In Chinese Buddhist canons, 'agada' not only refers to an antidote for cure different poisons, but also a drug potency itself and, as an extension of this meaning, becomes a kind of metaphor for the potency of Buddha's dharma or wisdom. In the 21st chapter of *Qian Jin Yi Fang*, *A Jia Tuo Yuan Zhu Wang Bing Di Er* (B: Agada pills cure ten thousand illnesses), famous physician Sun Simiao in Tang Dynasty recorded an important agada pill together with 46 prescriptions. This article traces the agada pill to Indian Ayurvedic texts, and analyses how Sun Simiao sinicised this foreign prescription.

Medical Manuscripts of Khara-khoto

Catherine Despeux, INALCO , Paris

Medical documents (manuscripts and editions) were found in Khara-khoto, a city that was a tangut city during Song and Jin Dynasty. Until now, there are more than twenty-five manuscripts published, which are preserved in St. Petersburg, London and China. This paper will make a synthesis of these documents and analyse in more detail one of them, to trace the influence of Chinese medicine on tangut medicine in this area.

1st Session: Room D – 11.00 - 13.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: From Past to Present
Panel Organiser: Hugh MacPherson

The Dilemma of Acupuncture and Modern Research

Iven F. Tao, University Duisburg, Essen

This paper focuses on key elements of acupuncture and surveys basic assumptions underlying the acupuncture doctrine, which are accepted by clinical acupuncture research.

To assess the treatment efficacy of an acupuncture intervention, acupuncture at real points (verum) is frequently compared to acupuncture at false points (sham).

The basic assumption here is that verum and sham acupuncture are indeed valid concepts. A prerequisite of the validity of these concepts though is that it must be possible to localize verum acupuncture points in a reproducible manner.
But, from the vague descriptions of the pathways of the „vessels“ and „acupuncture loci“ in the early sources of Chinese Medicine, how did we arrive at the exact anatomical depictions of the „meridians“ and „acupuncture points“ in modern textbooks? By tracing the idea of the „meridian“ and its course and the acupuncture point and its localization through the history of Chinese medicine from the earliest primary sources to modern textbooks it becomes evident that there is no exact definition of the „classic“ or real acupuncture point and that reproducible localization of acupuncture points is impossibe. Thus, from a historical and texthermeneutic perspective the concept of both the real and the sham acupuncture point remain elusive.
The ideas and practices of Chinese Medicine are part of a historical and cultural process with a remarkable continuity in tradition. If, however, consciously or unconsciouly removed from this context and subjected to the imperatives of modern research methodology both modern research and the traditions face a dilemma.

On Effects and How They Could Be Influenced

Claudia Witt, Institute for Social Medicine, Epidemiology and Health Economics, Charité University Medical Center, Berlin

Over the last years many large studies on acupuncture were conducted in the West. All of them observed that acupuncture was superior to no treatment or to usual care whereas very few studies showed a superiority of acupuncture compared to sham-acupuncture. Results of those studies will be presented and the size of effects compared between diagnoses. The impact of the special study situation, the qualification of practitioners and patient expectations on the results will be discussed.

On Pragmatic Research to Explore Real World Benefits

Hugh MacPherson, Department of Health Sciences, University of York

Some of the problems that have compromised the integrity of past research into acupuncture will be outlined, including the assumption that acupuncture is a simple intervention that can be modelled with standardised treatment protocols. To map the effectiveness of what really happens in routine practice, it is necessary to incorporate the patient and practitioner dimensions of treatment as well as use a rigorous methodology. Alternative designs for clinical evaluation will be presented

that better capture the overall benefit from acupuncture care. These will include more qualitative research into the practitioner and patient experience, pragmatic clinical trials, consideration of longer-term outcomes and analysis of cost effectiveness.

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Lunch 13.00 – 14.00hrs

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2nd Session: Room A – 14.00 - 16.00hrs

Panel 9: Sustainability in Transnational Asian Medicine

A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig, Denise M. Glover

***Perspectives from the Tradition of Tibetan Medicine on the Nature, Identification, and Potencies of Organic *materia medica*, as Well as Their Protection and Increased Production**

Dr Dawa, Men-Tsee-Khang, Dhararamsala

༄༅། །གྲོལ་རྒྱུན་བོད་ཀྱི་གསོ་བ་རིག་པའི་སྐྱེ་དངོས་སྨན་རྫས་ཀྱི་ངོ་བོ་ངོས་འཛིན་དང་དེའི་ནུས་པ་དང་། དེ་སྲུང་སྐྱོབ་དང་འཕེལ་བསྐྱེད་བྱ་ཕྱོགས།

བོད་ཀྱི་གསོ་བ་རིག་པ་ལ་ལོ་ངོ་སུམ་སྟོང་ལ་ཉེ་བའི་ལོ་རྒྱུས་ལྡན་ལ། དེ་ནི་གནའ་བོའི་བོད་ཀྱི་སྲོལ་རྒྱུན་གསོ་རིག་རྨང་གཞི་བྱས་ཐོག རྒྱ་དཀར་ནག་དང་ཏ་ཟིག་ལ་སོགས་སྨན་ལུགས་གཞན་གྱི་ཉིང་བཅུད་བསྡུ་ལེན་བྱས་ནས་རང་མི་རིགས་ཀྱི་རིག་པ་དེ་ཉིད་སྔར་བས་དར་རྒྱས་དང་ཕྱུག་པར་བྱས་པ་ཞིག་ཡིན་ལ། གཞུང་ལུགས་ཀྱི་མ་ལག་ཆ་ཚང་ཞིང་ལག་ལེན་གྱི་མྱོང་བྱང་ཕུན་སུམ་ཚོགས་པ་དང་། བོད་མི་རིགས་ཀྱི་ཁྱད་ཆོས་མངོན་པར་བཀྲ་ཞིང་འབུར་དུ་ཐོན་པའི་གསོ་དཔྱད་ཀྱི་རིག་པ་ཞིག་ཀྱང་ཡིན། དེང་འཛམ་གླིང་ཐོག་གསོ་རིག་སློབ་རྣམས་ཀྱིས་གདེང་འཇོག་ཆེན་པོ་གནང་ཞིང་། ཀུན་གྱི་དོ་སྣང་དང་། སློབ་སྦྱོང་། ཉམས་ཞིབ་བྱ་ཡུལ་ཞིག་ཀྱང་ཆགས་ཡོད།

བོད་ཀྱི་གསོ་བ་རིག་པ་ལ་གཞུང་ལུགས་དང་ལག་ལེན་གྱི་བསྟན་བཅོས་བགྲང་ལས་འདས་པ་ཞིག་ཡོད་པ་སྟེ། དེ་ནི་ནང་དོན་གྱི་ཐད་གསོ་རིག་ལོ་རྒྱུས་དང་། རྨང་གཞིའི་གཞུང་ལུགས། ནད་ཐོག་ལག་ལེན། སྨན་རྫས་ངོས་འཛིན་དང་སྦྱེབ་སྦྱོར། ལུས་ཁམས་བདེ་སྲུང་ལ་སོགས་ནང་དོན་རྒྱ་ཆེ་ལ་གཏིང་ཟབ་ཅིང་སྤྱད་ན་འཛད་མཐའ་མེད་པའི་ནོར་བུའི་བང་མཛོད་ཞིག་ཡིན།

བོད་ཀྱི་གསོ་རིག་ལས་སྨན་རྫས་རིག་པ་ནི་རྒྱུད་ལས། སྨན་རྫས་ཀྱི་རིགས་དབྱེ་དང་། ངོ་བོ་ངོས་འཛིན། ནུས་པ་དང་ཡོན་ཏན། སྦྱེབ་སྦྱོར་སོགས་ཀྱི་སྐོར་རིག་པའི་གཞུང་ལུགས་ཐོག་ནས་ཞིབ་ཅིང་རྒྱས་ལ་གཏིང་ཟབ་ཀྱི་ཐོག་ནས་གསལ་སྟོན་གནང་ཡོད་ལ། སྨན་རྫས་མགོ་སྒྲུབ་དང་། གཙང་བཟོ་བདག་ཉར། དུག་འདོན་ལས་སྟོན། སྦྱོར་སྦྱེབ་བྱ་ཕྱོགས་ལག་ལེན་གྱི་རིམ་པའང་མང་དག་ཞིག་གསལ་ཡོད། ང་ཚོས་སྨན་གྱི་ལག་ལེན་བྱ་བའི་སྐབས་རིག་པའི་གཞུང་ལུགས་དང་ལག་ལེན་གཉིས་ཐད་ནས་ཚུལ་དང་ལྡན་པ་ཞིག་བྱུང་ན། གཞུང་དོན་བཞིན་ནད་བཅོས་ལག་ལེན་ཐད་ཐོན་འོས་པའི་ནུས་པ་ཐོན་རྒྱུ་ངེས་ཅན་ཡིན། དེ་བྱེད་པ་ལ་ཐོག་མར་གཞུང་བཞིན་སྨན་རྫས་རྣམས་འཁྲུལ་ནོར་མེད་པར་ངོས་འཛིན་བྱ་རྒྱུ་གལ་ཆེན་པོ་ཡིན་ལ། དེ་དག་སོ་སོའི་ནུས་པ་ཚད་དང་ལྡན་པ་ཡོང་ཕྱིར་སྐབས་ཐོག་གི་ལག་ལེན་རིམ་པ་རྣམས་ཚུལ་བཞིན་སྲུང་དགོས་པ་དེ་བས་གལ་ཆེན་པོ་ཆགས་ཡོད།

རྫས་གང་ཡང་སྤྱད་ན་འཛད་རྒྱུ་ཡོད་པ་ཆོས་ཉིད་ལ་སོང་དེང་དུས་སྤྱི་ཚོགས་ཀྱི་འཕེལ་རིམ་དང་། མིའི་དགོས་མཁོ་ལ་གཞིགས་ཏེ་ཧི་མ་ལ་ཡའི་སྐྱེ་དངོས་སྨན་རྫས་རྣམས་སྲོལ་རྒྱུན་གྱི་སྨན་ལུགས་འདྲ་མིན་ཁག་ནང་བེད་སྤྱོད་བྱེད་པ་ཙམ་དུ་མ་ཟད། ཟས་རིགས་འདྲ་མིན་དང་། མཛེས་བཟོའི་བྱུག་རྫས་སྣ་ཚོགས། གཞན་རྒྱུན་མཁོའི་འཚོ་བའི་མཁོ་རྫས་ཁག་ནང་བེད་སྤྱོད་བྱེད་ཀྱི་ཡོད། དེར་རྟེན་མི་རྣམས་ཀྱི་རྒྱུ་རྫས་དེ་དག་སྤྱོད་ཀྱང་བྱེད་པ་ལས་དེ་རྣམས་སྲུང་སྐྱོབ་དང་འཕེལ་བསྐྱེད་གཏོང་རྒྱུར་དེ་ཙམ་དོ་སྣང་ཆེན་པོ་བྱེད་ཀྱི་མེད། དེར་རྟེན་སྐྱེ་དངོས་སྨན་རྫས་དེ་རྣམས་སྲུང་སྐྱོབ་དང་འཕེལ་བསྐྱེད་གཏོང་རྒྱུ་ཧ་ཅང་གལ་ཆེ་ལ་དུས་ལ་བབས་པའི་ལས་འགན་ཞིག་ཀྱང་ཆགས་ཡོད།

ངོས་ནས་ད་ལན་སྨན་རྫས་ངོས་འཛིན་དང་ཕན་ནུས། བདག་ཉར། སྲུང་སྐྱོབ། འཕེལ་བསྐྱེད་བྱ་ཐབས་སྐོར་ལོ་མང་གི་མྱོང་བ་དང་། བསམ་ཚུལ་ཁག་ཞུ་འཆར་ཡིན།

བོད་གཞུང་སྨན་རྩིས་ཁང་གི་འགན་འཛིན་སྨན་རམས་པ་བློ་བས། སྤྱི་ལོ་༢༠༠༨ཟླ་༡ཚེས་༢༨ལ།

Tibetan Medicine and Climate Change

Jan Salick, Curator of Ethnobotany, Missouri Botanical Gardens, USA

Climate change in the Himalayas causes rapid glacial melting and treeline and shrubline advance, endangering high alpine medicinal plants such as the Snow Lotus (*Saussurea laniceps*). Tibetan health is threatened by climate change as these medicinal plants disappear, food spoils, diseases spread, and crops fail. Climate change becomes a religious and moral issue since Tibetans perceive mountains as the sacred manifestation of gods, feared to be retreating from Earth along with their glaciers. Senior Curator, Dr. Jan Salick and her Ethnobotany team study the effects of climate change on threatened alpine medicinal flora and on Tibetan people.

The Ethics of Intellectual Property Rights – the Impact of Traditional Knowledge and Health

Chamundeeswari Kuppuswamy, School of Law, University of Sheffield

Protection of traditional knowledge is shaping and being shaped by globalisation of intellectual property rights law. The current trend in internationalisation of intellectual property protection is leading to ever stronger protection of rights holders. However, in the case of traditional knowledge, it does not fit a straight jacket model, and hence is either under protected or not protected. There are many questions when it comes to traditional knowledge, and some of the important ones are:
To whom does the knowledge belong? How is it shared currently? What are its links to the cultural, social and spiritual life of the community? Is it necessary to develop a *sui generis* system of protection?

Traditional medicine is one of the key areas of traditional knowledge and this paper will discuss the unique challenges posed by traditional medicine to intellectual property rights theory and practice. The paper adopts an international perspective to the issues, focussing on the initiatives of the World Intellectual Property Organisation (WIPO). It also addresses the issue of regional vs. global approach to Intellectual property issues.

To Treasure Wild Medicinal Plant Resource and Conserve Tibetan Culture

Duji Sina (Dorje Sonam), Dechen Menba Association, Kunming

I am a Tibetan doctor from Adong, a small village sitting on the Ancient Tea Horse

Road, belonging to one of the three counties administered by Diqing Tibetan Autonomous Prefecture, Northwest Yunnan. Living in the gorge, we use various plants from our surrounding as medicines, from down of the valley up to snow mountains. The medicinal practices in Yunnan may be distinct from those in Tibet as our Tibetan branch here has been living with many different ethnic groups for a long history and the medicines we use are influenced by the various local herbal practices, diverse environments and different prevalent types of diseases.

Many Tibetan doctors are like me, learning the medicinal knowledge from our father generation, then accumulating and passing down our own knowledge to the younger generation. However, very few of the younger today is interested in learning traditional Tibetan knowledge as the learning and practicing could be very hard and need spend some years to get their own experiences. In my village, many villagers collect *cordyceps* (*chongcao*), *fritillaria* (*beimu*) and *snow lotus* (*xuelian*) as their high economic value even they don't know these plants' medicinal function. The resources of these 'cash medicine' are decreasing dramatically recent years as the unsustainable harvesting. To conserve wild medicinal resource, cultivation of medicinal plants can be an efficient solution. Moreover, planting medicinal plants can contribute to local economic development as the abundant medicinal resource in this area. The problem is how to keep the cultivated medicine as good as the wild one. I wish to develop the theoretical understanding and effectively practicing of cultivation of medicinal plants in support of conservation of wild medicine resource and development of local economy. I am confident that the conference can better help me to reach my objectives.

The traditional Tibetan medicine and medicinal knowledge is treasure of Tibetan people. As a part of the cultural diversity of Tibetan community, our traditional medicinal knowledge and experience may provide some information for the sustainable utilization and development of Tibetan medicine, and also may contribute to local economic development.

I am very glad that I can have this opportunity to participate ICTAM VII and learn from the experts and researchers on traditional medicine from all of the world! I wish more and more people can understand Tibetan medicine and more research could be done to save the wealth of our traditional medicinal knowledge and experiences before they are dying out.

2nd Session: Room B – 14.00 - 16.00hrs

Panel 13: Medicine and Healing in the Bon Tradition
This panel will be in English

Panel organisers: Colin Millard, Geoffrey Samuel

The Theory and Practice of Urine Diagnosis in the Bon Medical Tradition

Colin Millard, School of Religious and Theological Studies, University of Cardiff

The two main forms of diagnosis in the Bon medical tradition, as in the mainstream Tibetan medical tradition based on the Gyushi, are pulse and urine diagnosis. In Bon medical tradition these two topics form the first two chapters of *rnam gyal sman 'bum dkarpo,* the fourth volume of the principal Bon medical text, the *'bum bzhi.* This paper will focus specifically on urine diagnosis in the Bon tradition. The chapter on urine diagnosis is divided into 8 sections. The first concerns the preparations that should be undertaken prior to the Diagnosis. The second gives the time when the examination should be done. The third describes the qualities of the container in which the urine should be examined. The fourth concerns how the urine is formed in the body. The fifth discusses the qualities of the urine of a healthy person. The sixth details the qualities of the urine of a sick person. The seventh describes the qualities of the urine, which signify the imminent death of the patient. The eighth describes the qualities of the urine, which signify the action of harmful spirits; the techniques explained in this section relate strongly to Tibetan cosmological notions and the practices which are described take Tibetan medical diagnosis clearly into the domain of divination. The paper will discuss each of these sections in detail using the medical commentary of the Bon lama Khyungtrul Rinpoche. In addition examples will be given of the clinical application of urine diagnosis at Tashi Gyegay Thartenling Bon medical school and clinic in the valley of Dhorpatan in West Nepal, and the medical clinic in the village of Darchen near mount Kailash in West Tibet, founded by Tenzin Wangdak, the religious and medical heir to Khyungtrul Rinpoche.

Integrating Tibetan Yoga (rtsa rlung 'phrul 'khor) into contemporary medical settings

Alejandro Chaoul, Center for Health, Humanities and the Human Spirit, University of Texas

At the turn of the twenty-first century, a randomized controlled clinical trial using ancient *rtsa rlung 'phrul 'khor* practices from the Bon tradition, was conducted

at the world's largest medical center, calling it "Tibetan Yoga." Together with a bio-behavioral team at The University of Texas M.D. Anderson Cancer Center (MDACC) in Houston, I developed two pilot studies examining the benefits of a Tibetan Yoga-based intervention program for patients with lymphoma and breast cancer. The results of these studies suggest that these ancient yogic practices are beneficial adjuncts to conventional medicine and contribute importantly to patients' wellbeing and quality of life. The results of the first study led to a publication in Cancer and after both pilot studies were completed, the MDACC team was awarded a 5-year grant by the National Cancer Institute to investigate further the benefits of a Tibetan yoga intervention in woman with breast cancer undergoing chemotherapy. Should we consider these benefits solely under the realm of medicine? Have we lost the magic and contemplative/mystical benefits by bringing them to this modern setting? Looking into epistemological questions of the partnership of Tibetan mind-body practices and Western bio-behavioral medicine, this paper suggests that we do not necessarily need to use a reductionist model of solely one or the other side. In other words, there is a possibility of an inclusive dialogue where both kinds of perspectives are integrated.

'Light' on the Human Body - The Coarse Physical Body and its Functions in the Aural transmission from Zhang zhung on the Six Lamps

Henk Blezer, University of Leiden

There may be a fount of Tibetan medical knowledge that is not explicitly medical or primarily available in medical texts. In this paper, I shall attempt to mine some of the knowledge on the human physical body that is accessible outside medical treatises and try to make that physiological knowledge more explicit and accessible. In particular, I have long been intrigued by the amount of relevant knowledge of human physiology that is implicit in some Bon Great Perfection (*rdzogs chen*) texts of the Aural Transmission from Zhang zhung (*zhang zhung snyan brgyud*). I will discuss one of the more spectacular examples that we can find in the *rDzogs pa chen po zhang zhung snyan brgyud las sgron ma drug gig dams pa*, The Instructions on the Six Lamps from the Aural Transmission from Zhang zhung of the Great Perfection, including some of its commentaries and dependents.
In the *sGron ma drug gi gdams pa*, in one of its six lamps, the *gnas pa gzhi'i sgron ma*: the lamp of the abiding base or primordial ground, we find a curious brief discussion of cosmology and formation of the human body. This is not one of the more usual discussions of the gestation of the individual body after conception, such as appears in medical 'embryological' and other treatises—which is of course

particularly ubiquitous in discussions on *bar do* or intermediate state. This section moreover is surprisingly articulate and—perhaps not so surprisingly—systematic on the constitution of the coarse human body and its (dis)functions. In the process, primordial light, sound and rays (*'od sgra zer*) mix with awareness (*rig pa*), and we witness a gradual 'development', 'condensation' or 'coalgulating' of primordial light etc. and nescience-based mentation into coarse material or physical existence, while straying from the primordial ground or base. At some point even the arising of disease is briefly referred to: *sha khrag drod dbugs bzhi las 'du ba rnams bzhi byung*, from flesh, blood, warmth and respiration, these four, arise the four types of 'gatherings' (of the triad wind, bile and phlegm: *rlung*, *mkhris pa*, *bad kan*; particular with a view on their interdependence and 'balance' or *cha snyoms*?). Later sections of the text, on the other lamps, as a matter of course, are very much involved with varieties of subtle *zhang zhung snyan brgyud* tantric physiologies and need not detain us here.
The perspective that this text and its commentarial traditions imply on external world (*phyi snod*) and sentient beings contained in it (*nang bcud*) and their physical existence, and also their contextualisation and relations, is very interesting to study in more detail and to open up to discussion from explicitly medical perspectives. The systematic treatment of the topic, literally 'in the light of' Great Perfection view and vision, may be revealing in several ways. For one, I will also try to address general aspects of the implied epistemes that this knowledge of the human body forms part of.

Precious Pills in the Bon Medical Tradition

Geoffrey Samuel & Colin Millard, School of Religious and Theological Studies, University of Cardiff

There are ten basic types of Tibetan medicinal compounds: decoctions, powders, pills, pastes, butters, ashes, concentrates, medicinal beers, herbal preparations and precious medicines. Perhaps the most celebrated and controversial category in this list is precious medicine (*rin chen ril bu*). These substances use the healing properties of minerals and metals which must first be subjected to lengthy and complicated processes of detoxification. There is a parallel here with the Indian alchemical traditions, the knowledge of which was used in the making of mercury-based medical compounds. This knowledge was known in Tibet, as Tibetan translations were made in the 12th century of Indian medical texts discussing this procedure by the Tibetan scholar Orgyen Rinchenpal (1230-1309). What little research that has been done on precious pills has focused primarily on levels of toxicity of medicinal compounds using mercury (e.g. Jurgen Aschoff's article 'Tibetan Medicine and

Mercury: Mercury in Tibetan "Precious Pills"', and Sallon et al.'s article 'Mercury in Traditional Tibetan Medicine, Panacea or Problem?" in the August 2007 edition of the sMan-rTsis journal). The Bon scholar and lama Khyungtrul Jigmai Namkhai Dorje (1897-1955) considered this subject of such importance that the last volume of his four-volume medical commentary, entitled "The practical procedures to make medicines which like a magical wheel make the sun shine clearly" is devoted entirely to the subject. This paper will present an overview of this volume and will focus on the procedures outlined in the text for detoxifying mercury and the making of precious pills.

2nd Session: Room C – 14.00 - 16.00hrs

Panel 1: Traditional Healing in Bhutan
Panel Organiser: Francoise Pommaret

Colour, Thread and Cloth in Religious Contexts and Healing Rituals in Bhutan

Karin Altmann, University of Applied Arts, Vienna

The Bhutanese medical system is an integrated and recognized part of Bhutanese culture and tradition, strongly influenced by Buddhist concepts when it comes to identifying the sources of sickness in local explanatory models. Local deities, demons and spirits play a significant role and are considered responsible for certain afflictions. To obtain healing, people in rural Bhutan often consult religious and ritual specialists.

In Bhutan's religious contexts and the "art of healing", colours as well as threads and cloths take on special meaning. In these contexts threads and cloths can be invested with protective powers and are thus part of many healing rituals all over Bhutan. Colours are an important aspect of a person's identity or "essence" and this becomes obvious in the special significance of threads and cloths used for ritual purposes. For example, the five primary colours (white, yellow, red, blue and green) correspond to the five elements, to directions of the compass, to deities, to calendar years, to the astrological setting of a person's birth date and accordingly to a person's character as well as to different qualities and emotions. A horoscope reveals which colours will be most efficacious in the case of sickness and a lama, or religious teacher who is conducting a healing ritual, provides instructions about what kind of colour, thread and cloth to use. Usually a shrine made of wood and thread will also be erected to ward off evil spirits and illness. These shrines consist of one or more wooden crosspieces, wound with coloured yarns that look like a spider web. For particular

purposes special textiles are also in use. Their colour and format usually depends on the locality, the illness and the horoscope of the person, who is to be healed.

This paper, which is based on seven months of anthropological field research in Bhutan will for the first time shed light on the role of colours, threads and cloths in the cross overs of Bhutanese religion, healing and medicine.

In Search of the Wood of Gods

Pelzang Wangchuk, Independent Scholar, Thimphu

Spatial distribution and population
Aquilaria malaccensis continues to exist in Bhutan. Occurring in natural habitats, plantations, home gardens, and research plots, 7,650 plants were counted between 105 and 782 meter above sea level. 31% of this population is in natural habitats and 68% in plantations and home gardens. The Dzongkhags in order of ranking by plant population are Zhemgang, Pema Gatshel, Sarpang, Samdrup Jongkhar, Mongar, Samtse and Chhukha.

The factors influencing the plant population
- The national forest law on the conservation of the plant.
- Establishment of agar plantations by few entrepreneurs.
- The distribution of seedlings to farmers through social forestry programme.

Major threats associated with the life of the plant
- The plant suffered from indiscriminate harvesting in the past, which was the primary reason for earning its "totally protected" status in the country.
- The incidences of illegal activities are prevalent although no one can be specific regarding poachers, markets, and prices.
- Natural habitats are converted to other land uses such as human settlements and plantations for citrus and industrial plant species and are being disturbed by development processes.
- Seedlings from their natural habitats are uprooted for domestication in home gardens and plantations. Such uprooting gradually depletes the plant population in their place of origin.
- Most of the young saplings in Belamsharang, Chengmari, Gairigaon, and Jigmeling are suffering from severe defoliation. No solution to the problem has been found as yet.
- Trees both in natural habitats and home gardens are wounded to slice out wood to burn as incense and to induce resin formation. Usually such

wounding leads to death of trees.

- There is lack of professional knowledge and skills with research and extension personnel on agar plant management.
- The law recognizes the plant as "totally protected species" irrespective of whether it is in government forests or registered land.

Socio-cultural dimensions

While these are the major spatial and economic considerations, it will be meaningful to understand some of the major socio-cultural dimensions associated with the use and the life of the plant. These dimensions, probably based on the fact that the plant is "wood of Gods", will continue to influence the use and life of the plant in the country.

- There is a general perception that the plant is not seen any time one wants to see. It is believed that the plant can be seen only in certain hours of a day. It is usually believed that the early hours of a day offer the best opportunity on e can find the plant.
- People were reluctant to travel to natural habitats as trees are perceived as abode of Gods, particularly local deities. When nearing a location of the plant, prayers were cited and offerings were made to local deities. Agar plant is considered to be mythical. Trees are perceived to be abode of Gods.
- There is a general perception that fully grown trees hide themselves and only lucky people will be blessed with the sight of "*Norbu*" - the tree of jewel.
- The tradition of burning part of the plant by the Bhutanese society as incense in religious ceremonies is a serious threat to the plant. This tradition is likely to continue. Knife-cut scars in young saplings in natural habitats are evidences that they are already located by people. It is a matter of time for them to disappear. Knife-cut scars on tree trunks are common in home gardens.
- "Agar" is used in Bhutan to mean all plants used as incense. Some people revealed the presence of the plant in Talo in Punakha, Jangdung and Korila in Mongar and Tangmachu in Lhuentse. The "agar" plant in these locations was found to be either sandalwood or Daphne, which is traditionally used as incense in these regions. The term "agar" therefore is used in Bhutanese context to mean incense plants, including *A. malaccensis*.
- There is belief in some places that the plant attracts snakes. The growth range of the plant is hot and it is grown in stony areas. There are bushes around the plant. All these factors create a good environment for snakes to frequent the sites where the plant is grown.

- There are thousands of lives in the plant that are suffering from defoliation. Religious values factor into the management of such diseased plant. No one is willing to kill. Even if effective treatments are available, there is always the uncertainty as to whether the plant owners would adopt them.

Conclusion
With the genetic resource base still available, it is possible for Bhutan to regain the trademark of being once the best agarwood producing range State in the world. Without any interventions that are designed with full understanding of socio-cultural dimensions, only time will tell the future of those few plants surviving in their natural habitats. And that future will not be far and promising if the "wood of Gods" is left to its own fate.

The Significance of Sangay sMan-lha in the Medication of Traditional Medicines in Bhutan

Drungtsho Tandin Phurpa, Mongar Regional Referral Hospital, Mongar, Bhutan

Buddhism and the Bhutanese traditional medicine system are intertwined. Beyond the actual medicines, certain spiritual dimensions exist which are believed to influence the efficacy of the medicines. For instance, first timers to the traditional medicine system are advised to start medication on an auspicious day & recitations of specific prayers are recommended at the time of medication. Even the illiterate can learn and recite these basic prayers (*yi-gu dru-ma*).

Patients, who are first timers for the traditional medicine system, have to determine an auspicious day for consuming traditional medicines according to Buddhist astrology. The efficacies of the medicines are believed to depend on the day on which the medication starts (auspicious or in-auspicious day).
The recitation of *San-gay Men-lha* prayers is also believed to enhance the efficacy of the medicines. For instance, specific prayers exist for reciting before and after the actual consumption of the medicines. The power of these prayers is augmented if the patient receives *lung* from a *rimpoche.* The *lung* ceremony/event is advised or recommended for the 8th day of every month of the Bhutanese calendar, which is considered as the *San-gay Men-lha* day.

2nd Session: Room D – 14.00 - 16.00hrs

Panel 6: The Limits of Authenticity - Views from Practitioners
Panel Organiser: Nancy Holroyde-Downing

Practitioner of Chinese Medicine, Jack Reginald (JR) Worsley 1923-2003: The Legacy

Helen Fielding, Traditional Acupuncture Centre, London

According to the biographical details of Worsley inc (of the Worsley institute), following a spell in the British Army as an education officer, Jack (JR) Worsley travelled to Taiwan, Singapore and Japan to study Acupuncture. He had apparently already studied homeopathy, osteopathy and naturopathy, whilst working as a physiotherapist. He was also a practising Christian.

The same biography states Jack founded the College of Traditional Acupuncture (CTA UK) in the 1950's, the Traditional Acupuncture Institute in 1974 and the Institute of Chinese Acupuncture in 1988.

Subsequently unnamed visiting professors, who visited CTA Leamington Spa in the mid 1980's acknowledged his style of acupuncture as practised in China thousand of years ago. JR never visited mainland China, or studied with Chinese doctors. In the 1990's the name Chinese was dropped from the College.

This 'Classical 5 element Acupuncture' with JR's emphasis on diagnosis according to CF (causative factor), his long diagnostic sessions with a concentration on diagnosis through the 'five emotions' and delivery with 'love' [a thoroughly un Chinese expression in clinical encounters] is undeniably an inspired modern construct.

Despite the collective myth-making Jack inspired generations of individuals to study and practice Acupuncture in the UK, Europe and across the USA. He founded colleges and thousands of people found his work inspirational and effective. Today roughly one third of registered British Acupuncture Council members are trained in the 5 element style at a college Jack founded as are key members of the IASTAM council.

Some say that the air of secrecy and secret transmission of knowledge embedded in the hierarchical structure of his teaching increases JR's reputation as a charismatic healer. Some say his diagnostic procedure is nearly identical to post war homeopathic concepts, and that he was simply applying needles rather than remedies. This paper aims to unpack much of the mystery surrounding the Five Element School through a presentation of the history and culture of the man and his school.

The Daily Search for the "Art of Acupuncture" - From a Practitioner's View

Anita Meyer, Acupuncturist, Switzerland

The Sixties and Seventies brought an enormous progress in western medicine: with huge technological progress everything seemed "doable" in a medicine with increasing specialisation. In this brave new world, the human being became a technical device, 'mend-able' in its pieces by specialists of all its different organs and numerous physiological functions.

The Sixties also brought the first contacts with an acupuncture that claimed to be 'traditional' and to have a philosophic background, taught by Nguyen van Nghi, a Vietnamese-Chinese doctor. He had translated what he claimed were 'Pre-confucian scripts', based on a 'Daoist' philosophy, into French in 1966. A group of physicians from the French part of Switzerland studied the Chinese Classics in Marseille, France, and introduced them into Switzerland in 1970. They founded the first associations of a Daoist Chinese Medicine for physicians in the French and German parts of Switzerland. There is no doubt that van Nghi caught the political and philosophic spirit of the moment with his offer of an alternative medicine. It attracted those, like me, dissatisfied with our orthodox medical training and searching for a new social and political ideal against which to frame our healing practice.

M. Porkert, a sinologist from Germany, translated some of the Chinese Classics of acupuncture and herbal medicine and adapted the Chinese terms to western thinking by using Latin and Greek nomenclature, thus contributing to the spreading of Chinese Medicine in the German part of Switzerland. His 'scientizing' of Chinese medicine through the traditional Western use of classical European languages gave acupuncture an air of authority.

Another modern branch of acupuncture was auricular acupuncture, developed by Dr. Nogier from Lyon, France. This was a traditional European practice given a Chinese gloss and, with the exotic presentation, it rapidly gained new members among the Swiss doctors in the 1980s.

All three approaches, however inauthentic and loosely based upon classical Chinese knowledge and practice, attempted to articulate the relationship between ancient and modern practice. In framing their medicine in opposition to a perceived monoculture of specialism they exerted considerable appeal to a generation of disaffected medical physicians.

Modern TCM schools teach without any philosophical background, or any attempt at accessing the deep knowledge about *Qi* medicine as once taught by Van Nghi, and with the opening of the PR of China came an increasing influence of a modern and westernized form of TCM, emphasising the technoscientific approach to acupuncture. This paper analyses the social and cultural contexts to the different

stages though which acupuncture and Chinese medicine has taken root in Switzerland from the point of view of a practitioner concerned about the effects of a scientised and 'modern' TCM on the "art" of classical Chinese Medicine.

The Study of Eastern Medicine in the West

Keiko Golambos

This paper will explore the methodology and approach employed by a Western education system, in the teaching of various forms of Eastern Medicine. In particular, the paper will examine my personal experiences within this setting as a current student of Chinese acupuncture in New York City. In principle, students will receive a Westernized viewpoint of Traditional Asian Medicine, often without a comprehensive understanding of the cultural, philosophical, and historical backgrounds in which this medicine is based. I would like to examine how students of Eastern Medicine in the West would benefit from a better understanding of Eastern perceptions as it relates to their field of study, in order to enhance their development as students, interns, and future practitioners. I aim to present a comparative analysis regarding the educational forums of studying Eastern Medicine in the West, focusing specifically on the United States and Chinese acupuncture, while considering the modalities that are applied or that are being offered.

Beneath The Four Pillars

Nancy Holroyde Downing, Wellcome Trust Centre for the History of Medicine, University College London and Practitioner of Chinese Medicine

In the field of medicine, the interchange of knowledge from different traditions offers fertile ground for the growth and transformation of both theory and practice. In the realm of diagnostics this is particularly true. While the "Four Pillars" of diagnosis is Chinese traditional medicine – looking, listening, asking and palpating – can be discerned in canonical texts and in contemporary curricula, exactly what is being looked at, listened to asked about and palpated has undergone subtle and not-so-subtle transformation over time. A look at Tongue diagnosis in Chinese traditional medicine yields a fascinating set of possibilities as to its development and rise to prominence. Early compilations of Tongue illustration and commentary are not widely cited in case histories until at least the late Ming and early Qing Dynasties, and yet today the inspection of tongue is second only to the palpation of the pulse. Such shifting nuances of focus can be see to both reflect the interface between 'traditional' medicines and 'modern' biomedicine's insistent and increasingly global

voice, and also to transform the current practice of traditional medicine and the education of its clinicians.

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Tea/Coffee 16.00 – 16.15hrs

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3rd Session: Room A – 16.15 – 18.45hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

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Taking a Broader Perspective – Integrated Care as a Model for Equitable Access and Empowerment

Viktoria Stein, Institute for Social Medicine, Medical University of Vienna

In theory, achieving better health for all could be very easy: There are the cures and the vaccines for many diseases, there is knowledge of the importance of clean-water supply, hygiene and nutrition, there are elaborate medical education institutions and evidently some people possess the financial and technical resources. On the other hand, there exists a vast field and knowledge in Traditional Medicine, which health planners often don't even consider relevant to achieve their objectives.

There are at least three obstacles to be overcome on the way to achieving more equitable access to health care: 1) improving knowledge and information flow, 2) securing accessibility and supply and 3) ameliorating the position of women. With a topic at the same time as private and as public as health, it is important to include all partners in order to improve the system.

The concept of Integrated Care tries to ensure exactly that: "…bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency" (Gröne & Garcia-Barbero, 2001).[1] The concept is patient-oriented, takes into account social and cultural aspects, underlines the importance of coordination, communication and gateway management and emphasizes quality management and economic

outcomes evaluation – some of the key components of a successful health system. It takes a holistic approach, from prevention and health promotion to rehabilitation and palliative care aiming at the empowerment of the patient and the cost-effective distribution of resources. I will explore the relevance of Asian Medicine in Integrated care with examples from Europe and Asia.

[1] Gröne, O./Garcia-Barbero, M. (2001).: Integrated Care – A Position Paper of the WHO European Office for Integrated Health Care Services. Published online in the International Journal of Integrated Care, 1st June 2001, 1(3), www.ijic.org.

Determining Sustainable Global Health Policies: an Impact Evaluation of the Integration of Non-Biomedicine and Biomedicine into Local Health Care Systems in the Philippines

Paul Kadetz, University of Oxford

Traditional, complementary, and alternative medicine (or non-biomedicine) functions as the primary source of healthcare for a majority of populations in developing countries. Medical pluralism, of biomedical and non-biomedical healthcare, presents in complex and often unstructured combinations, representing the predominant healthcare model in many developing countries. Global health policy has sought to structure this medical pluralism along a model of integration of non-biomedical systems into state and local biomedical healthcare systems. This policy has been implemented in the Philippines since legislation of the Traditional and Alternative Healthcare Law was approved in 1997, and the official division of the Philippine Department of Health; The Philippine Institute for Traditional & Alternative Care was created in 1998. To date, no impact evaluation of the implementation of this policy has been carried out.

This research, evaluates the impact of this global healthcare policy on local healthcare systems and on the health of populations in four communities in the Philippines. Two communities have fully adopted the policy of integration and two other communities have not adopted the policy and demonstrate a different typology of medical pluralism. A minimum sample size of N=100 is randomly selected in each community.

A three-part design of qualitative-quantitative-qualitative data collection is utilised. Surveys and semi-structured interviews evaluate reported changes in community healthcare systems and changes in individual, family, and community health since implementation. Quantitative data collection, is randomly selected from community and local government records. Multilevel analysis is performed. Qualitative data is analysed with *ethnograph* and *SPSS* software. Quantitative data is analysed with *SPSS*. The implications of this research include a methodology whereby impact

analysis and monitoring & evaluation of policy can facilitate the most appropriate policy for a given context, and thereby help to generate best practices in global policy formation and global governance.

Perinatal Health Care and the Integration of Traditional Asian Medicine

Roni S. Sellmann, Ohana Island Care, University of Guam, Guam Acupuncture Association

Over the past thirty years obstetric care has converted what ought to be, in most cases, a healthy normal rhythmic process into a 'scary' high tech event and with little recognition what has happened. The present perinatal care system in America in many respects is abusive. Drugs being used that have not been approved by the manufacturer of the pharmaceutical nor the Federal Drug Administration (FDA), unnecessary inductions, over 1 million couples undergoing fertility treatment with little studies on long term effects of the drugs that are used; each year nearly 8 million pregnant women experience severe hypertension and over 600,000 unnecessary caesarean surgeries every year. Postpartum depression is so alarming that a bill "The Mother's Act" was presented to Congress, which would mandate pregnant women take anti-depressants. Umbilical cord testing examined 287 common everyday chemicals finding on average 200 in cord blood at time of birth, 180 of which are known carcinogens. [1] Researchers now tell us 95% of all cancers and possibly other diseases have only two causes—diet and environment. Government studies show that the average American diet provides only 40% of the daily requirements needed for a healthy lifestyle. And lastly, but most importantly, is the fact that very few graduates of Obstetrics or Nurse Midwifery have ever seen a home birth during their education and training and even fewer see home births in their clinical practice. Partly due to the number of pregnant women diagnosed with auto-immune diseases, anemia, gestational diabetes, cancer, HIV/AIDS, and negative birth outcomes (small for gestational age [SGA], premature delivery, low birth weight [LBW], and postpartum depression rates have significantly increased in the past two decades. After thirty-five years of research it has been substantiated that hospitals are not the safest or best place for normal birth and only two states (New York and Massachusetts) have a Maternity Information Act. Things have gone terribly wrong with modern maternity and pediatric care. "Formaldehyde, thimerosal, aluminum phosphate (toxic & carcinogenic) antibiotics, phenol (corrosive to skin & toxic), aluminum salts (corrosive to tissue & neuro-toxic), methanol (toxic), isopropyl (toxic), 2-pheoxyethanol (toxic), live viruses and a host of unknown components considered off –limits are trade secrets are all a part of what is injected into the veins

of newborn infants. Aluminum and formaldehyde are 'extremely' toxic and most chemists, biologists and medical people would confirm that microscopic does of these substance lead to cancer, neurological damage and death.[2] We can no longer allow another generation to face the vaccination risks that changed our children's lives forever. It's time for change and to integrate the effective, preventative successful therapies from Traditional Asian Medicine into modern day perinatal and pediatric newborn health care. When the importance of how critical the role of prenatal psychology, diet and environment play in conception, pregnancy, labour & birth, postpartum and newborn care perhaps then the health concerns listed above will significantly change and return to normal birthing for risk free births.

[1] Environmental Working Group. Body burden: The pollutions in newborns. Available at http://www.ewg.org/reports/bodyburden2/execsumm.php. Accessed June 5, 2006.

[2] Sircus, M. The Terror of Pediatric Medicine, 2008.

Impact of Globalisation on the Minocoy Island, Lakshdweep of India

Nasir Ahemad, Department of Anthropology, Dr. H.S. Gour University

Traditional medical system is part of every society. It reveals the concept of health and illness, which is unique to that particular society and behavioral dimensions of the illness and health. Due to the impact of globalisation western medical system has replaced the traditional medical system and people are forgetting the traditional knowledge of curing with medicinal plants. The present paper is an attempt to study the impact of globalisation and how private health sector overscores the public health sector on Minocoy Island, Lakshdweep of India.

Indigenous / Traditional Medicines: Challenges and Bottlenecks

Gopal Dixit, Upadhi PG College

Indigenous Medicines are those derived from plants, animals and minerals etc. used in the treatment of various diseases and ailments among the ethnic groups, folk people or race for preventing, lessening or curing disease. This relationship has evolved over generations of experience and practice. The consequent divorcement of aboriginal people from dependence upon their vegetal environment for the necessities of life has been set in motion, resulting in disintegration of knowledge of plants and their properties. On the other hand civilised people are turning towards this traditional system of treatment because of its long lasting effectiveness against a number of chronic diseases without cumulative contraindications and the derogatory effect of the Modern System. The confident use of indigenous medicines could not be

taken up because of many bottleneck and discrepancies including the knowledge of therapeutic administration and formation of standard quality drugs.
This paper deals with these barriers and bottlenecks that are considered responsible for less popularity of this traditional age-old system in targeted and sure cure of various diseases.

3rd Session: Room B – 16.15 – 18.45hrs

Panel 8: Women and Gender in Medicine and Healing Across Asia
Panel Organisers: Theresia Hofer and Jennifer Bright
Panel Chair: Charlotte Furth

Becoming a Mother: Reproductive Technologies and the Ambiguities of Fertility in Imperial and Contemporary China

Francesca Bray, Social Anthropology, University of Edinburgh

In this paper I explore the articulations between social dimensions of bio-power and theories of fertility and natural kinship in late imperial China, asking how important a woman's capacity to give birth was to her status and security. I draw on medical and social sources from the Ming and Qing period, from about 1500 to 1750, to explore how parent-child bonds were conceptualized and produced, and how biological and social contributions were likely to be ranked. I focus principally on motherhood, outlining the spectrum of maternal roles and the range of resources available to more privileged women to achieve desirable forms of relatedness. I suggest that the institution of polygyny legally and ritually facilitated, while medical theory naturalized, a form of maternal "doubling" whereby a pair of women of different social status could jointly fulfill the biological and social roles of ideal motherhood, at very different costs to each of the women. I conclude by tracing the social and moral legacies of this late-imperial reproductive culture that are currently resurfacing in contemporary debates about assisted reproduction and surrogacy in the People's Republic of China.

Tibetan Women's Reproductive Health Behaviour between Modern Family Planning and Traditional Family Values

Mona Schrempf, Horst-Görtz-Institute for Theory, History and Ethics of Chinese Lifesciences, Charité Medical University, Berlin

Since the early1980s, Chinese state family planning policies are being implemented

in the rural Sino-Tibetan border region of Qinghai Province. Since then, women's reproductive health and bodies touch upon issues of new birth control technologies connected with Chinese modernity and state control. Women's social status in their rural communities is still strongly defined by their physical strength and fertility, so working hard, being able to carry heavy things and in particular having at least one son among the two children allowed are part of important family values. Many women complained about physical weakness after using IUDs or sterilisation which they perceived as jeopardizing their social status in their communities and families. A sick woman is useless and socially frowned upon. To have no son, however, is still the biggest social disgrace, and is especially precarious for the daughter-in-law. However, there are traditional ways to enhance fertility and to ensure male offspring. Tantric practitioners, fertility temples and rituals are in high demand among modern Tibetan women to remedy the additional pressure. Thus, women's reproduction and bodies become the social focal point for negotiating gender, subjectivity, community and family values, ethnic identity and the state policies of a socialist modernity that is at odds with their sociality.

Infertility Treatment at the Cutting Edge of Traditional and Biomedical Discourse.

Jane Lyttleton & Sue Cochrane, University of Western Sydney

The relationship between traditional medicines (in this case traditional Chinese medicine) and the globally dominating biomedical model is vexed. There has been much discussion about which medical system is losing or gaining from this interaction. A case example of infertility will be used to explicate this interaction. In the West the relationship between ART (assisted reproduction technology) and Chinese medicine is most interesting – is it at the vanguard in building and moulding a dialogue? Is IVF (in vitro fertilization) an arena of co-option? Who will benefit or lose most from this relationship? Are the research models used to date in IVF acupuncture studies best suited to the mechanism of action of acupuncture? Are there other more suitable research models? This paper will explore these questions and point to the directions and possibilities for traditional medicines in this new stage of their evolution in the minority world.

Miscarriage – Conceptions Past and Present

Victoria Conran, Independent

The significance of miscarriage is not a straightforward concept to explore. Until recently, little literature has been available. Frequently miscarriage remains a private experience for women, although this may be changing. Are cultural perceptions of miscarriage similar across time, space and gender? Has the incidence of miscarriage remained steady over time, or is it receiving greater attention due to early detection methods and therefore apparently on the rise? What significance do women attribute to their miscarriages and how have notions of care and recovery intersected ideas about miscarriage and the significance it carries? With increasing numbers of people turning to Assisted Reproductive Technologies, with varying rates of statistical success (or failure) in achieving 'take home babies' how is miscarriage perceived by those losing pregnancies as well as cared for by health professionals.
The use of acupuncture to assist recovery from miscarriage has been a main focus of my work over the past 12 years. This work developed into the MYSS research project, which formed the basis of a dissertation in Medical Anthropology in 2000. The research revealed the impact of miscarriage on lives and a severe lack of care provision, complicated by taboo, privacy and shame on the part of many women. This paper will describe how traditional Asian medical techniques have become meaningful in a wholly new situation.

Islamic Medical Embryology: Traditions and Choices

Ayesha Ahmad, Peninsula Medical School, University of Exeter UK

In this paper, I identify the nature of the tension in Islamic medical embryology with globalisation and the impact on the role of the woman in Islamic bioethics. There are two strains of argument in this paper, both with different twists. The first is in the context of globalisation; between the viewpoints of traditionalists and modernists. Secondly, within Islamic medical embryology itself there is a tension I will fetch to light of the evaluation of traditional knowledge to become part of contemporary medicine with the role of the Muslim woman. Within Islamic perspectives on the human embryo and embryonic development, the status of the human embryo is often much clearer than other debates where religion and medicine are divided and disputed. Islamic medicine provides a unique setting for the human embryo, one where there is not a divide between religious and medical perspectives. Clinical decisions regarding the human embryo are formulated around the Holy Quran and Islamic Law. The human embryo at day 120 is defined as

the point of ensoulement by God. However, the use of traditional Islamic medical ideology creates certain tensions; namely between traditionalists and modernists. The status of the human embryo in Islamic medicine is founded upon Islamic medical embryology from the Quran, dictating the timeless word of God. Although Islamic medicine contributes to advancements in the globalisation of medicine and research, the consensus for what is allowed or not allowed is based on traditional knowledge. This knowledge is interpreted in Islam as an acknowledgement of God and this source of knowledge is opposed to by the modernists. In addition, other tensions arise in the implementation of Islamic medicine. Specifically, the woman's choice in reproductive medicine is controlled by societal dynamics. Thus, doctrines in Islamic medicine can accommodate and contribute to debates on scientific and medical advancements which concern the human embryo but the woman's body is nevertheless, a timeless body meaning that it is not subject to the same scrutiny that new perspectives on the changing presentation of the human embryo is. For example, the human embryo is now accessed in an entirely different way than in Medieval times. This changes the perspective at which the body of the human embryo is looked at. A woman's status however is comparable with the status of ensoulement, I.e., not subject to change. The detail regarding embryology in the Quran provides the human embryo with as much knowledge as the treatment of a woman in Islam. Located in this space between the human embryo and the woman in Islam is a tension that I will discuss in this paper. I will explain the literature on embryology from the Quran and Islamic Law in order to detail how this conversely affects the ethical dilemmas of a Muslim woman in medicine by the very nature of successfully merging the traditional knowledge in Islamic medicine with contemporary medical advancements.

3rd Session: Room C – 16.15 – 18.45hrs

Panel 13: Medicine and Healing in the Bon Tradition
This panel will be in the Tibetan language
Panel organisers: Colin Millard, Geoffrey Samuel

Presentation on Shang Shung and Tibet's Special Medical Diagnosis Method

Kalsang Norbu, Dhargye monastery and Shang Shung Cultural Association, Chamdo, Tibet

༄༅། ཞང་ཞོད་གཞོན་པ་རིག་པའི་ཐུན་མིན་བཏགས་སྐོར་གྱི་དཔྱད་གཏམ།།

དབུ་ཐྱོང་དགེ་བཤེས་སྐལ་བཟང་ནོར་བུ།

༡ སྤྱིར་ཞང་ཞོད་ཀྱི་གཞོན་པ་རིག་པའི་ཁྱད་ཆོན་གཞོན་ཐབས་དང་བཏགས་ཐབས་

བཅས། དེ་དག་གི་ཐོག་མའི་འཕེལ་རིམ་དང་ལོ་རྒྱུས།

༢ ཞོད་ཀྱི་གཞོན་པ་རིག་པའི་བཏགས་ཐབས་ལ། ཆུ་ནང་གསང་གསུམ་མམ་བལྟ་རིག་

དྲི་བ་གསུམ་དང་། ཁྱད་པར་དུ་ཞང་ཞོད་གཞོན་རིག་ཐུག་མ་ལས། ཡང་གསང་

གནས་ལུགས་རིག་པ་མངོན་ཤེས་དཔྱད་བཅས་ཀྱི་ངོ་རྒྱུ་བལྟན་པའི་ཚུལ།

༣ ཅིས་པའི་ནད་བཏགས་ཐབས་ལ། ཐུན་མིན་རྣ་རྩ་དང་ཆུ་ཁོ་ལོགས་ཀྱི་ནད་ཀྱི་

ལྟར་ངོས་འཛིན་པའི་ཞལ་ཆུན་བཅས་ཀྱི་སྐོར་ལ་དཔྱད་གཏམ་ཞུ་རྒྱུ་ཡིན་ལགས་སོ།།

A General Outline of the Diagnostic Methods in the Medical System of Shang Shung and Tibet and the Need to Preserve Them

Rinchen Tenzin, Menri Monastery, Dolanji, India

ཞང་ཞུང་དོད་ཀྱི་གསོ་བ་རིག་པའི་སྤྱི་དོན་དང་དཔྱད་རིག་ཐམས་གསོ་དགོས་སྐོར་རགས་ཙམ་སྒྲིང་བ།

། །ཞང་ཞུང་ཀྱི་རིག་པའི་གནས་ཆེན་ལྟ་ཡི་ཡ་གྱལ་གསོ་རིག་འདི་ནི་མཐོ་སྣང་འདིར་ཆེས་སྔ་མོར་དར་ཁྲབ་ཆེ་ལ། དེ་ཡང་རྣམ་འདྲེན་གཅེན་རབ་ཉིད་ཀྱིས་སྐུ་སྲས་དཔྱད་བུ་ཁྲི་ཤེས་ལ་གསོ་རིག་མདོ་དགུ་སོགས་གསུངས་པའི་ནང་ནས། འདིར་གསོ་རིག་འབྱམ་བཞི་ལྟར་བཤད་ན།

གནས་ལུགས། ངོས་འཛིན། གསོ་ཐབས་གསུམ་དུ་བསྡུས་ཡོད། དང་པོ་ཁྲུ་ཁྲག་སེམས་དང་འབྱུང་ལྔ་བསྡུས་པའི་ལུས་འདིར་མ་རིག་དུག་གསུམ་ཉོན་ལས་ཉེས་གསུམ་རང་ཚས་སྐུ་གྲུབ། དེ་དག་རྣམ་པར་མ་འགྱུར་པས་ལུས་གསོ་བ་དང་། །།

དུས་གདོན་ཟས་སྤྱིད་དམན་ལྷག་ལོག་པས་རྣམ་གྱུར་འཕེལ་ཟད་འཁྲུགས་པའི་ནད་གྱུར་ཏེ། ཉེས་གཅོ་གནས་རིགས་ཀྱི་ནད་བཞི་བརྒྱ་རྩ་བཞི། དེ་ལས་གཞན་ཀུན་ཡོངས་ལྡན་བཞིའི་ནད་༡༦༡༦སོགས་ཆུང་དང་ལྡན་འདུས་ཀྱི་ནད་རིགས་གྲངས་ལས་འདས།

གཉིས་པ། མཐོང་དཔྱད་ཐོས་རིག་གསུམ་གྱིས་ནད་ངོས་གསལ་བར་འཛིན་ཐུབ།

གསུམ་པ། ཟས་སྤྱོད་སྨན་དཔྱད་བཞེས་འདུ་བ་སྟོམས་ཤེང་མི་ན་གནས་དང་ན་བ་གསོ་བར་བྱེད་དོ།

དེ་ཡང་སྔར་སྲོལ་གཏེར་ཛས་སྐྱེ་དངོས་སྲོག་ཆགས་སྨན་ཛས་རྣམས་ནད་དང་བསྟུན་རོ་ནུས་ཞུ་རྩེ་བསྡེབས་ལ་ནུས་སྟོབས་ཡོན་ཏན་ཀྱི་ནད་གསོ་བར་བྱེད། ལྷག་པར་སྨན་སྣ་མང་བསྡེབས་ལས་གཅིག་ཕན་གཞན་གནོད་འགྱུར་བས་གཅིག་རྒྱུག་གཏོང་སྲོལ་དེ་ཙམ་མེད།

བློ་ཕམ་ཞིག་ལ་དེང་དཔྱད་དང་ཆ་བྱེད་ཕལ་ཆེར་ཚད་བདེན་དམར་ཁྲིད་ལག་ལེན་རྣམས་བོད་ཕྱི་ནང་ཀུན་ལ་ཆེས་ཉམས་གུང་ཕྱིན་ཡོད། དེ་ཡང་ཕྱི་ནང་ཀྱི་མཁས་དབང་དང་ཚད་མཐོའི་འཕྲལ་ཆས་ཟྱང་འབྲེལ་གྱིས་ལྷས་ཀྱི་གྲྭབ་ཆ་རྐྱེ་ཞིག་རྣམས་དམིག་གསལ་ངོས་འཛིན་གནང་སྟེ་དཔྱད་རིག་ཉམས་གསོ་དགོས་གལ་ཆེ་བར་མཐོང། གང་ཞེ་ན་དེང་དུས་ཕྱི་ལྷག་སྨན་གྱིས་ཕན་ཐུ་མ་ཐོན་པའི་ན་ཚ་འགའ་དཔྱད་བཅོས་ལས་དྲག་སྐྱེད་བྱང་བ་མཐོང་ཐོས་གྱུར་མོད། དེར་རྟེན་གུས་པས་སེམས་འཚར་དེ་ཙམ་ཞུ་རྒྱུ་ལགས།

།གསོ་རིག་འབྲམ་བཞིའི་བརྒྱུད་འཛིན་འཚོ་བྱེད་དགེ་བཤེས་རིན་ཆེན་བསྟན་འཛིན་པས།

The Background to the Colophon of the rGyud-bzhi of the sde dge dpar khang Blockprint

Nyima Woser Choekhortshang, Menri Monastery, Dolanji, India

"རྒྱུད་བཞིའི་མཇུག་བྱང་ལས་མངོན་པའི་རྒྱུད་ལྟོངས་ཀྱི་ལོ་རྒྱུས།"

དང་པོ།

སྟེ་དགེ་དཔར་ཁང་ཆེན་མོའི་ཧིང་དཔར་ངོས་སུ་ཡོད་པའི་དཔལ་ལྡན་རྒྱུད་བཞི་འདི་ཉིད་ཀྱི་མཇུག་བྱང་ལ་བརྟེན་ནས་རྒྱུད་བཞི་འདི་ཉིད་བཀའ་འགྱུར་དང་། ་ ་ བསྟན་འགྱུར། ་ ་ དེ་མིན་གཡུ་ཐོག་པས་ཕྱོགས་བཀུས་མཛད་པ་སོགས་ཅི་ཡིན་སོགས་ཀྱི་རྒྱུད་ལྟོངས་ལོ་རྒྱུས་ལ་ཞིབ་དཔྱོད་དང་།

་ ་

གཉིས་པ།

མཇུག་བྱང་དུ་གསལ་བ་ལྟར་འཁོར་ལོ་རྒྱལ་པོའི་ཅ་ལུམ་སོགས་ཞང་ཞུང་ནས་བསྒྱུར་པའི་གཞུང་རྣམས་ཀྱི་དགོངས་པ་བླངས་ཏེལ་ཀྱི་ཤུལ་ཡོངྀ་ཞེད།

གསུམ་པ།

དེ་བཞིན་དངོས་དོན་དུ་གྲྭ་མངོན་དབང་ཕྱུག་འབར་གྱི་གཏེར་ནས་བཏོན་ཡོད་མེད་སོགས་ཀྱིས་མཚོན་དབང་ཕྱུག་འབར་དང་། རྒྱ་འོད་འབར། གཡུ་ཐོག་གསུམ་གྱི་ལོ་རྒྱུས་ལ་གོ་བསྟུར།

བཞི་པ།

གཞན་ཡང་རྒྱུད་བཞི་འདི་ཉིད་རྒྱར་མ་ཁབ་པ་བློ་གོས་རྒྱལ་པོས་ཞུ་ཆེན་གྱིས་གཏན་ལ་ཕབ་པ་དེ་ལ་མི་དབང་སངས་རྒྱས་རྒྱ་མཚོས་བསྒྱར་དུ་དགུ་ཞུ་མཛད་དགོས་དོན་ཅི་ཡིན་སོགས་ཀྱིས་མཚོན་སྟེ་དགེ་དཔར་ཁྱིང་གི་རྒྱུད་བཞིའི་མཇུག་བྱང་དེ་ལས་རྒྱུད་ལྟོངས་ཀྱི་ལོ་རྒྱུས་གསལ་འཚོལ་འདོན་ཁུལ་གྱིས་དཔྱད་པ་འབྱལ་རྒྱུ།།

“rgyud bzhi’i mjug byang las mngon pa’i rgyab ljongs kyi lo rgyus/”

dang po/
sde dge dpar khang chen mo’i shing dpar ngos su yod pa’i dpal ldan rgyud bzhi ‘di nyid kyi mjug byang la brten nas rgyud bzhi ‘di nyid bka’ ‘gyur dang / bstan ‘gyur/ de min g.yu thog pas phyogs btus mdzad pa sogs ci yin sogs kyi rgyab ljongs lo rgyus la zhib dpyod dang /

gnyis pa/
mjug byang du gsal ba ltar ‘khor lo rgyal po’i be bum sogs zhang zhung nas bsgyur pa’i gzhung rnams kyi dgongs pa blangs tshul gyi shul yod med/

gsum pa/
de bzhin dngos don du grwa mngon dbang phyug ‘bar gyi gter nas bton yod med sogs kyis mtshon dbang phyug ‘bar dang /_zla ‘od ‘bar/_g.yu thog gsum gyi lo rgyus la go bsdur/

bzhi pa/
gzhan yang rgyud bzhi ‘di nyid zur mkhar pa blo gros rgyal pos zhu chen gyis gtan la phab pa de la mi dbang sangs rgyas rgya mtshos bskyar du dag zhu mdzad dgos don ci yin sogs kyis mtshon sde dge dpar shing gi rgyud bzhi’i mjug byang de las rgyab ljongs kyi lo rgyus gsal ‘tshol ‘don khul gyis dpyad pa ‘bul rgyu//

Essential Instructions on the Diagnosis of the Three Humours

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༄༅། །ཉེས་པ་དངོས་སྟོན་བརྟག་པའི་བསྡུས་དོན་ལུང་གི་སྙིང་པོ།།

སྨན་དགེ་ཚུལ་ཁྲིམས་སངས་རྒྱས།

༄༅། གདོད་ནས་ཡེ་དག་རྒྱལ་བ་ཀུན་ཏུ་བཟང་། ཕྱུན་གྲུབ་ངེས་པ་ལྷ་ལྡན་གཤེན་ལྷ་འོད།
འགྲོ་འདུལ་མ་ངེས་ལྷ་ལྡན་གཤེན་རབ་མཆོག ། སྐུ་གསུམ་རྒྱལ་བའི་དབང་པོ་གུས་པ་བསྟོད།
རྒྱལ་བའི་ཐུགས་རྗེ་ལས་བྱུང་གསོ་རིག་ཚོགས། འཛམ་གླིང་ནུབ་འཕགས་འོལ་མོ་གླིང་ཆེན་དུ།
གདན་ལ་ཕབས་ཏེ་དཔྱད་བུ་ཁྲི་ཤེས་སོགས། དང་སྲོང་རྣམས་ལ་གདད་གཉེར་བཙོལ་དེ་སྨད།།

མཆོད་བརྗོད་ཀྱིས་མདུན་བསྟུས་ཏེ་བརྗོད་པར་བྱ་བ་ལ་ངོས་བཟུང་རྟགས་ཀྱི་རིག་པ་རྣན་པོའི་ཉམས་མྱོང་ཉེས་པ་དངོས་སྟོན་བརྟགས་པ་འཕྲུལ་བྲལ་མེ་ལོང་གི་བསྡུས་དོན་འབྲི་བ་ལ།

སྤྱི་འགྲོ་སུ་བཤད་པ་ལ་གསུམ་སྟེ། རྗེ་ལྟར་བརྟག་པའི་དཔེ་དང་། བརྟག་ཐབས་མེད་པའི་སྐྱོན། བརྟག་ཐབས་གཉིས་པར་འཛིན་དགོས་པ་རྣམས་སོ། རྗེ་ལྟར་བརྟག་པའི་དཔེ་དོན། དཔྱད་འབུམ་ལས། མེ་དང་དུ་བ་ཇི་བཞིན་དུ། ནད་ཀྱི་ངོས་ནི་རྟགས་ལ་བཟུང་ཞེས་པ། ངོ་བཟུང་བའི་རྟགས་ནི་དཔེར་ན་དུ་བ་མཐོང་བ་དང་མེ་ཡོད་པ་ཤེས་དགོས་པ་བཞིན་ནད་ཀྱི་ནད་ཉེས་གསུམ་གང་ཡིན་པའི་རྟགས་རྗེས་སུ་དཔགས་པས་རྟོགས་པར་འགྱུར་བའི་ཕྱིར་རྟགས་རང་ལ་ངོ་བཟུང་བའོ།

བརྟག་ཐབས་མེད་པའི་སྐྱོན། ཐྱམ་ལས། བརྟག་ཐབས་མེད་པའི་སྨན་པ་ཡིས། རྟགས་ཉིད་རྟགས་སུ་མི་ཤེས་ཏེ། དུ་བ་རླུང་པ་འཁྲུལ་པ་འདྲ། སྨིན་འདུས་ཙམ་ལས་ཆར་འབྱུང་ཟེར་བ་ལྟར། མ་ངེས་རྟགས་སུ་བྱེད་པ་ཡོད་ཅེས་པ། གཞུང་གསལ་ཀྱི་བརྟག་ཐབས་སྐྱོར་མེད་པའི་སྨན་པ་དག་གིས་ནད་རང་གི་བསྟན་པའི་རྟགས་འཁྲུལ་མེད་ཡིན་ཀྱང་རྟགས་དེ་ལྟ་བུ་ཡིན་པར་མི་ཤེས་ཏེ། མེ་ཡི་དུ་བ་མཐོང་ཡང་རྒྱུ་ཚན་གྱི་སྣང་བ་དང་འཁྲུལ་ནས་མེ་མི་རྟོགས་པ་ཡོང་གི་ཡོད་ལ། དེ་བཞིན་དབྱར་གྱི་ཆར་སྤྲིན་གྱི་ཁ་དོག་དལ་བྲེལ་སོགས་ཀྱིས་ཤེས་བྱ་གང་ཡང་མེད་པར་སྨིན་འདུས་པ་ཙམ་ལས་ཆར་འབེབས་པར་འགྱུར་ཟེར་བ་ལྟར། སྐར་སྣང་གི་ནད་རྟགས་མ་ངེས་པ་དེ་ལ། འདི་ནི་ནད་འདིའི་རྟགས་ཡིན་ནོ་ཞེས་ཡིད་ཆེས་བྱེད་པ་ཀྱང་ཡོད།

བརྟག་ཐབས་གཉིས་པར་འཛིན་དགོས་པ།

དཔྱད་འབུམ་ལས། དེ་ཕྱིར་ངོས་བཟུང་བརྟག་ཐབས་མན་ངག་གཅིག་ཞེས་པ། དེ་ཕྱིར་ལྟར་སྣང་ཙམ་མ་ཡིན་པའི་ངོས་འཛིན་འཁྲུལ་པ་མེད་པའི་རྟགས་ཐབས་མན་ངག་དང་བཅས་པ་འོག་བསྟན་འདི་ལྟ་བུ་ཞིག་གསོ་རིག་འཛིན་པ་རྣམས་ལ་མེད་ན་བུ་མེད་པ་ཞིག་ཡིན་པ་གོ་རམ་ཆགས། བརྟག་ཐབས་དངོས་ནང་། ཉེས་པ་དངོས་སྟོན་བརྟག་པ་དང་། ངན་གཡོ་སྐྱོན་གྱི་བརྟག་པ། སྤྱང་བླངས་སུ་བཞིའི་བརྟག་པ་དང་གསུམ་ཡོད་ཀྱང་། དེ་ཡི་ནང་ནས་ཉེས་པས་དངོས་སྟོན་བརྟག་པས་ནད་པ་ལ་ལུང་སྟོན་པ་སྟེ། ཁ་དམར་གདགས་པ་དང་ནད་མེད་དང་བཙོས་པ་ལ

དགོས་པའི་ཕྱིར་ཤེས་པ་རྣྀང་སོགས་དངོས་སུ་སྐྱོར་པའི་སློབ་ཤས་བརྒྱ་པ་ཚམས་སུ་སྟེ། སྤྱོང་བརྒྱ་ཡི་སློབ་ཤས་བརྒྱ་པ་དང་། མཚན་ཉིད་ཤུགས་ཀྱི་སློབ་ཤས་བརྒྱ་པ་དང་། ཡན་གཅོད་བལྟས་པའི་སློབ་ཤས་བརྒྱ་པའོ།

སྤྱོང་བརྒྱ་ཡི་སློབ་ཤས་བརྒྱ་པ་

དཔྱད་འབྱམ་ལས། སྤྱོང་བརྒྱ་ཀྱི་ཟས་དང་སྤྱོད་ལམ་དེ། གང་ཟོས་གང་བྱས་བཀྲ་ཤིས་ཤེས་པར་བྱ། ཅི་ཕྱིར་རྒྱུ་འཐས་འབྲས་བུ་འཐུལ་མི་སྲིད་ཅེས་པ། སྤྱོང་བ་རྒྱུ་ཡི་སློབ་ཤས་བརྒྱ་པ་ཞེས། ཐས་སྤྱོད་ཀྱི་ཡིན་ཚང་རྒྱུ་ཐུབ་པ་ནི། ཟེས་གསུངས་ཀྱིས་དང་འཕྲད་ཅས་རང་དུ་འགྱུར་བས་རང་ཀྱི་རྒྱུ་རིའི་རྒྱུན་འདི་ཡི་ཞེས་བརྒྱས་ཅས་ཀྱི་ན་འདི་ལ་བརྒྱ་པ་ལ་རྒྱུ་ཁྱི་ཐ་སྙིད་མཚོད་ཅིང་། དེ་ཡང་ཅང་གང་ངོས་འཛིན་བྱེད་པའི་ཚོ་ཅང་སྤྱོང་བའི་རྒྱུ་ཀྱི་ན་དུ་གྱུར་པ་ཐས་སྐྱོས་དང་སྤྱོད་ལས་སངས་ཅིས་བཞིན་གང་དང་ཁི་ཐོས་ཁི་འཕྲངས། འགྲོ་འདུག་ཁུལ་འཚག་གང་བྱས་ཤེས་པའི་ཡས་ཀྱང་རྟེ་གས་ལ། རྒྱས་འབྱམ་ལས། ཡང་ལ་རྒྱ་བའི་ཐས་སྤྱོད་ཀྱི་ཞེས་པས་རྒྱུ་ཅང་སྤྱོང་ཀྱི་ན་རྟེ་གས་པ་དང་། དེ་བཞིན་རྟོག་ཞིང་ཚ་བའི་ཐས་སྤྱོད་ཀྱིས་པ་མཁྱིལ་པ་སྤྱོང་ཀྱི་ན་རྟེ་གས་པ་དང་། ལྟེ་ཞིང་སྐྱམ་པའི་ཐས་སྤྱོད་ཀྱིས་ཞེས་པ་བདུ་ནད་སྤྱོང་ཀྱི་ན་རྟེ་གས་པ་སོགས་ཀྱི་སྐྱོ་ནས་ལེགས་པར་ཐེག་ནས་ཀུན་རྒྱལ་བཞིན་རྟོག་ནས་རྣལ་པ་ཡིན། ཁྱིད་པར་དུ་འཕེལ་གྱི་ཀྱི་ན་བསྐུན་པའི་སྐབས་སྐྱར་ཤེས་པ་དེ་ལོག་ཅེས་ཏེ། དཔྱད་འབྱམ་ལས། སྤྱི་མཆེད་གསོག་ལྟང་སྤྱོང་ཀྱི་ན་རྣམ་པ་གསུམ་ཞེས་པ། སྤྱི་མཆེད་དང་གསོག་ལྟང་ནད་ཀྱི་ཀྱི་ན་དུ་འགྱུར་བ་ཅི་ཡིན་ནམ་སྙམས་ན། ནད་ཀྱི་རྣམ་པ་མང་དུ་སྐྱེ་ཞིང་སྤྱོད་འཕེལ་བའམ་རྒྱུ་ཆུང་མཆེད་པར་བྱེད་པས་ན་སྤྱི་མཆེད་ཀྱི་ཀྱི་ན་དང་། དེ་ལྟར་ནད་དེ་ཉིད་རང་གནས་སུ་གསོག་ཅིང་གནས་ལྟར་ལྟང་བར་བྱེད་པར་ན་གསོག་ལྟང་གི་ཀྱི་ན་དང་། ནད་སྐྱོག་འགྱུར་དུ་བས་ཀས་པ་རྣམས་མཚོན་སུམ་སྤྱོང་ཅར་བྱེད་ཀྱི་ན་ཏེ་གསུམ་དུ་ཤེས་པར་བྱའོ། ཞོང་གསལ་དུ་ཀྱི་ན་གསུམ་གྱི་ནད་ནས་སྤྱི་མཆེད་ཀྱི་ཀྱི་ན་ལས་ནད་དབང་པོ་སྤྱོད་འཚམ་རྣམས་དང་། ཁྱག ལོག་གསུམ་བྱང་བས་ནད་ཚོགས་རྣམ་པར་ཅི་འགྱུར་ཚུལ་རྟོག་མཚན་ཉིད་ཐེག་ཅེས་པ་ནི།

མཚན་ཉིད་ཤུགས་ཀྱི་སློབ་ཤས་བརྒྱ་པ།

དཔྱད་འབྱམ་ལས། མཚན་ཉིད་ཤུགས་ལ་བརྒྱ་གཞི་བརྒྱ་སྟོང་དང་། བརྒྱ་ཡུལ་བརྒྱ་པའི་ཚུལ་དང་རྣམ་པ་བཞི་ཞེས་པ། གང་བརྒྱ་པའི་གཞི་དང་གང་ལ་བརྒྱ་པའི་ཡུལ། གང་དུ་བརྒྱ་པའི་སྟོང་དང་། ཇི་ལྟར་བརྒྱ་པའི་ཚུལ་དང་བཞིའོ། བརྒྱ་པའི་གཞི། དཔྱད་འབྱམ་ལས། གཞི་ནི་ཆུང་དང་མཁྱིས་པ་བདག་གསུམ་མཚན་ཉིད་འཕེལ་ཐང་གསོག་ཕྱང་འབྱུག་ལ་པའི་རྒྱུ་ཚ་ཐང་ལ་བརྒྱ་པའི་ཡུལ། གང་ཟག་ཁྱོད་ཀྱི་ཁམས་ཀྱི་ཁ་ལ་ལྟ་བ་ལྟ་བུ་ནི། ཆུང་མཁྱིས་བདག་གཉུག་གསུམ་ཡིན་ལ། དེ་ཡང་རང་མཚན་ཉིད་དང་ལྡོང་ཚད་ལས་མང་ཟུ་འཕེལ་བ་དང་། ཕྱིང་ཟུ་ཐང་ལ་ཁུན་འབྱུག་ལ་པ་སོགས་འཕེལ་ཐང་ཀྱི་སྐྱབས་སུ་དྲིལ་ཏེ་བརྒྱ་པ་ལྟ་བུ་སྟེ། རབ་རྟོག་སོ་སོར་མ་འདྲིས་པར་མངས་ཟུ་ཕྱིས་ཏེ་བརྒྱ་པ་ཐུབ་དགོས་པ་རྣམས་སྟོང་མཐའ་ཡས་བདག་ཆུང་ཐང་ལ་ཁུག་མཁྱིས་ཚ་བས་ན་ཟུ་མངས་ཕྱེ་ཡང་ཚ་ཐང་གཞིས་སུ་འདུས་ཅེས་པ། རབ་རྟོག་ཚ་ཐང་གཞི་དྲིལ་ཏེ་བརྒྱ་ཐོག་པའོ་ནི།

བརྟག་པའི་ཡུལ། དཔྱད་འབུམ་ལས། བརྟག་ཡུལ་དབང་པོ་ཡུལ་ལྔ་དྲི་མ་ལྔ། དབང་པོ་མིག་དང་རྣ་བ་སྣ་ལྕེ་ལུས། ཡུལ་ནི་གཟུགས་སྒྲ་དྲི་རོ་རེག་བྱ་ལྔ། དྲི་མ་ལུད་པ་འབྲུ་སྐྱུགས་ཆུ་ཁྲག་བརྟག་ཞེས་པ། དེ་ཡང་དབང་པོ་ལྔ་ནི་ནད་པའི་དབང་ལྔར་གོ་དགོས། དབང་པོ་རང་ཡུལ་སྤྱོད་པའི་ཚེ་ནད་གཞི་མི་འདྲ་བའི་དབང་གིས་ཚོར་སྣང་མི་འདྲ་བ་འབྱུང་བ་སྟེ། མིག་གིས་གཟུགས། རྣ་བས་སྒྲ། སྣ་ཡིས་དྲི། ལྕེ་ཡིས་རོ། ལུས་ཀྱིས་རེག་བྱ་བཅས་ཡུལ་ལ་སོ་སོར་ཡོད་པའི་རང་བཞིན་མི་འདྲ་བ་ལོག་ཚོར་རེ་ལྟ་བ་དེར་བརྟག་ན་ནད་གཞི་ཤེས་པ་ཡིན། དཔེར་ན་མིག་གིས་དངོས་པོ་སེར་པོར་མཐོང་བ་དང་། ཟས་རོ་ཁ་བ་ལྟ་བུ་མཁྲིས་ནད་དང་། ཁ་རོ་བསྐར་བ་དང་རྣ་བ་ཙུར་ཙུར་སྒྲ་གྲགས་པ་ལུས་ཀྱི་རེག་བྱ་སྟེབ་པ་རླུང་ནད་རྟོགས་པ་ལྟ་བུའོ།

དྲི་མ་ནི། ནད་པའི་ལུད་པ་དང་འབྲུ་བ་དང་། སྐྱུགས་པ་དྲི་ཆུ་དང་ཁྲག་བཅས་ལ་བལྟ་རེག་དྲི་བའི་སྒོ་ནས་བརྟག་པས་ནད་རྟོགས་པ་ཡིན།

བརྟག་སྒོ་བཤད་པ།

དཔྱད་འབུམ་ལས། བརྟག་སྒོ་ཡུལ་དུས་རང་བཞིན་ན་ཚོད་དང་། ཉིན་ཞག་ཟས་ཚོད་གནས་ལ་མ་འཁྲུལ་རྟོགས་ཞེས་པ། གང་དུ་བརྟག་པའི་སྒོ་ནི་ཡུལ་དེ་ཅན་གྲང་བ་དང་། དུས་དབྱར་ཀ། རང་བཞིན་རླུང་གི་མི། ན་ཚོད་རྒན་པ། ནད་ལྡང་དུས། དགོང་དང་ཐོ་རངས། ཟས་ཞུ་ཚར་བའི་རྗེས་སུ་ན་བ་ཞེས་བཀྲེས་དུས་ན་བ་དང་ནད་ཀྱི་གནས་ཀྱང་སྙིང་ན་བ་སོགས་རླུང་ནད་ཡིན་པ་ཕན་ཚུན་སྒོ་བསྟུན་ནས་ཞིབ་པར་བརྟག་པ་ལས་ཡུལ་དུས་སོགས་མཚུངས་ན་རྐྱང་པའི་ནད་ཡིན་ལ། དེ་དག་ཕན་ཚུན་འདྲེས་ན་ལྡན་པ་དང་འདུས་པའི་ནད་གང་རུང་ཡིན་པས་བད་མཁྲིས་གཉིས་ཀྱང་དེ་ལྟར་བརྟག་སྟེ་དཔྱད་པར་བྱའོ།

བརྟག་ཚུལ་བཤད་པ།

དཔྱད་འབུམ་ལས། བརྟག་ཚུལ་བལྟ་དང་རེག་པ་དྲི་བས་བརྟག་ཅེས་པ། བརྟག་པ་ནི། མིག་གིས་བརྟག་པ་དང་། སོར་མོས་རེག་པ་དང་། ངག་གི་དྲི་བའི་སྒོ་ནས་བརྟག་པ་དང་གསུམ་ཡིན་ནོ། མིག་གི་ལྟ་བ། དཔྱད་འབུམ་ལས། བལྟ་བ་མི་ཡུལ་ཁོངས་དབྱིབས་ཁ་དོག་བརྟག ཁྱད་པར་ལྕེ་དང་ཆུ་ལ་བརྟག་པར་བྱ་འདི་ནི་མཐོང་བ་ཡུལ་གྱི་རིག་པ་ཡིན་ཞེས་པ། བལྟ་བས་ནད་ངོས་འཛིན་པ་ནི། མིག་གིས་གཟུགས་དང་ཁོངས་དབྱིབས་ཁ་དོག་འབྲུ་སྐྱུགས་སོགས། ཁྱད་པར་ལྕེ་དང་ཆུ་ལ་བརྟག་པ་དངོས་སུ་གསལ་བས་མཐོང་བ་ཡུལ་རིག་ཟེར།

སོར་མོས་རེག་པ།

དཔྱད་འབུམ་ལས། རེག་པ་ལུས་ཡུལ་ཚ་གྲང་འབུར་འཇམ་བརྟག ཁྱད་པར་བརྡ་སྦྱོར་འཕྲིན་པ་རྩ་ལ་བརྟག་འདི་ནི་སྤྱོད་པ་དོན་རིག་བརྟག་པ་ཡིན་ཞེས་པ། རེག་པ་ནི་ལུས་ཡུལ་གྱི་རེག་བྱའི་བརྟག་པར་བྱ་ཞིང་། སྨན་པའི་ལག་པས་ནད་པའི་ལུས་ཁམས་ཀྱི་ཚ་གྲང་དང་སྐྲངས་འབུར་འཇམ་རྩུབ་དང་། སྦ་སྐྱི་སོགས་ལ་བརྟག་པ་དང་། ཁྱད་པར་དུ་ནད་པ་དང་སྨན་པ་གཉིས་ཀྱི་བར་དུ་ཕན་ཚུན་བརྡ་སྦྱོར་བྱེད་པའི་འཕྲིན་པ་དང་མཚུངས་པའི་འཕར་རྩ་བརྟག་པར་བྱ་བ་ཡིན་ཞིང་། རེག་ཚོར་གྱི་དོན་ལ་དཔྱད་དེ་སྔོག་འབྱུར་གྱི་ནད་གཞིའི་དོན་རྣམས་མངོན་སུམ་དུ་རྟོགས་པར་བྱེད་པའི་ཐབས་ཡིན་པས། དཔྱོད་པ་དོན་གྱི་རིག་པའི་བརྟག་པ་ཞེས་བྱ་བ་ཡིན་ནོ།

ངག་གིས་དྲི་བའི་བརྟག་པ།

དཔྱད་འབུམ་ལས། དྲི་བས་བརྟག་པ་རྣ་བའི་ཡུལ་ཀུན་ཏེ། གང་གི་གང་ལྟར་གང་ན་གང་དུ་གང་། ཁྱད་པར་རྒྱུ་གནས་མཚན་ཉིད་དྲིས་ལ་བརྟག ། རྒྱུ་ལ་ཉེས་པ་གནས་ལ་འཇུག་པའི་སྒོ། མཚན་ཉིད་ནད་རིགས་བྱེ་བྲག་ཕྱེད་པར་འགྱུར། དེ་ཕྱིར་བརྟག་པ་ཀུན་ལས་དྲི་བ་གཅེས། འདི་ནི་ཐོས་པ་སྨྲ་ཡི་རིག་པ་ཡིན་ཅེས་པ། ངག་གི་དྲི་བ་རྣ་བའི་ཡུལ་ཀུན་ཏེ། ཇི་ལྟར་ན། རྒྱུ་རྐྱེན་གང་གིས་བྱས། ན་ལུགས་ཅི་ལྟར་ན། ལུས་གནས་གང་ན། དུས་སྐབས། རྣམ་ཅན། དབྱར་དགུན་གང་གི་དུས་སུ་ན་སོགས་དྲི་དགོས་པ་དང་། ཁྱད་པར་དུ་ནད་སྔོན་བའི་རྒྱུ་རྐྱེན་དང་། ན་གནས། ནད་ཀྱི་མཚན་ཉིད་བཅས་ཞིབ་པར་དྲིས་པས་ནད་སྔོན་རྐྱེན་དྲིས་པས་རླུང་མཁྲིས་བད་ཀན་གསུམ་གང་ཡིན་ཤེས། ན་གནས་དྲིས་པས་མཛུག་པའི་སྒོ་གང་ཡིན་རྟོགས། འཕེལ་ཟད་འགྱུགས་པའི་མཚན་ཉིད་སྟར་བརྟག་པས་ནད་གཞི་བྱེ་བྲག་གང་ཡིན་དབྱེ་ཞིབ་བྱེ་ཐུབ་པ་ཡིན། དེའི་ཕྱིར་བརྟག་ཐབས་ཀུན་ལ་སྨན་པས་གཅེས་པར་འཛིན་དགོས་པ་ཡིན་ནོ།

ཕན་གནོད་བསྟེན་པར་བརྟག་པ།

དཔྱད་འབུམ་ལས། ཕན་གནོད་བསྟེན་པ་ཟས་སྤྱོད་སྨན་དཔྱད་གཞི་རྒྱུ་དང་ནད་ཀྱི་ངོ་བོ་མཐུན་མི་མཐུན། འཕྲོད་མི་འཕྲོད་ལས་ནད་ཀུན་ཞིས་འགྱུར་སྔར་སྣང་མ་ཡིན་བསྒྲིངས་བས་རྟོགས་འགྱུར་ཏེ། སྨན་པས་ཉམས་རྟེན་ནད་པའི་གསོ་དོན་ཤེས་ཞེས་པ། ཟས་སྤྱོད་སྨན་དཔྱད་བཞི་ཡི་ནད་ཚ་གྲང་ཕན་གནོད་ཀྱི་མཐུན་མི་མཐུན་རྟོགས་པ་ཡིན་པ། དཔེར་ཟས་སྨན་ནུས་པ་བསིལ་བ་དང་། སྤྱོད་ལམ་བསིལ་གྲིབ་དང་གདར་ཁ་སོགས་བསྟེན་པས་ནད་ཀྱི་ངོ་བོ་དང་མཐུན་ནས་ནད་ཡར་བསྐྱེད་ན་བད་ཀན་གྲང་ལ། དེར་མི་མཐུན་པ་ནད་ཞི་བར་གྱུར་ན་ཚད་ནད་ཡིན་ནོ། དེ་ཡང་འཕྲོད་མིན་གྱི་དབྱེ་བ་ནི། དཔེར་ན་མི་བཞི་བསྟེན་ནས་འཕྲོད་པ་ནི་གྲང་ནད། མི་འཕྲོད་པར་ནད་ཡར་བསྐྱེད་པ་ནི་ཚབ་ཡིན་པས། དེ་ལྟ་རིག་པས་ཞིབ་ཕྲར་དཔྱད་ཅིང་བརྟག་པས་ནད་འབྲུལ་མེད་རྟོགས་པ་ཡིན་ནའང་། འཕྲོད་མིན་བརྟག་པར་གྲོངས་རེ་གཉིས་ཀྱི་གསལ་པོར་མི་རྟོགས་པས་སྔར་སྣང་ཚོད་དུ་ཡིད་རྟེས་པ་མ་ཡིན་ཏེ། མི་འཕྲོད་འདྲ་ན་འཕྲོད་པ་དང་། འཕྲོད་པ་འདྲ་ན་མི་འཕྲོད་པ་འདྲ་བར་ངེས་པ་ཡོང་སྲིད་པས། ཕན་གནོད་བརྟག་པ་ཡུན་བསྒྲིངས་བརྟག་པས་དོན་སྨན་པས་ངེས་པ་རྐྱེན་ཅིང་ནད་པའི་གསོ་དོན་ཤེས་པར་བྱ་དགོས་པ་ཡིན་ནོ།། སྨར་སྨྲས་པ།

བློ་ཆུང་སེམས་དཀར་ངོར་ནས་ལེགས་བྲིས་ཀྱང་།
སྦྱང་ཐོས་ཞན་པས་གོང་རིམ་འཁྲུལ་སྲིད་ན།
མཁན་རྣམས་བཟོད་པར་གསོལ་ཞིང་གནང་བ་རྟོལ།
བྲིས་དེས་དགེ་མཚོས་འགྲོ་ཀུན་ཡོངས་ལ་བསྔོ།།

***bad kan smug po* Disease**

Nyima Samphel, Jharkhot Traditional Herbal Medicine Centre, Nepal

ཞེས། བད་ཀན་སྨུག་པོའི་ནད།།

ཨེམ་རྩི་ནི་མ་སམ་ཕེལ།

། ཨེམ་རྩི་ནི་མ་རང་ཉིད་ཀྱིས་བཤད་རྒྱའི་བརྩོད་བྱ་ནི། དཔལམ་དེ་གང་བརྩོད་བྱ་གཙོ་བོ་ནི། བོད་ཀྱི་གསོ་བ་རིག་པའི་ནང་ནས་བོན་ཀྱི་སྨན་གཞུང་འབྱམ་བཞི་དང་། ཁྱད་སྨུལ་རིན་པོ་ཆེའི་སྨན་གཞུང་གཉིས་ཀྱི་ནང་ནས་གསོ་བྱེད་ནད་འབྱམ་ནག་པོ་དང་། སྨན་སྒྲོང་སྦྱོང་རྩ་ནང་ནས། ལེའུ་དྲུ་པ་བད་ཀན་སྨུག་པོའི་ནད་གསོ་ཚུལ་ཀྱི་སྡེ་ཚན་ནས། སྨུག་པོའི་ནད་ཀྱི་རྒྱུ་རྐྱེན་དབྱེ་བ་བཏུག་པ་དང་བཅོས་ཐབས་བཅས་ཀྱི་སྐོར་ལ་མདོར་བསྡུས་བཤད་རྒྱུ་ཡིན།

3rd Session: Room D – 16.15 – 18.45hrs

Panel 6: The Limits of Authenticity - Views from Practitioners
Panel Organiser: Nancy Holroyde Downing

Teaching Practices in Tibetan Medicine: Didactic Procedures in Traditional and in Academic Training

Marie-Thérèse Nicolas, Université de Montpellier

Nowadays, there is a growing interest on topics related to health, biology and environment, as well as on their teachings. In this context, we address the fields of medical and biological sciences education through the complex medical system of theTibetan Medicine (TM).
We show that Tibetan Medicine escapes both the reductionnism of positivism and of the “experimental method” which are still very much in use in western medical studies.
The TM system illustrates Edgar Morin’s paradigm of the complexity and the systemic conception of nature, of the human beings and of their relations with the environment.
We present data concerning elements of the medical epistemology and didactics of the Tibetan medical education by analyzing both the traditional way of training of

the Tibetan doctors, still in use in isolated area such as Zanskar, and the modern academic training.
Based on field studies, we analyse the teaching methods, the guidelines of medical education, the progression process during the formation, the interactions master-students, the way (dogmatic or non-dogmatic) in which the information is handled; and finally, outline the modernity of the didactic model implemented for pedagogic purposes as early as the 17th century: the "trees of knowledge of medicine".

Traditional Medicine and End of Life Care of Terminally Ill Patients

Chan Tuck Wai, National University of Singapore

The purpose of good medicine is to improve the patient's state of well being and quality of life via practitioner's wisdom and compassion.
For this reason, the role of Traditional Medicines (TM) is crucial and important to support both physical and emotional state of terminally ill patients. Quite often, TM acts as complementary or alternative therapy depending on the choice of the patient and the attending physician.
Effective use of TM on terminally ill patients will enhance their physical and emotional state of mind by reducing or relieving many symptoms of the illness. These symptoms include pain, insomnia, digestive problems (i.e., constipation, indigestion, loss of appetite, etc.)
Since these groups of patients are considered vulnerable population, the attending physician must communicate clearly the objectives of specific treatments with the patient and the family, prior to commencement of TM, to avoid therapeutic misconception.
Respect for the patients can be demonstrated by obtaining voluntary informed consent from the patients and presenting the option of withdrawing from treatment at any time.
The TM physician should also communicate with other previously consulted practitioner to obtain patient's full medical history and emotional state of being.

Ayurvedic Treatment for Chikungunya – Tracing Trajectories, Searching Solutions

Hari Kumar Bhaskaran Nair, University of Heidelberg

The trajectory of Chikungunya starts from the Makonde Plateau in Africa in the early 1950´ s, ever since it has been a problem of the" Global south". But looking at the current studies in the Epidemiology of this emerging infectious disease, one

can see the potential of this as a threat to Global health, in view of shifting Global population, the presence of the vector Aedes Albopictus in many temperate parts of Northern hemisphere and the possibility of concurrent and co-infection with the Dengue virus (Leory EM et al 2009,Schilling et al 2009). Many of the recent studies also depict the human sufferings caused by it in terms of symptoms such as neurological complications (Chandak etal 2009), flaccid paralysis and chronic arthropathy (Fulsandar et al 2009) infantile problems such as bullous skin lesions (Robin S et al 2009) as well as in terms of poverty created and perpetuated due to disability adjusted work years (Krishnamurthy et al 2009) and out of pocket expenditure and loss or productivity (Gopalan SS,Das A 2009).These studies also cut across geographical boundaries as one can confront studies from Gabon in Central Africa, Orissa and South Indian states as well as Singapore from Asia, a solitary case report of a traveller from Hamburg and a study on its outbreak in the Mediterranean area. Recent anthropological scholarship of "emerging and re-emerging infectious diseases" on the other hand indicate towards a "third epidemiological transition" (Barret et al 1998) and their ramifications in International security and Global economics and the intertwining Colonial and post colonial ideologies in Health (King 2002). A further interesting point of discussion is the impact of Climate change in mosquito- borne diseases (Benitez 2009) and its impact in Asia.

The recent epidemic of Chikungunya in India in 2006 and 2007 and the State, market and independent initiatives in its Indigenous management casts an interesting vignette in Medical anthropology as much as in Public health. The Public health interests may be oriented around the search for Pharmaceuticals based on "Ethnopharmacology" for new and emerging or re- emerging infectious diseases (as in the case of Artimicinin –based combination therapy in drug resistant malaria) and the mobilization of available man power in the Indian systems of Medicine (ISM) for community work for prevention and rehabilitation. But the Ayurvedic treatment of Chikungunya raises several questions relevant to Medical anthropology. The fundamental question is the Epistemological and cognitive gulf between "jwara" in Ayurveda arising from the third eye of Siva and the "Fever- or hyper-pyrexia" in Modern medicine and its reflection on Institutional and Non-institutional forms of Ayurvedic practice. This paper will explore the recent theoretization attempts in Ayurveda on these grounds and its implementation on the field. This may be helpful in understanding the "fluidity" of traditional systems and their empiricism in relation to emerging challenges in health as well as epistemes.

On Human Bones

Chang Che-chia, Academia Sinica

Compared to other specialties, the lack of textual sources has made osteology in Chinese medicine difficult to study. Bones are doubtless an important part in human body for any civilization. Although the traditional Chinese medicine does not grant bones a significant theoretical role like organs, blood, or qi do, still, they are considered as the deepest parts of the body, thus the essence of the energy, marrow, is preserved in the bones, and the virulent poison will also reflect on the surfaces of bones. For this reason, the interests toward osteology are shared by the practitioner, osteopathy, nourishing-life specialists (yangshengjia), and forensic examiners. In this study, I would like to cut in by observing these three aspects and see how their ideas complement one another to construct a full scale picture of Chinese medical ideas toward bones.

Modernities in Practical Approach - AYCRONTO Diagnosis and Therapy, the Tntegration of Modernistic and Traditional Holistic Approaches

Antonie van den Bos & Maria van den Bos, Independent

Traditional Chinese Medicine, electro-acupuncture according Dr Voll and auricular medicine according Dr Nogier have been systematically compared over thousands of patients in 13 years, resulting in a new holistic approach of the patient with longstanding chronic complaints of health. This new approach is called AYCRONTO® diagnosis and therapy. This therapy uses the vascular autonomic signal and uses careful described standards to achieve an accurate diagnosis in which the reasoning of the Chinese traditional medicine and western knowledge of neuro-anatomy and physiology as well as neurochemistry and biochemistry find their place. The outcome is a well-defined diagnosis with therapeutic advises which yield better health and wellbeing in high percentages of those cases that failed in results, with other medical approaches including the traditional and the modernistic holistic approaches. The therapy advises mostly concern nutrition and homeopathy for the yin diseases as well as (auricular) acupuncture for the yang disturbances. It was even possible to find and develop new remedies that showed useful in circumscribed conditions. One point of criticism in other approaches is the low emphasis on internal and external fong that determine the outcome of multiple diagnoses and therapies.

Yoga and the Development of Geriatric Care in late 20th Century UK

Hilary Re'em, Independent

This paper will explore modern adaptations of traditional yoga postures for the needs of the elderly in the UK. As a student and teacher of Yoga in the UK for thirty years I have observed and developed styles of what critics have disparagingly called 'furniture' yoga. Based on an historical sketch of its development combined with the reflections of a participant observer, I argue that this kind of yoga, while not pursuing the elusive 'authenticity' of tradition, has been an appropriate modification of specific classical forms for a contemporary aging population.

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19:00 CULTURAL SHOW
&
OFFICIAL OPENING DINNER AT RIM

Kindly Hosted by the Ministry of Health, Government of Bhutan
with Chief Guests and all Participants at RIM

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TUESDAY, 8th September 2009

1st Session: Room A – 09.30-12.00hrs

Panel 15: Cultivating Perfection and Longevity
Panel Organisers: Vivienne Lo, Geoffrey Samuel

Construction of Authority and Identity in Medieval *Yangsheng*

Michael Stanley-Baker, Wellcome Trust Centre for the History of Medicine at UCL, London

Existing records of *yangsheng* from the Han to the Sui dynasty point to a broad genre of exercises, prohibitions, visualisations, sexual hygiene and dietary habits, practices that were used across a wide variety of social and therapeutic contexts. From doctors curing specific ailments, to Daoists attempting to communicate with the gods or live forever, these practices coalesced in various ideological contexts, and

formed points of competition between different groups. This paper is a case-study analysis of one text, the *Yangxing yanming lu,* and presents the stylistic tropes and theoretical concerns that mark it within the *xuanxue* intellectual renaissance of the early mediaeval period.

Although this text was compiled in the 7th-8th centuries, and attributed to a prominent Daoist doctor, it is derived from fragments of the 5th century *Yangsheng yaoji*, a seminal work which later influenced prominent medical texts. It is a composite work, containing citations from over 30 different works and references to as many individuals. The selection of authors demonstrates a preference for classical Daoist philosophy with mediaeval commentary, and the use of citations and commentaries show textual criticism as proof of intellectual rigour and authority, all of which stand in contrast to legitimation strategies used in Daoist texts from the period. Epistemological discussions point towards a bodily self-knowing that is activated when the mind is silent, and bear loose similarities to modern phenomenology. Together, these markers represent the ways in which individuals drew on contemporary culture to understand their own bodily practice and experience, and to frame the body as a point of access to the force of life itself.

Yangsheng Self Cultivation: Self Help and Self Image

David Dear, Wellcome Trust Centre for the History of Medicine, University College London

In this paper I will look at various forms of Yangsheng, the popular medico-religious tradition of China, and show how adepts seek to use their practice in an exploration of their own culture and identity.

The practices are largely though not exclusively built around callisthenic exercises, but also include dietetic and other lifestyle proscriptions, as well as meditation. The nature and interpretation of the practitioners aims and priorities have varied extensively through the lengthy history of Yansheng – we have images of practitioners in dating from the second century BC – but they are unified and given coherence though time by the crucial, and largely undefinable, concept of Qi.

The motives for commencing practice, the sources from which they derive their information and the cultural backdrop within which this is sited will all come under consideration. In particular I will look at what the practices mean within the wider and ever present discourse of "Traditional Chinese Culture" and hegemonic dogma attached to this.

The paper will use video recordings of the practices themselves and interview clips

with a number of practitioners explaining their ideas about what these activities mean to them and how they benefit from them.
I hope also to be able to present a brief case study on the "rolling out" of a newly created taiji form for the 21st century, "TAIJI ZHANG", which has been devised within a professional academic setting at Qing Hua and is being officially supported by national institutions and the ministry of sport.
I will seek to show that within China such practices are located in a very specific historic cultural context that is per se not readily transferable to other locations, and that when such transference does occur it can only do so by the adoption of what French anthropologist Pierre Bourdieu would call a new "habitus" of self image.

Satisfaction, Pleasure and Euphoria in Medieval Chinese Daoist Yangsheng Texts

Rudolf Pfister, University of Basel

While harbouring on the one side a sceptical attitude towards outward expression of emotion, and advising against the "twelve too muchs" like laughing, brooding, thinking, etc. medieveal Daoist yangsheng ("nurturing life") texts also describe preferred states and out-comes of certain self-healing body techniques and meditation which describe, and prescribe, a rich inner life.
The paper will analyse satisfaction, pleasure and euphoria as presented in selected medieval Chinese texts from the 4th to about the 12th c. CE. It discusses the role and language of such promised rewards within the training regime of individual male adepts, and attempts to interpret these states from a comparative, psychological viewpoint. Whenever possible, histo¬ri¬cal developments are considered in order to sharpen our understanding of medico-psycho¬logical thinking throughout medieval imperial China.

The Principle of Yang Sheng in Education

Felicity Moir & Cinzia Scorzon, University of Westminster

This year the Acupuncture course in the School of Integrated Health at the University of Westminster, London, has been reviewed (revalidated). This means that we can make major changes to the syllabus content and institutionalise it for the next six years. The main goal of the course is to train students to become accomplished and professional practitioners of acupuncture and the three-year training is focused on patient care and treatment within the framework of Chinese medicine.
Students, as part of their learning, will be trained from the first year onwards to

develop clinical skills and awareness by working on themselves initially by using the principles of yang sheng (self-cultivation). In other words, students will learn how to change their lifestyle to improve and maintain their health and wellbeing. The focus will be on diet, exercises, strategies and techniques to manage stress and prevent illness and exhaustion, increase their level of fitness and improve their concentration and strength. They will also be encouraged to develop their wider understanding of the context in which they will be working in terms of the philosophy and history of Chinese medicine and their own ethnic background.

The students will undertake a self-assessment of their own health and lifestyle, and work out a simple, practical and realistic self-development plan and the strategies for change. They will reflect on the whole process and progress through it, in order to become well aware of their own needs, and the challenges and difficulties that such change might involve.

They are supposed to go through a "growing" process inspired by the application of the ancient principles of improving and maintaining good health and increasing the quality of their own life. These issues have been discussed over thousands of years by a wide variety of Chinese philosophical and medical texts, which examine in practical details diets, exercises, breathing technique, sexual practices, etc.

Students will explore how self-cultivating can be done in the world we live in, how to negotiate between the requirements for looking after their health and well being and the demands of modern life; they will experience in first person the difficulties and problems while doing it, but also the benefits and gains after a certain period of time. Thus, the students' personal experiences and reflections will become part of their education in a very concrete manner. Working on their own self-cultivation should help them to understand the possibilities for transformation of patients, the aspects that can be easy and those that can be difficult. This approach will enable students to critically evaluate a wide variety of texts, integrate their reading to their "growing" process, examine introspectively their on-going development, reflect on this process and present it in a unique and creative manner to their tutors and fellow students, thus their experience will be not just assessed, but most importantly, shared.

In brief, the acupuncture course at the University of Westminster will have a very practical and clinical emphasis, based not only on the academic curriculum, but also on the students' own experience of yang-sheng: learn how to become and keep healthy and hopefully develop a positive attitude to life which will not just benefit them but also their patients.

By the time of the IASTAM conference we will have one year of the results of this approach as demonstrated by the student output and the teachers reflections on the process.

Female Alchemy in China: From Religious Practice to Health Regimen

Elena Valussi, University of Venice

In this paper I wish to look at *nudan*, a tradition of meditation techniques for women, from a historical to a contemporary perspective. I will look at the historical primary sources to give a background to contemporary practice in China and in the West. I will discuss the process that led these practices, originating from a religious milieu directed to Daoist believers, to become seen and practised as purely health techniques, devoid of spiritual undertones
I will accompany the presentation with videos of contemporary practitioners.

1st Session: Room B – 09.30-12.00hrs

Panel 9: Sustainability in Transnational Asian Medicine
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organizers: Sienna Craig, Denise M. Glover

Tibetan Medicine in the European OTC-context

Herbert Schwabl, PADMA, Ltd., Switzerland

In the European context Tibetan Medicine is one of many disciplines of Complementary and Alternative medicine (CAM). Herbal formulas in the field of CAM are in most European countries treated as medicines for over the counter (OTC) use.
Starting in Switzerland in the 1960s a specific range of Tibetan Herbal formulas was introduced in Europe. Over the years the European regulatory framework escalated into a range rules. The various good practice guidelines (GMP, GLP, GACP), international treaties (CITES) and European laws (Traditional Medicine Guideline) shaped an ever demanding landscape for herbal products. In accordance to this rather challenging development the Tibetan herbal formulas in Europe had to evolve accordingly.
Also the rather narrow definition of evidence in western bio-medicine makes it very difficult to translate terms and indications from Tibetan medicine into this rigid frame.
This introduced and discussed during the lecture from a practical and European point of view, along the following examples and questions:

- How exotic is a formula allowed to be in Europe?
- Cultivation vs. collecting in the wild: looking beyond CITES.

- Narratives of potency, from east to west.
- Western expectations of quality (GMP and GLP).

For those who work for the global approach of modern Tibetan medicine it is necessary to confront with these challenges. How far these modern demands should feed back to the Traditional setting of Tibetan medicine remains open for discussion.

Conservation of Wild Medicinal Plants Through Sustainable Wild-Harvesting and Propagation by Organic Agriculture Worldwide

Ed Smith, Herb Pharm, Oregon USA

About 15,000 species of wild-growing medicinal plants are at risk of extinction due to loss of habitat, invasive species, pollution, climate change and over-harvesting. However, their extinction is not necessarily inevitable and this presentation will provide information and resources which can help save these endangered plants and enable their abundant supply as botanical medicines. The following topics will be presented: 1- Conservation and sustainable harvest ("wildcrafting") of at-risk and endangered medicinal plants in their natural wild habitat. 2- Conservation and propagation of at-risk and endangered medicinal plants through organic farming; procurement of seeds and cuttings; creating an "analogous wild habitat" for farm or garden cultivation; proper harvesting techniques and harvest times; proper plant drying and storage. 3- WHO Guidelines on Good Agricultural and Collection Practices (GACP) for Medicinal Plants and other resources available to developing countries from WHO, FAO, United Plant Savers and other organizations.

Managing Supply Chain of Herbal Ingredients

Huaying Zhang, Coca Cola Corporation, Beijing

Despite the supreme advancements of science and the world economy in the 21st century, the issue of human health is still a problem that challenges every nation on this planet. Finding effective methods we can use to prevent and treat disease and to maintain and improve human health, continues to be a permanent topic of discussion everywhere in our modern society. The demand for Chinese medicine, India Ayurveda, and many other herbal medicines are growing strongly in the recent years as people view these health traditions as the renewed source for holistic health solutions. However, safety incidences and reports on contamination have shadowed the global expansion of herbal products.

Ensure safe herbal ingredient supply is a complicated task that involves managing activities that span all movement and storage of herb and herbal ingredients

from point-of-origin to point-of-consumption. It encompasses the planning and management of all activities involved in planting and harvesting, raw herb processing and storage, herbal ingredient processing, and transportation and storage of herbal ingredients.
In each type of activities there are key control points to prevent contamination and ensure the quality of herbal ingredients. In a global economy, many herbal ingredients are supplied from a different country where the final product is solded, supply chain management of herbal ingredients is most times conducted through coordination and collaboration with partners, which can include growers, collectors, traders, third-party ingredient processors, shipping agency and customers. It is of vital importance for the globalization of Asian medicine that there are systems established to ensure the quality of herbal products.

Recent Developments in Trans-Himalayan Plant Trade

Martin Saxer, University of Oxford

Over the last decade a full-fledged Tibetan medicine industry emerged on the Plateau. The rapid expansion led to rising prices and an increasing shortage of many medicinal plants. The surging demand for raw materials also had an influence on the cross-border trade between Nepal and the TAR. The regulations for import of medicinal plants to the People's Republic of China have been tightened since Summer 2008. Import licenses issued in Beijing and laboratory tests of each batch of imported plants became imperative.
My presentation follows a Tibetan plant trader's journey to buy herbs in Nepal. The account of this journey sheds light on the recent developments in the herb business and provides an insight into the uncertainties in dealing with authorities and the newly enforced import regulations, the negotiations with Indian wholesalers and the day-to-day complications of trading herbs.

Endangered Tibetan Medicinal Plants and Their Protection

Kalden Nyima, Medicinal Plants and Minerals Program, Nyima Association & PSTTM, Lhasa, TAR, China

1) Present situation of Tibetan natural environment
Tibet, being rich with minerals, has been lately facing and increased number of mines and mining; people dispose garbage, especially plastic, everywhere; snow mountains and glaciers are melting; desertification of grassland

2) Situation regarding medicinal plants on the Qinghai – Tibetan plateau
Number of pharmaceutical factories, producing Tibetan traditional medicine has been lately increasing, and so the number of people, collecting medicinal plants. It helps them generating more income, but the problem is, that most of them have no knowledge about collecting and thus cause damage to the environment and medicinal plants, decreasing their quantity and/or uprooting them. Experts have agreed, that endangered medicinal plants in Tibet can be put into 3 categories:

- 1st, the most endangered and nearly uprooted: 12 different medicinal plants (list with names and reasons attached)
- 2nd, severely endangered – about 60% uprooted: 12 different medicinal plants (list with names and reasons attached)
- 3rd, endangered – about 30% - 40% uprooted: 16different medicinal plants (list with names and reason attached)

3) Work to be done to protect medicinal plants

- to establish in different areas of Tibet medicinal plants planting centers, do proper research, collect data and compare results
  For your information: the project, that the author of this paper is a member of, so Nyma association – (PSTTM – Project for strengthening of Tibetan traditional medicine) has established a cooperation with TTM Medical college in Lhasa and TTM Hospital in Lhasa, organized several seminars for expert TTM doctors, where one of the topics was protection of medicinal plants and environment. The project also has a medicinal plants planting center, where 20 different medicinal plants are being planted, data collected.
- proper trainings in collecting medicinal plants and environmental protection for local people

4) Medicinal plants planting methods
Presenting data about planting and transplanting of medicinal plants, challenges, success, seeds, seedlings, altitude, temperature, type of soil, planting in greenhouses
5) Reflexion on protecting the environment and medicinal plants in the future
In the past, declaring a mountain, lake, area as holly, represented natural protection of medicinal plants and environment. In the future:

- proper law about protection of the whole environment, respect of the law, reporting about disrespect, fine of disrespect
- educate people about damage, caused by improper garbage disposal and haw to do it in a proper way
- educate people about problems, caused by collecting yartsa gumpu (Cordyceps sinensis), that represents income generating at present, but

might not be the case in the future, whereas protecting medicinal plants at present means sustainable income generating in the future
- conduct proper trainings for locals and publish materials about protection of medicinal plants, distributing them on a wider scale
- establishing of a good, solid relationship between local people and pharmaceutical factories in order to increase local people's income generating with medicinal plants
- continue planting medicinal plants in already established and/or new planting centers, continue with research of planting on high and low altitudes, sun/shadow, differences in quality and quantity
- fencing of places, where medicinal plants grow naturally (some cannot be planted or transplanted)
- production of Tibetan traditional medicine represents the 2nd biggest industry in Tibetan Autonomous Region (the biggest being tourism) so its resources/ingredients have to be specially protected in order to make this industry sustainable
- set up a network for sharing information and cooperation: availability of natural resources, their protection, producers

1st Session: Room C – 09.30-12.00hrs

Panel 3: South Asian Medical Pluralism and Globalisation: The Value of Traditional Medicine and its Promotion
Panel Organiser: Omboon Luanratana

Red Bull, the spa culture and traditional medicine in Thailand: cultural identity and Thai traditional medicine

Assunta Hunter, Melbourne University, Centre for Health and Society

This paper will explore the many forms of traditional medicine in Thailand and how the term 'traditional medicine' is used in many different Thai spaces. Traditional medicines are sold in pharmacies, and fresh herbal medicines and dietary practices are used as part of popular medicine. Traditional healers (including herbalists, spirit doctors, bone-setters and traditional midwives) are found throughout the country (Whittaker, 2000: Lyttleton, 1996).
Different styles of traditional medicine are taught in universities and temples. Traditional medicine is also widely touted as part of the spa industry and the 'revitalization' of traditional medicine is an active part of Thai government policy and is seen as a way of reducing the bill for pharmaceutical medicines, as a source of

tourist dollars, and as a way to promote self-reliance and 'Thainess' (Chokevivat V. and Chuthaputti A, 2005). Modernisation and globalization have contributed to some unusual and contradictory understandings of tradition. Traditional medicine reflects some of the shifts in national identity which have occurred in Thailand in the last 30 years.

What is called 'traditional medicine' varies in different geographical and social spaces. The 'traditional' medicine taught in Wat Po and at Thammasat University are very different from the practice of older Thai practitioners and the common knowledge of traditional medicine, which is widespread in the Thai population. And this in turn is a very different form of practice from the traditional medicine used by the Thai spa centres. What is the relationship between new forms of traditional medicine and change in Thailand? What does this spectrum of traditional practices say about Thai culture and identity? How is cultural identity asserted by the use of 'tradition' as a trope for authenticity and 'Thainess.' Traditional medicine displays many of the cultural values and meanings of Thai society and because of its strength as a representation of the culture it is used to promote Thai nationalism.

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Medicinal Plants Used Against Syphilis and Gonorrhoea by Traditional Medicinal Practitioners of Bogra District, Bangladesh

Md. Ariful Haque Mollik, Faculty of Life Sciences, University of Development Alternative Dhanmondi, Dhaka, Bangladesh

Sexually transmitted diseases like syphilis and gonorrhea are prevalent worldwide and are also present in both rural and urban areas of Bangladesh. Most people suffering from these diseases, particularly the rural population seek remedy from traditional medicinal practitioners (Kavirajes) rather than visiting modern doctors either because of lack of access or because of hesitancy in telling about these diseases to an unknown doctor. The remedies offered by the Kavirajes, although based primarily on Ayurvedic medicine, relies more on their knowledge of medicinal plants and their

healing properties. We conducted an ethno-medicinal survey amongst the Kavirajes of Bogra district to gather information on medicinal plants used by the Kavirajes to treat syphilis and gonorrhea. Plants were collected from the Kavirajes and herbarium specimens were deposited and identified at the Bangladesh National Herbarium. A total of 21 plants were identified as to their being used to treat syphilis or gonorrhea. The plants used to treat gonorrhea (with family name in parenthesis) include Pistia stratiotes (Araceae), Bixa orellana (Bixaceae), Ananas comosus (Bromeliaceae), Benincasa hispida (Cucurbitaceae), Euphorbia hirta (Euphorbiaceae), Jatropha curcas (Euphorbiaceae), Arachis hypogaea (Fabaceae), Morus alba (Moraceae), Ixora coccinea (Rubiaceae), and Sterculia foetida (Sterculiaceae). Plants used to treat syphilis include Borassus flabellifer (Arecaceae), Basella alba (Basellaceae), Costus speciosus (Costaceae), Brassica campestris (Cruciferae), Tricosanthes anguina (Cucurbitaceae), Dioscorea bulbifera (Dioscoreaceae), Shorea robusta (Dipterocarpaceae), Clerodendrum indicum (Lamiaceae), Hibiscus esculentus (Malvaceae), and Mimusops elengi (Sterculiaceae). The plant Plumeria acutifolia (Apocynaceae) was used as remedy for both syphilis and gonorrhea.

Traditional Folklore Therapy in Darjeeling and its Foothills

Kishore Kumar Thapa, Department of Botany, Dinhatta College, Cooch Behar

According to World Health Organization, approximately eighty per cent of the developing world's population meets their primary health care needs through traditional medicine; which is also true for India. The Indian traditional medical heritage flow in two streams; the first one is the oral folk system and the second is the codified traditional oral system. The codified system like Ayurveda, Unani, Siddha and Tibetan have sophisticated theoretical foundations with physiology, pathogenesis, pharmacology, pharmaceutical equating with western system of medicine. But the oral folk system practiced in villages carried by million of rural households in general and the herbalists with specialized knowledge having no legal medical status in particular.

In the present communication, only the folklore medicine practiced in Darjeeling hills and Terai belts by some selected herbalists is discussed. The study revealed that the history of such oral folk system of medicine is not documented and as such, the valuable package of practice of medical heritage is being eroded from generation to generation. The majority of the raw materials for application and oral administration are prepared locally. Most of these raw materials are found to be of plant origin. It was also observed that no innovative research has been done to formalize such health care system. For promotion of this traditional system of medicine documentation of its history, social bindings and conservation strategies found to be imperative.

Traditional Folk Medicines of the Shepoumaramath Nagas of Senapati District of Manipur and their Commercialization Opportunities.

Gopal Kumar Niroula Chhetry, Department of Life sciences, Manipur University, Imphal

Senapati district of Manipur has cool and salubrious climate that favour the growth of diversity of medicinal plants. About seventy two medicinal plant being used by *Shephoumaramth* Nagas as folk medicines have been identified and documented along with their curative properties for the treatment of numerous human diseases. Use of medicinal plant and cultural ethics are closely linked among the *Shephoumaramth* Nagas and they possessed high conservative and descended through generations. They keep outmost secrecy of the curative properties of the plants in the form of oral and traditional ethics which help in the conservative management of rare and endangered medicinal plant species of the district. Most of the medicinal plants are herbs followed by shrubs and a few trees available at different seasons of the year. Commercialization oppertunities of these plants are very much prospective in view of the congenial climates of this region.

The Obstacles of Asian Medicine Utilisation and Solutions

Omboon Luanratana, Department of Pharmacognosy, Faculty of Pharmacy, Mahidol University, Thailand

Asian medicine is practised throughout the world but it is not officially recognized by most governments since it cannot be reimbursed. The obstacles which hold back this art of healing and its consequence to cancer patients will be presented as an example. The imposition of western biomedical sciences and its paradigm on traditional medicine reflected in laws and regulations against traditional medicine and its practitioners. Simple analogy i.e. people try to use rugby rules with soccer game which is impossible, however, some soccer players and the audiences keep trying to apply rugby rules with the soccer game. Another obstacle is the commercial influence from western medicine on modern medicine schools. These medical students were framed their thought with the paradigm of scientific based medicine only and believe that it is the only reliable method of healing and subsequently refuse to look at other methods. Asian medicine is a philosophy, the art of holistic healing derived from real practices on man through history of mankind which can be described well with 'the black box theory' rather than the mechanistic biomedical sciences which believe in reductionism. The solutions can be found if the government and healthcare personels regard patients as the center of curing not their belief. Both

western medicine and eastern medicine should be used to complement each other and clinical case reports should be sufficient evidences for its effectiveness. Any stringent rules and laws should be uplifted and special appropriate laws and rules should be designed for traditional medicine. International voice through IASTAM could be better heard than a single national voice.

1st Session: Room D – 09.30-12.00hrs

Panel 11: Globalisation, Hybridity and Continuity in Traditional Japanese Health Practices
Panel Organiser: Nancy Stalker

Kampô, Patent Drugs, and Women's Health in Modern Japan

Susan L. Burns, University of Chicago

Beginning in the 1870s, the Japanese government began an aggressive program of promoting "Western medicine," while simultaneously seeking to disestablish Sino-Japanese medicine (kampô) and indigenous forms of treatment. As a result, the lively trade in kampô-based patent medicines quickly became an object of government regulation. A series of new laws restricted how traditional patent drugs were marketed and established heavy taxes for both producers and retailers. The intent of these laws was to bring an end to the trade in patent drugs and its attendant culture of self-medication in order to promote the assimilation of Western medicine. Some kampô-based patent medicine, however, continued to be widely used, most notably those that addressed afflictions of the female body. Drugs with names such as Haha no inochi ("Mother's Life"), Jitsubosen ("Real Mother's Pills") and Chûjôtô ("Chûjô Infusion") promised relief for "menstrual stagnation," "cold disorder," "hysteria," and the disorders and discomforts of pregnancy and the post-partum period.

This paper will explore the reasons for the popularity of kampô-based patent drugs for women over the course of the twentieth century. All three of these drugs continue to be manufactured today, but their formulas have not been static. "Mother's Life" now includes vitamins and calcium, and "Chûjô Infusion" recently began to claim efficacy for the symptoms of menopause as well as pregnancy. My study interrogates the shifting boundaries of what is considered kampô and examines its significance for conceptions of female health.

Ties that Bind: Pregnancy and the Persistence of Tradition in Contemporary Japan

Amanda Seaman, University of Massachusetts Amherst

Although Japan's total fertility rate (TFL) is one of the lowest in the industrialized world, it also has one of the world's lowest infant mortality rates, with a high percentage of premature babies saved by advanced medical technology. Japanese stores are filled with high-tech baby goods, such as strollers and ergonometrically-designed baby seats. Despite these trappings of modern, post-industrial childbearing, however, many Japanese women also visit Buddhist temples and shrines during the fifth month of their pregnancies, on the so-called "day of the dog", in search not only of supernatural aid for their labors, but of traditional support for their growing bellies in the form of the *hara obi* or "belly band". In this paper, I explore the persistence of traditional practices and lore surrounding the health of mothers and their children, in a Japanese society seemingly dominated by more "Western" beliefs and attitudes in this arena. I trace the role of traditional pregnancy advice and practice in modern literature about pregnancy and childbirth (including pregnancy advice manuals and autobiographical *manga*) and in ritual sites such as Tokyo's Suitengu Shrine, which remains a key destination for many women who are, or hope to become, pregnant. As I will show, while much traditional advice about pregnancy has been recast in order to make it fit with changes in scientific and medical practice, this very recasting also indicates the deep social, cultural, and psychological influence which so-called "traditional medicine" continues to exert within the imputedly "post-modern" world of twenty-first century Japan.

Transformations and Social Responses, 1927-2008 – Sustainability of Contemporary Japanese Traditional Medicine

Tanojiri Tetsuro, Department of Basic Science, Tokyo

Japanese traditional medicine established as a composition of pharmacotherapy, physical technique and dietetic therapy in the mid-18th century suffered devastating damage due to the execution of the Medical Law (established in 1873) as an integral part Japan's modernization policies. The present situation of Japanese traditional medicine on the periphery of modern mainstream medicine is a counterculture community, whose practical way of being prevailingly changes in accordance with the social change. As a result, the fact that it is functioning as a traditional medical movement suggests its high level of sustainability.

The traditional medical movement of a physical technique, which is known as

"Noguchi-Seitai" and whose system and theory were established in 1927, passed through transformation stages, one in 1956 and the other one in 1968. The movement achieved to have the specific feature of being a community emerging concomitantly with medical technique continuously alternating between a host and a guest, and the medical practice based on the psychosomatic transformations arising from the self-training by the medical practitioner and the patient. The transformation in 1956 occurred in response to the desire for health and spirituality of the middle class, who rose suddenly in the postwar period of social disorder and turmoil, and in 1968 in response to the desire for health and spirituality of the baby boom generation in the mass society.
These specific features and social responses can also be observed in the movement of pharmacotherapy such as Nippon – Kanpou, and dietetic therapy such as macrobiotic.

Macrobiotics: The Globalization of a Japanese Local Diet

Nancy Stalker, University of Texas at Austin

Macrobiotics, a holistic dietary system that originates in Japan and claims to promote healing, is enjoying a surge of popularity, in part due to the advocacy of celebrities like Madonna and Gwyneth Paltrow. Thousands of books in multiple languages are available on its cooking techniques, philosophy and relationship to healthy lifestyles; macrobiotic restaurants and grocery stores are now found in nearly every major urban center. How did a health regimen based on traditional Japanese foods, including brown rice, fermented soy products and sea vegetables, become a global phenomenon?
Sakurazawa Yukikazu, a.k.a. Georges Ohsawa, (1893 – 1966) first systematized macrobiotics in the 1940s. In the 1950s and 60s he and his disciples Michio Kushi and Herman Aihara popularized the teachings among intellectuals and countercultural audiences in Europe and the U.S. Furthermore, they established food companies, restaurants, publications and institutes abroad to propagate macrobiotic teachings.
This paper interrogates the relationship between Sakurazawa, macrobiotics and "the West," questioning how this conjunction was central to the development and eventual success of macrobiotics, both in terms of early formulations that contrasted Japanese and Western diets and of postwar Western approbation as a factor in gaining domestic legitimacy. It will further analyze and contrast how advocates in Japan and abroad have continually adapted macrobiotic principles and practices over the subsequent decades to meet the needs and circumstances of diverse and international audiences.

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Lunch 12:00 – 13:00hrs

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SIGHTSEEING

13:00 - 18:30

(Organised by **ALPINE BHUTAN TRAVEL** and **ITMS**)

- National Institute for Traditional Medicine and Pharmaceutical Factory
- Dochula, Druk Wangyal Lhakhang
- Botanical Garden in Serbithang OR Yusipang Herbal garden
- Semthoka Dzong

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Dinner at Hotels 19:00 – 20:00

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TUESDAY KEYNOTE LECTURE
20.00 - 21.00: NAMGAY HERITAGE HOTEL

Cultivation of Harmonization of Traditional Asian Medicine

Kenji Watanabe, Center for Kampo Medicine, Keio University School of Medicine, Tokyo

Although traditional Chinese medicine (TCM) is visible all over the world, each country in East Asia has its own traditional medicine. Like TCM, Korean and Japanese traditional medicines originated from ancient China (Han dynasty). Today, however, each country's traditional medicine is unique in many respects. For example, Korean traditional medicine (Han Medicine) values 4 types of body constitutions (Sasang diagnosis). In Japan, Kampo medicine developed uniquely in

the Edo period (1603-1867) and has been both taught to, and used by, conventional physicians for the last 30 years. Thus, Kampo is an integrative medicine.
Worldwide, current health care systems spotlight other modalities that incorporate ancient wisdom. For this reason, it is time to open traditional medicines to the world.
There are many challenges for the globalization of such traditional medicines. Medicine is deeply connected with culture. There are large differences between western and oriental cultural backgrounds. For example, objective measurement and subjective observation are valuable in the West and the Orient respectively. Additionally it is not so easy to understand East Asian traditional medicines from the viewpoint of western medicine because translations are so difficult across languages, cultures and histories.
Worldwide, there is great interest in traditional East Asian medicine. It is possible to make an effort to globalize each country's traditional medicine on its own. However, it is more efficient to harmonize the traditional medicines of East Asia region and then introduce them to the world. I will present about the possibility of this strategy.

WEDNESDAY, 9th September 2009

1st Session: Room A – 09.30-12.00hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton and Dorje Wangchuk

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Traditional Medical Regulation in the UK and EU

Brion Sweeney, Tara College of Tibetan Medicine

This paper will examine the proposed new regulatory framework in the United Kingdom and the European Union with regard to the registration of herbal practitioners in the United Kingdom. The United Kingdom's position on the regulation of practitioners of Traditional and Herbal Medicine will be contextualised within the framework of the European Union's Traditional Medicines Directive (EC European directives (2001/83/EC) (2004/27/EC), which set standards for the growth, supply, manufacture, dispensing and prescription of herbs within the EU. On the supply side standards have been set for Good Manufacturing Practice (GMP) and Quality Assurance (QA) of all activities including Good Agricultural Practice and traceability to source. Both the regulation of Traditional Medical and Herbal practitioners and their supply of herbs is being undertaken to ensure adequate

training and continuous professional development of competent herbalists and the quality assurance of the supply of herbs with a view to protecting the safety for patients. The implications of this regulatory framework will be explore with focus on its impact on the sustainable growth, harvesting and supply of herbs and the training of Traditional And Herbal Medicine practitioners.

Modernizing Traditional Medicine: The Role of Multinational NGO's in Harnessing Localized Knowledge

Anu Bhardwaj, Atma Seva Foundation

The initial goal of my study was to identify global best practices, which could be shared with traditional healers in various parts of South & South East Asia, China, Tibet, and Nepal with a specific emphasis on HIV/AIDS prevention and education. A sociological approach was applied to gather preliminary data, which was then used to create a pilot project working with the Fellowship of Traditional Healers in Chiang Mai, Thailand. Through the help of a Royal Advisor to the King of Thailand, Rotary International, Buddhist monks, traditional healers, community educators, Western practitioners and two project coordinators, we were able to educate 18,500 youth about HIV/AIDS prevention in several Northern Districts in the Royal Kingdom of Thailand-- -which has ultimately been used for advocacy purposes. I am confident that the model we have applied can be used for further knowledge sharing between Western allopathic practitioners and Eastern traditional healers as there is a "knowledge divide" between the two schools of medicine. The role of the multinational NGO is pivotal in bridging these gaps to not only create a greater understanding of modern theories of medicine but more importantly for creating a platform for holistic regimens which could potentially integrate modern scientific knowledge for the greater good of mankind.

Traditional Chinese Medicine in Cuba.

Johann Perdomo, Chief of Public Health, Traditional and Natural Medicine Provincial Department, Matanzas. Assistant Professor of the Medical University "Juan Guiteras Gener", Matanzas, Cuba

Even when it has been historically demonstrated that Traditional Chinese Medicine (TCM) was practiced in Cuba during the colonial period, it was not until 1962 that Acupuncture was officially incorporated to the Cuban Health System after a seminar hosted by an Argentinean doctor named Floreal Carballo. It was during the nineties when TCM received a major support by both, Government and the Public Health

Ministry. Today it is a well accepted option of treatment in a system characterized for being universal, accessible and cost-free. Cuba has different levels of instruction for Acupuncturists, but in Matanzas Province it is a goal that every practitioner would be able to integrate various traditional therapies (Acupuncture, Diet, Massage, etc.), like classics used to do, in order to provide consequent treatments. In this paper the authors show an overview of how Cuba has developed TCM by presenting the local achievements of Matanzas Province.

Effectiveness of Treatment of the Ischaemic Hemiplegic Stroke with Acupuncture

Marcos Diaz Mastellari, Cuban Society for Traditional and Natural Medicina

This study summarizes a study carried out over 8 years on the rehabilitation of patients suffering with hemiplegia. It considered the patients with sequelae resulting from a vascular accident of ischaemic type with an evolution time superior to one year.

A prospective randomized clinical trial was carried out to investigate the effectiveness of acupuncture treatment in rehabilitation of patients suffering hemiplegia consequent on ischaemic stroke. Fifty-four patients were randomly allocated randomly allocated to two treatment pathways: one including acupuncture and physical activity/ physiotherapy (AC) and the other a complex combination of physical therapies (CO).

The AC group received acupuncture five times a week, combined with six hours a day six days of the week of physical activity/physiotherapy. The acupuncture was based on the Jiao Shunfa Microsytem three times a week as well as treatment of basic imbalance twice a week.

The CO group received the same physical activity /physiotherapy as the acupuncture group, but with ozone therapy and a complex of electro-stimulation, magnetotherapy, electro-magneto therapy, hydrotherapy, hydromassage, galvanic current, thermal stimulation and ultrasound.

The results were evaluated over eight weeks using the Barthel Activities of Daily Living (ADL) Index and clinical neurological evaluation by a physician who was blinded to the treatment each patient had received.

In both groups ADL improved in most cases. However, improvements among the AC group were equal or superior to those among the CO group for the various indices; but especially so for improvement in ADL.

1st Session: Room B – 09.30-12.00hrs

Panel 8: Women and Gender in Medicine and Healing across Asia
Panel Organisers: Theresia Hofer, Jennifer Bright
Panel Chair: Charlotte Furth

Tradition of Breastfeeding Feeding in Bhutan

Pasang Sherpa Lama, Royal Institute of Health Sciences, Royal University of Bhutan

Breastfeeding is considered the best method for feeding infants during the first year of life. Very few studies have been conducted in Bhutan on breastfeeding practices. Therefore a gap in knowledge exists. The objective of the study was to determine the current patterns of breastfeeding practices and factors determining this practice. A cross-sectional survey using a semi-structured questionnaire was conducted among 197 infants' ≤ 24 months and their mothers, during April-May 2006 in the Mother and Child Health (MCH) clinic in JDWNR-Hospital, Thimphu, Bhutan. Results showed that, currently the overall breastfeeding rate was 99.5% with exception of one infant. Most of the mothers in the study reported that breastfeeding was natural part of motherhood to naturally feed the child irrespective of its nutritional benefits whatsoever. Therefore breastfeeding was initiated naturally right after birth (median time 42 minutes). Almost 67% of the mother knew about the existence of colostrums, out of which 11% of them believed that it was rotten milk and considered bad for the infant. Mothers regard highly of breastmilk and believed that breastmilk was the "purest, life-giving source" as well as "medicine" for the breastfed child. However certain traditional practices such as feeding butter and honey to newborn for bringing prosperity and water for various reasons were against exclusive breastfeeding definition. The current exclusive breastfeeding rate was 41.9% among infants ≤ 6months. The median breastfeeding duration was 16 (range 12-19) months. Mothers made decision on when breastfeeding would end; i.e. before the child gets too accustomed to breastmilk and coincided with introduction of family food (occurring around 16 to 24 months of age). However pregnant women stopped breastfeeding as soon as they could for the benefit of the developing fetus and the belief that during pregnancy, their breastmilk was considered no longer "Pure". Food introduced includes cereals such as wheat/rice flour cooked in water with butter and salt/sugar, commercial cereals and cow's milk. Meat and egg were introduced later in life because eggs and pork were believed to prevent tooth eruption and delay speech. Infant feeding patterns regularly practiced by Bhutanese mothers were due more to cultural practices than negligence or ignorance.

Traditional Intervention Through Nutritional Medicine in the Diet of Lactating Mothers During Perperium in Western Rajasthan of India

Mathur Meenakshi & Parihar Neetu, Department of Home Science, Jai Narain Vyas University, Jodhpur, Rajasthan , India

In India, it is the custom to breast feed infants for prolonged periods ranging from 6 months up to even 3 years. According to ICMR, studies carried out on nursing mothers have revealed that when they were given extra amounts of body building foods, they produced a large amount of breast milk for their infants. At the same time their health also showed improvement. This is because some of the body building nutrients from the additional food were diverted to replenish the maternal tissues, which probably had been depleted by pregnancy and nursing. (Venkatachalian and Rebello, 2002). Inspiring from it, on the same line, a study was undertaken to record the nutritional medicinal intervention given to Lactating mother immediately after delivery for 42 days and why?

Perperium period is considered to be of six weeks or 42 days. In local language it is said to be "sava mahina". This paper is presented from a project, which is on going to prepare a database on the Diet of lactating mothers, Nutritional intervention, and Special care given to her among different communities of Western Rajasthan during perperium. The sample size is quite large but presently sample of 200 was interviewed .All the ladies who experienced at least one pregnancy were amongst the sample, or the elderly ladies of the family. The interview schedule was prepared, tested on a small sample and then data collection was done. The interview schedule had major five areas, i.e. 42 days dietary intervention to Lactating mother, why and how the nutritional medicinal intervention is done, What all food and nutritional medicines are avoided during that period, status of breast milk after intervention and work pattern of lactating mother during perperium,

The findings indicated that out of 200, most of the communities i.e. Mathur, Brahmins, Bishnoi and Suther have similarity in their nutritional medicinal intervention to lactating mothers after delivery. The sequence of Nutritional medicines was Firstly halva of Ajwan (omum) with jaggery, almonds, and cow's milk ghee for 7 days (83%) was given, rest (17%) of the respondents gave Wheat flour and jeggery halva in cow's milk ghee. The main reason for this is cleaning of uterus and to regulate menstrual flow. Secondly 70% of them gave laddo of haldi (Turmeric) for 10 days, as turmeric is having antiseptic quality, purify blood and it promotes breast milk. Next to it laddo of Sauth (dry ginger) with wheat flour or dry Singhara flour (Water chestnut), almonds,

resins, dry gum powder, cashew and sugar in cow's milk ghee for 10-15 days (63%) were given to lactating mother. Only 30% of respondents gave Supari laddo (Arecanut) along with sauth laddu in the evening. The main reason for giving sauth and supari is to bring back the muscle tone of uterus and vagina. Sauth also help in promoting milk production. In the end laddo of Lod is essential in almost all community. For this wheat flour or dry singhara flour, almonds, dry gum, black pepper, coconut, soapstone powder, poppy seed, sugar, papal (kandanathippilli) in cow's milk ghee is given to lactating mother. Lod has tendency to give coolness to body, therefore it is given in the end. Beside it normal diet is given but only easily digestible food is given such as Kichari (rice and green gram dal). Those who are non vegetarian, they were given only Goat meat in the dinner. On an average, 12-15kg Ghee is given to each lactating mother during perperium in almost all community.

Women's Diseases, Health and Childbirth in Tibetan Medicine

Mingji Cuomu, Humboldt University, Berlin

Although there is some overlap in the understanding of women's diseases in Tibetan Medicine and Western Medicine, Tibetan medicine has developed a unique way to classify and treat them according to its own theoretical framework. As a practitioner and author of a forthcoming treatise on women's diseases in Tibetan Medicine, I will introduce how we classify, diagnose and treat women's diseases. I will also speak about important behavioral understandings in Tibetan Medicine to sustain and promote women's health and with regard to child birth.

A Women's Body Not Made of Causes: a Feminist Reading of "*Healthy Mind, Healthy Body: a Health Handbook for Tibetan Women*"

Jennifer Bright, Toronto University

The issue to be addressed in this paper is twofold: what are some of the underlying principles and assumptions in the theory and treatment of women according to the Tibetan medical system and, secondly in what ways are these configurations of women's bodies being challenged, reconfigured, or alternatively, unproblematized with the adoption of biomedicine by Tibetan women. In this paper I suggest that *Healthy Body Healthy Mind: a Health Handbook for Tibetan Women* presents the biomedical care of women as a specifically Tibetan feminist alternative to Tibetan medicine, particularly in the practice of gynecology and obstetrics.

1st Session: Room C – 09.30-12.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: From Past to Present
Panel Organiser: Hugh MacPherson

Non Conventional Medicines Experimental Program of Emilia-Romagna Region

Francesco Cardini, Social and Health Agency of Emilia-Romagna Region (Agenzia Sanitaria e Sociale Regionale dell'Emilia Romagna)

Since 2005 the Emilia Romagna Region (Italy) adopted the policy of introducing traditional / non-conventional treatments the Regional Health Service after a strict evaluation of their safety and effectiveness. In order to introduce and evaluate those treatments in a western ethno-cultural context, a strategy including a plurality of research designs is required. Increasingly often, the local Ethical Committees (ECs) had to consider and evaluate research designs and protocols on complex procedures with long standing practice but scarce biological foundations. Intense discussion and dialogue between researchers and the ECs was and is still needed in order to develop shared knowledge and reciprocal understanding. The Non Conventional Medicines Experimental Program of Emilia-Romagna Region is dealing with these and other complexities, referable (generally speaking) to issues of cultural mediation in our globalization era.

On the Optimal Interplay of Patients, Practitioners and Paraphernalia

Elisabeth Hsu, Institute of Social and Cultural Anthropology, University of Oxford

The three "p"s are: a) patients as active participators, b) the practitioners as skilful agents of change and c) their (ritual) paraphernalia, e.g. medical substances and services. These are all active ingredients in the therapeutic process with resulting potential for impacting on effectiveness. Case examples will be used to highlight differences of interplay. Evaluative research that does not capture the impact of these and their interactions will be limited.

On Notions of Effectiveness in Chinese Medicine: "Best Practice" vs. "the Best Practitioner"

Volker Scheid, University of Westminster, London

Modern research seeking to evaluate the effectiveness of Chinese medicine tends to ignore what Chinese physicians past and present themselves say abouteffective practice. By downplaying how that medical practice is constituted as practice such research thus does not, in effect, effectively evaluate what it claims to do. A counterstrategy is to begin by looking at models of best practice from within the Chinese medical tradition, and see to what extent these are realised in both contemporary practice and contemporary research.

Chinese Medicine Practitioners' Perspectives on the Use of Biomedical Information in their Practice - a Q Methodological Study

Trina Ward, University of Westminster, London

Both the global dominance of Biomedicine as well as the diversity of medical practice have been widely documented in ethnographic and historical studies. How such diversity manifests around the question of how Biomedicine influences Chinese medicine practitioner's practice is investigated here. Q methodology, a unique combination of quantitative and qualitative methods (that challenges such divisions) is chosen for its 'focus on eliciting and describing a wide diversity of different subjective experiences, perspectives, and beliefs, none of which are defined a priori by the researcher' (Kitzinger 1999). Through capturing the richness and complexity of various points of view it can identify points of conflict and consensus that can offer directions for future action or research. However whilst looking at subjective opinions it is not interested in who said what, but rather what is being said about the topic. For subjectivity is seen to be forged in the social milieu. And in acknowledging that Chinese medicine today is not of course contained within Chinese borders international perspectives are sought. The commonly accepted view that the two systems lead to greater clarity of the whole is challenged on epistemological grounds.

1st Session: Room D – 09.30-12.00hrs

Panel 12: Caring Homes - Home-based Health Care in Contemporary China
Panel organiser: Anna Lora-Wainwright
Panel chair: Judith Farquhar

Rising and Resting: Practical Habit and Health Knowledge in Chinese Everyday Life

Judith Farquhar, University of Chicago

Families and communities in modern China manage health with a constant flow of apparently trivial advice. There is homely knowledge about everything: how many layers of clothes to wear in winter, what kind of tea to drink in summer, how and when to bathe, when to go to bed and when to get up, the importance of avoiding drafts and cold drinks, how to use particular foods for health, why anger and painful memories are harmful, and so on. In many parts of the world this kind of information exists entirely below the radar of either systematic medicine or institutional public health; it is a taken-for-granted substratum, entirely naturalized as "good hygiene" and "common sense." Anthropologists tend to think of this domain of cultural understanding as subsumed by an inarticulate habitus, and they link its existence as tacit knowledge with a cultural conservatism: the life of bodily habit changes slowly, if at all.

This paper considers the modern Chinese forms of discourse in which habit continues to become explicit as knowledge, sometimes quite technical knowledge. Interviews with Beijing residents who practice various kinds of life nurturing (yangsheng) hobbies are used in the paper to demonstrate the importance of a continuous re-evaluation of wholesome uses of time, space, and bodies. The interesting category of qiju, often translated as everyday life but more literally understandable as rising and resting, is focused on. Connections of qiju knowledge to Chinese and western medical ideas, to classical Chinese philosophy, to public health activism, and to the family management of health are also explored.

Fighting for Breath: Healthy Men, Cancer and Caring Families in Rural Sichuan

Anna Lora-Wainwright, Centre of Chinese Studies, University of Manchester

As many of the Sichuanese farmers I lived and worked with, 62 year-old Gandie was fervently opposed to surgery when he was diagnosed with oesophagus cancer.

Attributing his attitude to financial motives provides only a superficial explanation of how farmers understand surgery. Past experiences and living conditions, which fostered particular bodily attitudes to health, healing and perceptions of the wider good, intersect with the consumerist turn in the reform period to produce surgery as socially and culturally inefficacious. The decision not to seek hospital care is problematic and contested, imbued with claims to filial piety and family duty and care from all parties. This paper examines how Gandie's family took care of him, how divergent contributions by family members were interpreted and how they reinforced or undermined family relations. It outlines some of the ways in which morality is performed and constituted through caring practices, which at once presuppose a loving relationship and reinforce it. Comparing his example to other case studies gathered during anthropological fieldwork from 2004 to the present I show how cancer is treated at home, and how home care is constituted as not only financially more feasible but also as morally desirable.

Everyday Strategies for Survival During the Great Famine in China

Zhou Xun, University of Hong Kong

In contrast to other modern famines, the massive mortality caused by the famine during Great Leap Forward (1958-1961) and its aftermath is relatively unnoticed. Recording oral histories of ordinary survivors, now in the last stages of their lives, this paper documents how rural Chinese coped with the famine. The central questions will be how individuals and community mediated traditional practices with public health advice. What/how did they eat? How does the devastation of famine survive in cultural memory and continue to structure everyday life in the countryside? It will describe ordinary people's survival strategies and responses to state policies and political indoctrination. The paper will shift focus from dry statistics to lived experience, most poignantly for women and children. Intentionally eliciting family knowledge and practice of healing and nutrition, this paper will use Chinese obsession with food talk, their remedies and recipes, to explore and record vivid accounts of those difficult years. Villagers were forced to sacrifice their homes/ possessions to build socialist collectives, but today many survivors are left without home, health care and sometimes food, despite an economic boom in the cities.

Community Mental Health and Home Care in China

Nancy N. Chen, Scripps College and UCSC (on leave)

During the 1990s, home-based care was a critical component of community mental

health programs. With an ongoing shortage of hospital beds for chronically ill patients, management of care and medication falls squarely on the shoulders of family members. This paper traces the home based health care model utilized for psychiatric care. It assesses the impact of economic reforms on mental health care and the continuing role of home based care a decade later.

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Lunch 12.00 – 13.00hrs

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2nd Session: Room A – 13.00 – 15.30hrs

Panel 15: Cultivating Perfection and Longevity
Panel Organisers: Vivienne Lo, Geoffrey Samuel

Ingestion of the Five Sprouts

Gil Raz, Dartmouth College

The Daoist lineages that appeared in early medieval China tended to eschew traditional medical practices such as acupuncture and the ingestion of medicines. Daoists viewed these techniques as merely treating external symptoms. True health that would lead to longevity and even transcendence entailed direct interaction with the subtle and refined potencies that emanated from the Dao. Daoists thus focused on various techniques for cultivating *qi* (pneuma), the most ethereal and elemental material aspect of the world, by which the bodily microcosm could be harmonized with the macrocosm. More than simple breathing exercises, the ingestion of cosmic pneuma was perceived as circulating the vital pneuma of the macrcosmic celestial matrix, with its regular patterns of transformation, through the microcosm of the human body. These practices exemplify the correlative cosmology of early China, as well as the more esoteric notions developed in medieval Daoism. Among the most popular of these practices are methods for ingesting the "five sprouts" (*wuya* 五牙/芽). Correlated with the temporal, spatial and mythical scheme of the five phases, the sprouts are the celestial effluvia of the five directions in their most potent moments of emergence. Ingesting the sprouts would refine the practitioner's body

allowing him to quit regular foods and to access the powers and abilities of the spirits. In this paper I examine several variants of this method, including individual practice, paired sexual practice, and its incorporation in complex ritual programs.

Tibetan Longevity Practices: The Body in Buddhist Tantric Ritual

Geoffrey Samuel, School of Religious and Theological Studies, University of Cardiff

Tibetan longevity attainment techniques (ts'edrub) are an important sub-set of Tibetan Tantric practices, aimed at the attainment of a healthy and long life. They form part of a wider repertoire of Tibetan longevity practices, including medical preparations, the ritual empowerment of pills made from herbal and mineral substances and their ingestion under controlled circumstances as well as the creation and conveyance of ritual power to oneself and others. At the core of longevity practice, however, particularly as performed for oneself, is the constructed relationship between one's own bodymind complex and the wider environment, mediated by the image of the Tantric deity. The Tantric body in these practices is experienced as a site open to flows of various kinds of life-essence, which may be both lost to external forces and recovered and brought back into the body. This can be seen as a sophisticated reworking of the common shamanic idiom of soul loss and recovery.

Thus the body posited by and experienced within Tibetan longevity attainment techniques lies in some respects at the opposite pole to the body of biomedicine. While the processes of biomedicine operate in terms of a materialist reduction within which the body is a closed entity and mind and consciousness have a minor and epiphenomenal role, these Tibetan practices stress the linkage between body and consciousness and experience the vitality of the bodymind as critically affected by ongoing transactions with the wider environment. This paper explores these understandings of the body in the context of a research project I am undertaking with Cathy Cantwell, Rob Mayer and the lama Ogyan P. Tanzin Rinpoche on a set of longevity practices associated with the late Dudjom Rinpoche (1904-1987).

***Chulen* - Reinventing the Idea of a 'Tonic'**

Barbara Gerke, Institute of Cultural Anthropology, University of Oxford

Chulen (*bcud len*), essence extraction practices, have been described in classical Tibetan medical texts as a part of rejuvenation therapies. They are accompanied by specific preparations of chulen-pills (*bcud len ril bu*), on which the practitioner lives for a certain period of time while practicing meditation and fasting.
This paper will discuss how ideas of *chulen* are being re-interpreted by Men-

Tsee-Khang trained Tibetan doctors in India as 'health tonics.' What underlies these changing ideas of a 'tonic' in relation to Tibetan rejuvenation therapies and contemporary pharmacological practices within the wider context of biomedical influences on Tibetan medical practice? Ethnographic examples presented are based on doctoral fieldwork in the Kalimpong-Darjeeling Hills (2004-2006).

Writing the Body Techniques for Prolonging Life in 16th-17th Century China: Why and How?

Hsiu-Fen Chen, Assistant Professor, National Chengchi University, Taipei

The body techniques of *yangsheng* (regimen aimed at health preservation and prolonging life) had played a key role in the traditions of classic Chinese medicine and religions. In early and mediaeval China, most of the *yangsheng* works were written by physicians, recluses and Daoists. In the late imperial period, however, some of the neo-Confucian scholars seem to have paid no less attention to *yangsheng* than their counterparts did. It is particularly true in the 16th-17th century since numerous scholars' literary collections, jotting works and family encyclopaedias for daily use have recorded and transcribed discourses on *yangsheng*. To them, *yangsheng* is not only involved in theory but practice, i.e. regulating the body in living, sleeping, exercising, washing, eating, drinking, and sex in their daily life.

It is thus my attempt to answer the questions as follow: why did these scholarly gentlemen show more interest in *yangsheng* than their predecessors in the previous ages? How did they write/compile/edit the *yangsheng* works? Not least, how did these works look different from that of before?

This paper will be divided into three parts. Firstly, I will explain the reasons why the scholars wrote/compiled/edited the *yangsheng* works in the 16th-17th century. In addition to practical purposes, such as healing and preventing their own diseases, the commercial value of *yangsheng* is evidently an important consideration in their publication. Then my focus will shift to the publishing industry and book marketing that has made the *yangsheng* works widely accessible. In the third part of this paper, I will argue how the ideals of longevity and the techniques for preserving life were secularised largely owing to the commodity economy in the 16th-17th century.

Grasping at the Wind: in Search of the Vayus.

Lucy Powell, Independent

This paper will explore the textual lineage and formation of a modern day praxis of the vayus, or bodily winds, of ancient yoga practise. First mentioned in the Taittiriya Upanishad (I.1.1), the vayus are described as a vital, living link between the 'pranic' or energy body, and the physical body of the yogi, reappearing in the yoga sutras of Patanjali. The ten vayus, five outer, fiver inner, are again stressed in the 17th century hatha yoga manual, the Gheranda Samhita, as a seminal aspect of yogic knowledge and practise.

The Ghernada Samhita describes the vayus according to their placement in either the physical or the energy body, and by their physiological functioning.

"*the vayus are ten, namely*: *prana, apana, samana, udana and vyana. Naga, kurma, krikara , devadatta and dhananjaya.[…] Prana moves in the heart. […] krikara does sneezing."*

But while stressing their importance to the regular functioning of the body, to harmonising and uniting the pranic and physical body, to deepening meditation, and to aligning and purifying the nadi and the body in asana, no traditional yoga text explains how the contemporary yogi might discover and employ them.

This paper uses the fifteen year inquiry into the vayus of the yoga teacher Orit Sengupta to unearth information both on the neglected lineage of the vayus, and on the formation of a contemporary yoga practise around them. It asks whether an etiolated practise can be revived through dedicated personal experimentation, using obtuse texts and even tales as guidelines. And it ponders: might the vayus prove the missing link to a transformative contemporary yoga practise?

2nd Session: Room B – 13.00 – 15.30hrs

Panel 8: Women and Gender in Medicine and Healing across Asia
Panel Organisers: Theresia Hofer, Jennifer Bright
Panel Chair: Charlotte Furth

Tibetan Women Doctors and Healers in Transition

Theresia Hofer, Wellcome Trust Centre for the History of Medicine, University College London

This paper, based on altogether sixteen months of field research explores the role and work of female medical practitioners in the 1950s and 1960s in Central Tibet.

Chinese communist discourses and publications hold that thanks to communist reforms in Tibet have women entered previously male dominated "professions", such as medicine. However, by drawing on oral history interviews and ethnographic data as well as recent Tibetan language publications on the history of medicine, I will argue that this position has on the one hand neglected a variety of medical practitioners and carers (such as oracles and birth assistants) outside of the realm of *Sowa Rigpa*, which the Chinese ambiguously identified as "medicine". On the other hand, there have indeed been women who worked as doctors, or *amchi* in *Sowa Rigpa*, inside and outside of the official government sponsored medical institutions before 1963. I will explore under what circumstances women entered and worked in different domains of health care and healing and describe their roles in and contributions to medicine, broadly defined, in this transitional period of 20th century Tibetan history.

Imperial Consorts and Eunuchs in the Qing Imperial Court- Not Quite Men

James Flowers, Australian Acupuncture and Medicine Association

The medical practitioner Sun Simiao said that women are ten times harder to treat than men. I will look at ways of thinking about women's health in the Qing. The cases I will be looking at are those of consorts and servants in the Qing Palace. An analysis of cases of the eunuchs throws another element into the mix.
I will present several cases from these groups, the main purpose being to offer an analysis from a gender perspective while holding a medical focus in the discussion.

Reviewing the System of Women Doctor in Chosun Dynasty, Korea

Sae-Young Hong, Department of Korean Medicine, Kyung Hee University, Korea

Chosun Dynasty had a particular system of women doctor from the beginning. Politics of Chosun dynasty was based on Confucianism and it necessitated the system of women doctor because women must be socially separated from men according to Confucianist's ideas.
At first, women doctors mainly provided medical service for women in Royal Family. Their role as practitioners ranged from examining, practicing treatments such as acumoxa, attending birth and other social parts that needed women's hands. Generally they were not independent doctors but more of supporters or complementary for men doctors. As this system turned out to be successful, demanding for women doctors increased and their roles became differentiated, reaching the local women patients as well.

Their social status was comparatively low to men doctors, but their elementary roles in medicine must not be disregarded because of these facts. In this study, women doctors' medical contribution and their social activities are evaluated, based on previous studies and primary texts such as 『Seungjungwon Ilgi承政院日記』.

Failing to Conceive: Dealings with, and perceptions of, Infertile Female Bodies in Lhasa

Heidi Fjeld, University of Oslo

National statistics on fertility and contraception identifies infertility rates among Tibetans to be the highest in the PRC. While the average numbers in the PRC are 1,3 %, the numbers of TAR are 3,7 % (Jihong,
Larsen, Wyshak 2005). Based on recent fieldwork, this paper presents preliminary findings of how infertility is dealt with within the medical landscape of contemporary Lhasa. Today, various types of treatments for fertility problems are offered, both within the Tibetan and biomedical medical institutions, as well as the ritual-religious sphere. Through the exploration of infertility cases, the paper aims to discuss social, medical and moral aspects of reproduction issues in contemporary Tibet.

2nd Session: Room C – 13.00 – 15.30hrs

Panel 9: Sustainability in Transnational Asian Medicine
A panel in memory of Yeshe Choedron Lama (1971-2006)
Panel Organisers: Sienna Craig, Denise M. Glover

Medicinal Plants and Its Conservation in China with Reference in Chinese Himalayan Region

Pei Shengji, Kunming Institute of Botany, Chinese Academy of Sciences, Yunnan, China

Use of herbal medicine in China has a long history, the Sheng-Nongs Herbal book 'Ben – tsao' (3,000BC) is suggested to be one of the earliest sources of folk knowledge on the usage of medicinal plants and the earliest literature on Tibetan medicine dated back to the eighth century AD. Since ancient time, plants are the main source of medicines for people's healthcare all over China. Today, medicinal plants are widely used in different medical systems including Traditional Chinese Medicine (TCM) and Tibetan Medicine (TM) for health care and functional food in China, and supplies of natural products for industry manufactures for international market.

In the last half century, great progress has been made in science and technology and there has been rapid development in socioeconomics. The impact of the rapid economic development and population pressures on medicinal plants from wild habitats is increased day by day. And the modernization policy of traditional medicine in China is seen as a challenge to the maintaining of traditional medical systems. The updated inventory of Chinese source materials for medicines accounts for 12,807 kinds, of which medicinal plants comprise 11,146 species, including 492 species under cultivation and the remaining 10,654 species from wild habitats. Chinese Himalayan Region covers five provinces (Tibet, Qinghai, Gansu, Sichuan and Yunnan) in west China with land area of 2 million km², including the Qinghai – Tibetan Plateau area in the west and the Henduan Mountains in the southwest of China. The rich diversity of medicine plants of China and in the Chinese Himalayan Region and its distribution characteristics; Diversity of medicine plants utilization of China; Threatened medicinal plants and threats to medicinal plants; Conservation status of medicinal plants in China; and proposed strategic suggestions on conservation of medicinal plants and preservation of traditional medicinal systems in China are discussed in this paper.

Medicinal Plants Conservation and Traditional Knowledge Transferring in Kawagebo Region

Ma Jianzhong & Samdrup Tsering, Deqin Tibetan Medicine Research Association

Tibetan medicine has a long history with comprehensive theories. It has insured Tibetan people's ability to live on the harsh Qinghai-Tibet plateau. The development of Tibetan medicine is closely linked with Tibetan people's ideology on environmental conservation, approaches on natural resource use, and their livelihood. However, with the rapid speed of marketization and commercialization, the protection of traditional Tibetan medicinal knowledge and their natural resources conservation are facing many challenges.

Kawagebo is famous by its rich biodiversity and typical Kamba Tibetan culture. As an important holy mountain in Tibetan world, medicinal plants conservation and traditional medicinal knowledge transferring in this area is closely linked with Tibetan culture and local people's everyday life. By analysis the unique relationship between medicinal plants conservation, Tibetan culture and local economic situation, based on case study and project experience, a community-based approach on sustainable medicinal plants conservation and traditional knowledge transferring will be introduced by the author.

An alternative approach to medicinal plant conservation in Ladakh, India

Tsewang Gonbo, Project Supervisor, Ladakh Society for Traditional Medicines, Leh (J&K), India

This paper considers Ladakh Society for Traditional Medicines' (LSTM) approach to medicinal plant conservation, which focuses primarily on community-based *in situ* methods and on meeting the everyday needs of local amchi (practitioners of Tibetan medicine). It outlines the reasons behind this approach, the activities being implemented and the impacts of the projects on village resource management and amchi practice. Amchi medicine is vital to the health status of the Ladakhi population and is an important part of the social fabric and cultural heritage of the region. LSTM was founded in 1998 with the mission of contributing to the revitalization of this medical system. Ensuring long-term sustainable access to medicinal plants is central to this mission, as the amchi largely rely on these plants to make their medicines. LSTM sees the survival of the amchi system as dependent not only on the protection of the region's rich natural plant biodiversity, but also on making the important plants affordably available to the amchi. Amchi prefer wild-harvested medicinal plants to cultivated ones, and many high-altitude plants are difficult to cultivate. LSTM's projects therefore focus on *in situ* management of wild plants, with *ex situ* cultivation accorded secondary importance. LSTM has constructed a detailed medicinal plants database and uses it to identify threatened species, select target areas and choose possible courses of action. The organisation has found that the best way to strengthen conservation is to raise awareness amongst the local people and create a sense of ownership, which encourages better management practices. This automatically leads to the involvement of local bodies, village authorities and religious institutions and develops a feeling of shared responsibility. The incorporation of medicinal plants into traditional resource management systems is strongly encouraged for most areas, with *in situ* conservation training provided to amchi and other key stakeholders, who then operate within the existing social structures. In areas of high diversity and commercial collection, special management committees have been formed, trained and supported to manage collection and protect against over-harvesting. Assistance is provided for amchi to cultivate important and endangered species on a small scale, and equitable exchange networks between amchi are also supported. Rather than taking an income-based approach to medicinal plant conservation, the LSTM programme thus focuses on healthcare access and medical survival in rural areas. So far the responses have been very favourable. This presentation aims to share these experiences and provide the basis for useful discussions with others concerned with both conservation and the promotion of local medical systems.

Conservation, Cultivation, and Sustainable Use of Medicinal Plants: Preliminary Report from Trials in Mustang, Nepal

Amchi Gyatso Bista, Himalayan Amchi Association, Nepal; Lo Kunphen Mentsikhang and School, Mustang, Nepal

The Himalayan Amchi Association (HAA) is a Kathmandu-based NGO founded in 1998 and registered with the Social Welfare Council. The HAA is comprised of more than 150 member amchi from 15 Nepali districts. HAA is dedicated to the preservation and development of Nepali *amchi* medicine and to networking with and mutually supporting *amchi* throughout the greater Himalayan and Central Asian region. The HAA aims to provide local communities in Nepal with reliable health care, safeguard *amchi* knowledge, improve educational opportunities for *amchi*, and contribute to the conservation of medicinal plants and the fragile Himalayan ecosystems on which *amchi* medicine depends. One of the HAA's key areas of activity in recent years has been the identification of key species (rare, endangered, and crucial to medical production) in Nepal. With support from the GEF Small Grants Programme – Nepal (2007-2010), the HAA is now coordinating a project in Mustang District whose mission is to: Promote an integrated approach to biodiversity conservation, culturally appropriate healthcare (*amchi* medicine), sustainable harvesting, and income generation activities based on the use of medicinal plants, in line with *amchi* knowledge and practices, local needs and priorities, and, as possible, the innovative use of technology and scientific expertise. This project includes the trial cultivation of some of the species most vulnerable to over-harvesting grow at high altitude in specialised habitats of restricted occurrence, such as the Annapurna Conservation Area Project (ACAP) in Mustang. This presentation will report on the results of cultivation trials to date.

Yartsa Gunbu (*Cordyceps sinensis*: An Ancient Medicinal Fungus Transforming Rural Tibet

Daniel Winkler, Eco-Montane Consulting, Washington, USA

Nowadays, Yartsa Gunbu (*Cordyceps sinensis*, caterpillar fungus) is nearly as central to life as the yak. While yaks grazing the vast grasslands of High Asia are the backbone of the traditional subsistence economy, Yartsa Gunbu collected from these alpine pastures is enabling rural people to participate in the cash economy of the 21st Century. The market is driven by Chinese consumers, who use it as tonic, but also as a status symbol. Collection, trade and use of Yartsa Gunbu (*dbYar rTswa dGun 'Bu*), has a long-standing history in Rigpa Sowa where it is classified as "medicinal

essences" (*rTsi sMan*). It is first mentioned by Zurkhar Nyamnyi Dorje [1439-1475] in "An Ocean of Aphrodisiacal Qualities - A special work". It was translated for the first time in cooperation with tibetologist Jakob Winkler. The four-folio text describes where to find it. The text instructs in detail how to prepare Yartsa Gunbu and describes its propensities.

From 1997 to 2007 prices have increased by 500%, on average of over 20% per year in Tibet. In 2007, 1 kg of dried Yartsa Gunbu costs in Lhasa from €2,000 to € 8,000 depending on quality. In Chinese cities the best fungi can cost €24,000/kg, more than gold. In 2004 collection of *Cordyceps* is reported at 50t in TAR [overall production is estimated at 150-250t]; Collection and sale generated 40% of rural cash income. In prime production areas, income contribution reaches 70-90%. It has developed into the single most important source of cash for rural households. In 2004, Yartsa Gunbu contributed 8.5% to Tibet AR's GDP. In short, Tibet has a globally absolute unique fungally fuelled economy. *Cordyceps* derived cash is the main agent in the transformation of rural Tibet.

Due to its ever-increasing value, more and more people search for yartsa gunbu. In Dengchen (TAR) 60% of the inhabitants were mobilized to collect Yartsa Gunbu. As a result of a research cooperation of Beijing's Tibet Research Institute and the author, a policy advisory was submitted to the TAR government, which served as a basis for the first TAR-wide regulations on collection. The 2006 regulation includes stipulation for surveying and development of a protection program, and an initiative to standardize the license system.

Sustainability of collection is of great concern. So far most collectors interviewed reported increased competition and not reduced production. Collection fees and licenses are widespread, but are not issued for resource protection per se. The question is if current pressure on natural populations of *Cordyceps sinensis* has undermined the resource yet. Production figures collected and collated from TAR and elsewhere on the Plateau do not indicate a population crash as suggested by some researchers. However, *Cordyceps*' very unique lifecycle and its dependence on hardly researched Thitarodes larvae do not allow transferring research on sustainability of other economically important fungi or medicinal plants. *Cordyceps sinensis* is still growing plentiful in areas where it has been collected for centuries, the ever increasing harvest pressure and the absence of reliable baseline data clearly necessitates more research to formulate sound management strategies to secure the long-term survival of *Cordyceps sinensis*, a valuable resource especially for marginalized Tibetan and Himalayan families.

2nd Session: Room D – 13.00 – 15.30hrs

Panel 7: Text and Practice in Himalayan Healing
Panel Organisers: Alex McKay, Ivette Vargas

Curriculum, Pedagogy, and Modernity in the Early Sman rtsis khang

Stacey Van Vleet, Columbia University, NY

At the turn of the twentieth century the Thirteenth Dalai Lama called for the founding of a "new lineage" of Tibetan medicine and a new institution – the Mentsikhang (Sman rtsis khang, School of Medicine and Astrology) – to cultivate this lineage. The Mentsikhang would seek to authoritatively integrate traditions from many Tibetan cultural regions and to teach through practical instruction, verbal scriptural recitations and mental transmissions put into "real practice." Inherent in this mission was a tension between two very different understandings of medical theory, practice and pedagogy. Recent encounters with modern science prompted the founders of the Mentsikhang to focus on "empirical" demonstration of the efficacy and rigor of Tibetan diagnostic and therapeutic techniques, and to emphasize learning through practice, direct observation of the body, and empirical investigation and classification. But the curriculum of the Mentsikhang also affirmed the place of esoteric medical transmissions and astrological calculations and cosmology, appealing in this case to the authority of a different kind of empiricism predicated on a wider Buddhist definition of experience.

This paper will analyze the collection, systematization, standardization, and institutionalization of Tibetan medicine within the Mentsikhang, especially the place of astrological and esoteric transmissions. Presenting an overview of the curriculum and pedagogy of the early Mentsikhang, I will argue that the new medical lineage was fraught by an emergent tension between religio-magical practices and modern "scientific" discipline, between oral lineage transmission and modern institutional structure, and between the authority of "rational" and esoteric experience.

"Oh fever… go to yon foreign people": The Healing Traditions of the Atharvaveda, Then and Now

Alex McKay, International Institute for Asian Studies, Leiden

A number of systemised healing traditions are established in the Himalayas today. Biomedicine predominates at state level (though to a lesser extent in Bhutan), while forms of *sowa rigpa*, or at least localised traditions associated with *sowa rigpa*, remain

a common, perhaps the most common, resort. In addition, the Ayurvedic tradition of the Indic world is now manifest in many urban centres, and even practitioners of Chinese medical traditions may be found there. Each of these traditions, as we know, tend now emphasise their "scientific" nature and textual basis.
Yet there also exists a vast range of healing traditions outside of those which lay claim to a scientific foundation, not only those whose authority lies in religious understandings but also those which are commonly subsumed under the heading of 'magical'. Among those traditions are those that derive from, or follow the internal logic of, healing models articulated in the Atharvaveda; a text, which we may date (with the usual reservations) to around the 12th-9th centuries BCE.
This paper will discuss the survival of certain rituals and concepts deriving from the Atharvaveda, and their manifestations in contemporary Himalayan society. In addition to noting its implications in regard to continuities in Indic culture, the paper will locate the issues within the wider framework of socio-medical status.

Disease, Healing and Religion: Klu Creates Dialogue Between Religion and Medicine

Ivette Vargas, Austin College

Diverse klu have often appeared in religious and medical texts throughout the centuries, sometimes being conflated with the Indian nagas and other times, having their own unique Tibetan origin and characteristics. These maliferous and yet healing entities reveal a glimpse of Tibetan notions of illness and healing in relation to the environment. This paper will explore the issue of how klu diseases in Tibetan medical and religious texts (Bon and Buddhist) reveal Tibetan views of the environment with a religious lens. This paper will also accentuate the need to read together both medical and religious (scriptural) texts to get a broader understanding of the diagnosis, symptoms and treatment of klu diseases and their religious significance. Based on textual and some fieldwork research in Lhasa, Tibet; Dharamsala, India; and the U.S., this paper hopes to draw connections between religion and medicine as exemplified in descriptions from diverse genres of texts and findings from interviews at medical clinics conducted during fieldwork.

On the Connection Between Tantric Theory and the Healing Performed Through Spirit Mediums in Tibetan Communities

Dawn Collins, School of Religious and Theological Studies, University of Cardiff

Tibetan Bon and Buddhist tantric rituals and those performed by spirit mediums

in healing presuppose interactions with deities or spirits that betray particular cosmological frameworks for and views of the body. The connections between the theory underlying tantric ritual and ritual enacting healing by spirit mediums will be explored through the lens of the body, on a holistic paradigm within which no separation between mental and physical phenomena is understood to exist. In particular, concepts of the subtle body will be investigated and visualisation techniques employed in ritual will be examined in terms of the transformative power these are purported to employ in healing. The paper will explore the possibility of viewing the psychophysical transformation that takes place through tantra and through the rituals performed by spirit mediums as part of a general healing project whose ultimate goal could be formulated as enlightenment. It forms part of a doctoral research project on healing rituals and will incorporate preliminary findings of fieldwork in Tibetan regions.

The Reorganization of Ancient Tibetan Medicine Books

Feng Ling, Research Office, Beijing Tibetan and Ethnic Medical Hospital

Ancient Tibetan medicine books are the major carriers of Tibetan medicine knowledge, exploring and organizing ancient Tibetan medicine books is an important way to inherit Tibetan medicine knowledge, which has important scientific and technological, academic and economic values. Under the guidance of ethnic policy and the principles of public health work in our nation, a high degree of attention has been paid to reorganizing ancient Tibetan medicine books, and it has achieved some good results.

Tibet Institute of Tibetan Medicine has published more than ten famous ancient Tibetan medicine books mainly composed of " Detailed Explanation of Four Medical Code", and completed rescuing, exploring and reorganization of theoretical works and tool books such as "Essential collection of Tibetan Decorated flowers" and "Essay collection of Cuo Ru Cai Lang" as well as more than 100 only existing copies of ancient important Tibetan medicine books. "Four Medical Code· annotations for follow-up medicine code" (copy in Ming Dynasty) had been included by the State Council into the first list of national precious ancient books. The Institute of Tibetan medicine in Tibet Autonomous Region have rescued and collected a large number of ancient Tibetan medicine book manuscripts, the only existing copies and rare editions.

Qinghai Province has formulated "The 11th Five-Year Plan for reorganization of ancient Tibetan medicine books in Qinghai province". Qinghai Provincial Institute of Tibetan medicine have rescued and explored a large of Tibetan medicine books.

The Institute of Tibetan Medicine Research in Gansu Province, Gansu College of Traditional Chinese Medicine, Gannan Health School and Tibetan hospitals in Gannan Tibetan Autonomous Prefecture have rescued and reorganized some Tibetan medicine books.

Dege Institute of Tibetan Medicine has been sorted out totaled nine medicine books such as "Selected Medicine Works of Mi Pang" "Notes of Four Medicine Codes" and "Annotations for Tibetan medicine in the diagnosis of urine and pulse" till 1988.

Beijing Tibetan and Ethnic Medicine Hospital has collected and compiled a part of ancient Tibetan and India medicine books. In 2002, it had applied a state-level research project - "Rescuing, exploring and protection of Tibetan secret recipe resource". President Huang Fukai had been the chief editor of the book "China Tibetan medicine bibliography index (1907-2001)" as a pioneering achievement for the compiling of Tibetan medicine tool books. In 2008, the basic research project "Reorganization of ancient Tibetan medicine books and construction of information platform", initiated the Ministry of Science and Technology and done by Beijing Tibetan and Ethnic Medicine Hospital, has recently been officially launched.

Based on the understanding of current situation of domestic and foreign ancient Tibetan medicine books, we would classify the ancient Tibetan books and sciences, develop directory summary of ancient Tibetan medicine books, achieve law protection of ancient Tibetan medicine books, develop protection proposal, book standards and grade standards for Tibetan medicine books, which would construct high-end information technology platform for the development of Tibetan medicine, promote relative level of clinical research and promote economic development in ethnic minority areas to guarantee the health of the masses in ethnic minority areas.

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Tea/Coffee 15.30 – 16.00hrs

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3rd Session: Room A – 16.00 – 18.00hrs

Panel 1: Traditional Healing in Bhutan
Panel Organiser: Francoise Pommaret, CNRS, Paris and RUM and ILCS, Thimphu

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Lords of treasures (*gTer bdag*): The Healing Mediums of Northeast Bhutan

Françoise Pommaret, CNRS & ILCS Thimphu

The ancient region of Kurtoe, in northeast Bhutan, which is today part of the Lhuntsi district, is the only place where a certain type of mediums called "Lords of treasures", Terda (*gTer bdag*) perform rituals to heal people.
Mediums in the Himalayan world have been the topic of numerous articles, as well as debates regarding their shamanic character.
In Bhutan several kinds of mediums operate: *dpa' bo* or *dpa' mo*, these women sometimes called Neljom, (*rnal 'byor ma)* in the west of the country. Their characteristics are relatively close to the *jhakhri* of southern Bhutan and Nepal and of other intercessors who belong to the large magical and religious Himalayan culture where influences of different cultures overlap.
However the *Terda* are different from these mediums in terms of costume, procedure and form of the ritual. Moreover they are originally found only in Kurtoe and present striking similarities to the Tibetan choesung (*chos srung /dharmapala*), already described by researchers and often called choeje (*chos rje)*.
Like their Tibetan counterparts, the terda are controlled by deities who belonged to the world protectors class (*'jig rten pa'i srung ma*). These indigeneous deities have been bound by oath by Padmasambhava and became protectors of the doctrine.
Their name, "Lords of treasures" (Terda) derives from the fact that the deities who possess them are themselves called by the generic name of Terda.
In this paper, I will present the Terda and their healing role, based on field research as well as explain their unique linkage to the Kurtoe region.

A Study on the Attitude of Bhutanese People on gSo-ba-Rigpa

Namgay Lhamo, NITM, Thimphu

Bhutanese traditional medicine is called gS*o-ba Rig-pa*, meaning "the knowledge of healing". g*So- ba Rig-pa* is deeply rooted in the Buddhist philosophy. Its conception and practice is believed to have been derived from the medical teachings of the *Sangye Menla*, the" Medicine Buddha".

The introduction of g*So- ba Rig-pa* in Bhutan can be traced back from atleast the seventeenth century. Since then, the Bhutanese tradition of g*So- ba Rig-pa* has grown steadily both in magnitude and autonomy from other systems of traditional medicine Today, the traditional medical service covers the entire country, with the establishment of atleast one unit of Traditional Medicine clinic as a part of the District general hospital in all the 20 Districts.

Although the increasing number of patients visiting the g*So- ba Rig-pa* centres serves as a good indicator of its contribution to the health of Bhutanese society, no empirical study has been carried out to determine its effectiveness/and or significance in the contemporary Bhutanese society where modern medical facilities (Allopathic medicine) reach out to every nook and corner of the country almost overshadowing the existence of g*So- ba Rig-pa*. Hence this paper explores the attitude of Bhutanese people on g*So- ba Rig-pa*. The areas of enquiry include the level of Bhutanese people's awareness and practice of the g*So- ba Rig-pa*, the common diseases treated and their effectiveness, and the level of trust and satisfaction of the people on this system of medicine.

Traditional Asian Medicine and Leprosy in Bhutan

Judith Justice, University of California at San Francisco

In Bhutan, leprosy is among the major health challenges with one percent of the population estimated to be affected. The unanswered questions surrounding this historical and stigmatized condition motivated an in-depth study, beginning in the 1980s. This research focuses on the people affected by leprosy (e.g., patients, families and communities), and beliefs about its causes, prevention and treatment. In addition to the government supported allopathic health services and Bhutanese Medicine System, people also consult a range of other traditional practitioners and religious healers. Current research provides a long-term perspective on the changes taking place during a twenty-year period, since the availability of effective treatment. The study of leprosy in Bhutan is especially important because of the greater acceptance of people with leprosy than in surrounding Asian countries (e.g., Tibet, Nepal, India, Bangladesh) where leprosy remains among the most feared and stigmatized conditions. A cross-cultural comparison suggests factors contributing to these differences, in addition to the influence of the WHO-supported global program to eliminate leprosy (Global Alliance for the Elimination of Leprosy/GAEL).

Negotiating with the Spirits and Healing Malady

Karma Pedey, Royal Institute of Health Sciences, Royal University of Bhutan, Thimphu

Basic Health Units have reached every *gewog* (an administrative nit comprising several villages) in Bhutan. Almost every village has a village health worker. The numbers of medical professionals have grown by many folds. Bhutan has come very far and has stepped into the international arena and participated in many global activities. Education has touched the lives of those living even in the far-flung villages. Yet, it is fascinating to know that there are still urban dwellers who also rely very much on propitiation of spirits (*gdon mchod*) as an antidote to ailment.
Thus, this paper will examine the preparation of this ritual and the propitiation process. It will also address to the following questions:
Do we need specialized people to propitiate? Which categories of spirits are propitiated and why? What kind of ailment demands propitiation? How do the doctors and medical professionals view this practice? Can this healing practice be associated with psychological mechanisms?
To ensure that the study is comprehensive, the paper will also endeavor to explore why certain groups of people prefer propitiation to medical remedies as an alternative antidote to ill health.
This study will use a small sample population comprising people from different educational and professional backgrounds.

2nd Session: Room B – 16.00 – 18.00hrs

Panel 17: Trade and the Globalisation of Medicine across Asia
Panel Organiser: Guy Attewell

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gSo-ba Rig-pa and intellectual property rights - sacrilege or necessity?

Phurba Wangchuck, Pharmaceutical and Research Unit, ITMS, Ministry of Health, Thimphu, Bhutan

gSo-ba Rig-pa is a rich and ancient medical system, which (as an integrated part of the formal health services in the Royal Kingdom of Bhutan) is provided to the population. Historically and philosophically, gSo-ba Rig-pa stems from Vajrayana Buddhism and can be traced back many centuries. Thus, no historic person can make claim to the accumulated knowledge, which can be said to be in a 'public, religious, academic domain' unless new invention is made.

Within a global public health discourse, there is an ongoing struggle to control infectious diseases such as malaria and tuberculosis, and drug resistance is a pertinent issue. Thus, as the diseases become more and more difficult to treat, researchers and pharmaceutical companies fight to keep abreast and develop new drugs. A major part of new pharmaceuticals are developed from chemicals derived from plants.
gSo-ba Rig-pa comprises many kinds of healing methods one of which is herbal therapy - and this should be seen in relation to Bhutan's unique botanical biodiversity. This means that gSo-ba Rig-pa has a huge potential not only as a traditional health care system, but also as a source of new pharmaceuticals. This potential is gradually drawing the attention of international agencies, which operate within a global legal system of patents, private property and profit as an incentive.
It is pertinent to determine the issues of intellectual property rights that are at stake when strong global commercial forces meet traditional Bhutanese values and resources. The paper explores the existing (Bhutanese and international) legislation, and the dilemmas that occur when the two mindsets meet, and it points to actions that need to be taken.

Strategies of Cooperation and Network-building of Healers in Kathmandu and their Possible Integration into Governmental Structures

Lydia Roessl, University of Vienna and Kathmandu University

Nepal is a country of overwhelming ethnic, cultural and religious diversity and it is very well known for studies about medical pluralism. The geographical fragmentation, poor infrastructure and deductive isolation of some groups makes it difficult to provide proper medical care. Also the increasing number of medical-doctors, hospitals and health posts are no guarantee for primary health care. Most biomedical facilities are concentrated in Kathmandu and far out of reach and financial possibilities of village people. Therefore traditional healing methods are for many people the only access to medical treatment. At the same time under the influence of globalisation and modernization traditional healers experience devaluation. But not only patients have to deal with major variances, also healers have to find ways and solutions to manage their work under different new and old influences. How do various healers react? How the deal with each other? What are their strategies of building networks and upgrading health care of isolated and marginalized groups? Are there existing networks between different healing arts like biomedicine, Ayurveda or shamanism (just to name some of them)? What kind of cooperations are existing and what are the major motives to build up networks? Especially the important position of healers in society makes it necessary to look at the dialogue between the different parties

and to ask the question if there are perhaps already networks that are working. Their support, cooperation and the open-mind of all actors to learn from each other, can be essential components for the success of dealing with the impact of globalisation.

Substance, Aura and Parallel Lives: Tiryaq in Trade and Therapeutics in the Nineteenth Century

Guy Attewell, Wellcome Trust Centre for the History of Medicine, University College London

This paper examines transregional trade in a medicinal commodity across Eurasia as a study in the changing meanings of a medicinal preparation through processes of circulation. The paper focuses on the moment, in the 1830s, when a commodity – tiryaq al-faruq –, a renowned product especially of the Eastern Mediterranean, and famed throughout the Islamic world, received new life through colonial agency in British attempts to treat a tropical affliction - beriberi. The paper asks what we mean by 'local' and 'indigenous' knowledge in the context of the mobility of substance and therapeutics. It points to the contingency of therapeutic value and the ways in which curative attributes are acquired, transmitted and transformed.

The Problem of Identifying *Mudan* 牡丹 and the Tree Peony in Early China

Teruyuki Kubo, Institute for the History of Natural Science, Chinese Academy of Sciences

The tree peony, called in Chinese *mudan* (or *moutan*, **牡丹**), is a flowering plant found in China and now widely cultivated in East Asia as well as in other gardens such as in Britain Europe and the United States. However, even though the herbaceous peony (*shaoyao* **芍藥**) figured prominently in early Chinese literature, the *mudan* was largely ignored until the Tang dynasty (618–907) except for its applications in medicine. Then, in the inner court of the Shengtang **盛唐** era (713–765), *mudan* was suddenly praised by the emperor Xuanzong **玄宗** (reigned 712–756), and many Chinese after the Shengtang era extolled the tree peony as the King of Flowers (*Huawang* **花王**). On the other hand, in East Asia, *mudan* is used not only as ornamental plants, but also in traditional medicine. Some traditional Chinese prescriptions, such as *Dahuang mudan tang* **大黄牡丹湯**, *Liuwei dihuang wan* **六味地黄丸**, *Jiawei shaoyao san* **加味逍遙散**, contain root cortex of *mudan*(tree peonies).

However, the early authoritative *materia medica, Xinxiu bencao* (659), describes the plant called '*mudan*' as different to the tree peony in terms of form. Tao Hongjing

陶弘景 (456–536) once said that the *bajitian* 巴戟天 looks very much like *mudan* but is smaller. Yet, *Bajitian* is very different in form from the tree peony. These early descriptions imply to us that *mudan* referred to another plant before the Shengtang era, and this could be a reason why the *mudan's* beauty was largely ignored. In addition, there is a curious issue concern *mudan* in early Japan. Although the tree peony is considered non–native to Japan, *mudan* is described as a specialty plant in the early Japanese gazetteer, *Izumonokuni Fudoki* 出雲國風土記 (733). Thus, some Japanese historians thought that the text was referring to a different plant from tree peonies, but could not raise the most likely candidate.

This study shows that *mudan* in early texts had two remarkable aliases, *bailiangjin* 百兩金 in China and *yamatachihana* 山橘 in Japan. Presently, both aliases are used to refer to *Ardisia* species. Furthermore *Xinxiu Bencao's* description of the *mudan* closely matches that of the *Ardisia*, especially the *A. japonica* species rather than the tree peony. Therefore my investigations suggest that early prescriptions have possibly used the *Ardisia* species.

3rd Session: Room C – 16.00 – 18.00hrs

Panel 16: Tibetan Medicine Panel – Diagnosis, Treatment and the Practitioner's Experience
This panel will be in the Tibetan language
Panel organiser: Mingkyi Tsomo (Mingji Cuomu)

Presenting the Somaraza and the Influence of Indian Medicine
Renchengyal Ren (Qing Jia ren)

སྨན་དཔྱད་སོ་མ་ར་ཛ་དང་རྒྱ་གར་གསོ་རིག་གི་ཕྱོ་བ་འགའི་དཔྱད་བསྡུར་ཞེས་བའི་
རྩོམ་ཡིག་གི་ནང་དོན་གནད་བསྡུས།
རྩོམ་ཡིག་འདིའི་ནང་དུ་དུས་རབས་བརྒྱད་པ་བོད་རྒྱལ་ཁྱིམ་སྲིད་ཞེ་བཙན་སྒམབས་བྱང་
བར་གཀས་པའི་སྨན་དཔྱད་སོ་མ་ར་ཛའམ་རླ་བའི་རྒྱལ་པོ་ཞེས་པའི་གསོ་རིག་གཞུང་
དེ་དང་རྒྱ་གར་གསོ་རིག་གི་ཕྱོ་བ་འགའི་ཐད་ལ་གཏིང་ཟབ་པའི་སྐོ་ནས་ཞིབ་འཇུག་
བྱས་ཡོད་པ་དང་། ཁྱད་པར་ཏུ་འབྱུང་བ་ལྔ་དང་། བ་ཡི་རྣམ་ལྔ། མིག་དཔྱད་ཀྱི་ལག་ལེ
ན་བཅས་ཀྱི་ཐད་ནས་བོད་ཀྱི་གསོ་བ་རིག་པ་དང་གནའ་རབས་རྒྱ་གར་གསོ་རིག་དབ
ར་ལ་པན་ཚུན་ཤུགས་རྐྱེན་ཅི་རིགས་བྱུང་མིན་ལ་ཁྱེད་ལྟ་ཀྱི་སྐབས་བྱེད་ཚད་མ་བཀོ
ད་ཡོད་པ་མ་ཟད། སྨན་དཔྱད་སོ་མ་ར་ཛའམ་རླ་བའི་རྒྱལ་པོ་ཞེས་པའི་གཞུང་འདི་དུ
ས་རབས་བརྒྱད་པའི་སྒམབས་ཅིག་ཅར་དུ་བྱུང་བའི་བསྟན་བཅོས་ཤིག་མིན་པར་རིམ་
ཅན་དུ་བྱུང་བའི་རང་ཚུགས་ཀྱི་ཕྱོ་བ་ཡང་གསལ་བོར་བརྗོད་ཡོད་དོ། །

Gyu thog yon tan mgon po and Tibetan Medicine

Shamdo Lumshamgya (Li Xian Jia), Tibetan Medical School, Qinghai University, Xining, China

This paper will analyze the mian achievements, life purse and life value of Gyu thog yong tan mgong po 'The Elder'. First it will explain the orgin and the brief introduction of Tibetan medicine, and then analyze the great contribution of Gyu thog the elder to the Tibetan medicine in the view of teaching, academic communication and writings.

17:00 – 18:00 Round Table Discussion with all Panel Particpants

3rd Session: Room D – 16.00 – 18.00hrs

Panel 10: New Frontiers in Effectiveness and Evidence: from Past to Present
Panel Organiser: Hugh MacPherson

The Efficacy of Thai Massage in Social Contexts

Junko Iida, Institute of Social and Cultural Anthropology, University of Oxford

This paper explores the perception of the efficacy of Thai massage which has been shaped by globalisation and commercialisation. Based on fieldwork in a clinic and village in Chiang Mai, it analyses how and why each Thai massage movement is perceived as efficacious in particular social contexts. This research is further supported by, and compared with, an examination of both textbooks of Thai massage and those of *ruesii datton*, an ancient exercise said to be the foundation of Thai massage postures. Thai people used to provide, and still do at home or for friends, massage for the treatment of a specific symptom associated with a specific body part. Today, however, Thai massage provided at centres or taught at schools, is usually whole-body massage, following a step-by-step routine from foot to head. This style, which was originally developed to answer the needs of foreign tourists who receive Thai massage without specific physical complaints, has been recognised and adopted as the standard Thai massage in Thailand and other countries. This is one of the results of the standardisation of Thai Traditional Medicine as promoted by the Thai government alongside the globalisation and commercialisation of Thai massage. This paper also reveals that both the ritualistic aspect of whole-body massage as well as the positive value attached to the 'holism' of traditional medicine in general contribute to the healing efficacy of Thai massage in a contemporary context.

Preliminary Research Study on the efficacy of Tibetan Medicine against all forms of cancer

Dorjee Rapten, The Tibetan Medical Centre, Bangalore and Central Council for Tibetan Medicine, Dharamsala, India

Cancer continues to be one of the leading killers of the century. No matter how much information is gained about this dreadful & mysterious disease, it still haunts the imagination of humanity, which continues to suffer from its relentless attack. Despite the huge advancement in science & technology: its new age & all-round research breakthroughs involving billion dollar marketing of its new generations of drugs, this disease still continues to wreak havoc among the lives of millions of people across the world, particularly among the less privileged lots.

Though not much is heard is about the high incidence of cancer among the Tibetans before the 1959 tragedy. Yet, the Great Four Tantras of Tibetan Medical text, which dates back to 9th century, explains volumes about this disease. Cancer is placed among the 8 congenital wounds & was clearly mentioned that unless the disease is treated successfully at its initial stage, it becomes almost incurable at advanced stage. Improper food & life style was considered to be the main cause. Three locations & 18 different types of cancer were explained. The main source of cancer is blood, hence advised giving vene-section at the nearest site to purify the blood. The supporting cause is an infection, hence advised channel cleansing. The nature of the disease is tumour; hence moxabustion should be given to shrink the growth.

An attempt is made here to study & document the clinical efficacy of Tibetan Medicine against various forms of cancer. The standard forms & case sheets were designed by the peer groups from All India Medical Institute of Science, New Delhi to lend more credence to the authenticity of the research study. Total of 256 cancer patients were selected depending mainly upon their longer duration of treatment under the Tibetan Medicine with 6 months as the shortest course. However, the whole exercise has become more of clinical case studies and not a controlled research studies in its strict sense because of many impending factors.

It was clearly observed that Tibetan Medicine did have a positive healing effect upon many cancer cases. It was also shown to produce some encouraging effects in terms of several important factors like: delaying the tumour progression, pain reduction, enhancing the immune response & life expectancy, & over all well-being of the patients. Moreover, we also found that Tibetan Medicines works very well in complementary with Chemotherapy and Radiation therapy.

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18:30-19.30hrs Dinner at Hotels

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WEDNESDAY KEYNOTE LECTURE
19:45 – 20:30 NAMGAY HERITAGE HOTEL

Globalisation and Traditional Systems of Medicine: Universal Basics and Spherical Limits

Narendra Bhatt, Ayurvedic Consultant – Research & Industry & Emeritus Scientist, Interdisciplinary Research School for Health Affairs, Pune.

Globalization, though a global concept, has taken different forms for traditional systems depending on its regional, cultural, political and scientific environment. Traditional systems of medicine having survived in their cultural milieu are under tremendous pressure for their identity and efficacy.
As early signs of the initial fatigue of globalization are observed and issues of health care outcome and costs gains priority attention there seems to be an opportunity for traditional systems of medicine for greater resemblance with present day health care rather than polarization and even from fear of diminished role or disappearance.
Stakeholders and those interested in traditional systems of medicine represent variety of background. These include academics, practitioners, and scientists from different specializations, conventional medicine experts, industry, administrators of health care delivery and such others.
The relationship between microcosm and macrocosm as understood by traditional systems of medicine like Ayurveda, Traditional Chinese Medicine, Tibetan Medicine, Unani Medicine and such others forms basis of the most differentiating factor from present day conventional medicine. To understand and interpret these principles based on 'universality' for their applicability against principle of 'analyzing the small' that forms basis of present day life sciences is the biggest challenge of globalization.

These challenges could be put into following four categories:

1. Challenges related to managing knowledge of traditional systems of medicine
2. Challenges of integration
3. Challenges of competitiveness
4. Challenges of acceptability

The related issues could be grouped as follows:

A. Issues related to preserving TSM knowledge, its identity, adhere to the basic principles and continuation of its learning within and between the systems
B. Issues related to TSM education and learning for continuity within the present day education system and learning across the barriers and borders
C. Issues related to research priorities, methods and modalities of research, use of research tools and evaluation of research outcome of TSM
D. Issues related to regulation of profession and practices of TSM, its products and quality and its desirable reach to contribute to mainstream health care delivery
E. Issues related to commerce and industry including sustainability and development of bio-resources

The severity of pressure on these systems and the process to address the pressure differs from country to country depending on historical and political influences. Several issues do remain common due to impact of advancement of present day medical care, its benefits and its limitations.

Enabling traditional systems to address challenges from within and through properly evolved integrative mechanisms shall help develop solutions to the issues. This requires visionary approach both in terms of strategy and functional efficiency at ground level. This is not easy as experienced. Simultaneous to satisfy domestic needs and to address wider expectations require clear understanding of problems, its ramifications and possible solutions. The complex sphere of multidimensional needs require multiple layers of issues to be crossed over to reach effective periphery.

To identify variety of vertical activities and converging these activities for common objectives through combined mechanisms may help traditional systems of medicine adapt to changing needs of time. Modern day tools of information technology, mechanisms of management and use of biotechnology are playing and will play greater role to achieve 'global relevance'.

Dr. Narendra Bhatt has behind him 35 years of academic, professional, research and industry experience in the field of Ayurveda. He is former recipient of IASTAM –Prof. A.L. Basham Medal and is a member of its 'International Council'

THURSDAY, 10th September 2009

1st Session: Room A – 09.30-12.00hrs

Panel 22: Medical Pluralism, Integrated Care and Public Health
Panel Co-Organisers: Paul Kadetz, Adrian Renton & Dorje Wangchuk

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Bhutanese Perspective on Integrated Health Care Services in Bhutan

Ugyen Dendup, Pharmaceutical and Research Unit, ITMS, Mof Health

The Bhutanese Primary Health care system is identified by its unique policy of Integrated health care where both the Traditional medicine services and the modern allopathic medical systems are made available for the population for their health care needs. The most important and unique characteristic of integrated Health care is the respect for the patients' choice of medical services.

The equal importance of Traditional medicine and allopathic medicine is recognized at the highest level of the Bhutanese society. This is enshrined in the Constitution of the Kingdom of Bhutan.

The integrated approach has facilitated the accessibility of Traditional medicines to the common citizens. In the past it was restricted mainly to few privileged families who can afford personal Traditional physicians.

The integration policy and arrangements have had many positive benefits in the promotion and development of Traditional medicine in the country as a result of resource availability.

However, the lack of understanding of the systems among the doctors and Drungtshos and people working in the Health system would risks the lives of the patients. Further, the management of most health centers is under the Doctors and this may result in marginalization of Traditional medicine in terms of resource allocation. The decisions concerning Traditional medicines are taken in the Ministry where there is no Traditional medicine representative.

On the whole integrated health policy has impacted positively on the preservation, promotion and development of Traditional medicine services in Bhutan.

Health and Happiness: a Holistic Public Health through Bhutanese Traditional Medicine (BTM)

Drungtsho Karma Gaylek, National Traditional Medicine Hospital, ITMS, Ministry of Health, Thimphu

The modern public health today plays its workforce through multiple determinants of health biological; behavioral; environmental; cultural; social; family and community networks; living and working conditions etc. and thereby has made extensive progress in various fields. As a result, the healthy perspectives of the population in the sphere that seems to be much improved. However, the global health issues "suffering" such as depression, suicide, fear, frustration, disappointment; injury, violence, incurable diseases are found greater than ever in the humankind. In this regard, the Bhutanese Traditional medicine (BTM) elucidates that the health is not merely freedom from physical elements; human being is a composite of whole of mind and body. At the primordial level, the causative factor of sufferings that caused by the "three mental poisons" of '*Dod-chag* or attachment, '*Zhe-dang* or hatred, '*Timug* or delusion which gives raised to three elements: *Lung* or wind; *Thripa* or bile; *Bad-kan* or phlegm disorders and aggravated these elements due to resorting to bad food, regiment, etc. Buddha said, "It burns through fire of delusion, through the fire of hatred, through the fire of attachment, it burns through births, old age, and death, through grief, lamentation, pain, sorrow and despair." Therefore, in order to be physically healthy and mentally peaceful or happiness life of our society, the collective health of all root causes of the sufferings and determine the health and well being all the way through putting into practice the ten ethical behaviors vs ten un-ethical behaviors which explained by system of BTM i.e. *1-'Sog-lu* or save other lives by preventing '*Sog-ched* or violence, killing, the taking of others lives; *2-'Jinpa* or practice generosity: donate, contribute, offer, sense of selflessness via refraining '*ku* or stealing, taking which is not given; *3-'Dantshig-sung* or follow the rules of discipline: faithful, truthful, legitimacy, via non-participation of '*Log—par-aim* or sexual misconduct; *4-'Drang-den* or tell truth: forthright, frank, honest via avoiding **'***Zun* or lying, stating something which is untrue; *5-'Thuen-drig* or reconcile disputes: integrity, impartiality, loyalty via giving up '*Aen-jor* or sowing discord: slanderous speech which cause division between friends, relatives, etc; *6-'Tsig-hem* or speak pleasantly: harmonious, melodious, tuneful via abandoning '*Tshig-tsub* or harsh, abusive words; *7-'Donchen-gi-la* or practice meaningful counsel, guidance, via dropping out '*Nag-chal* or idle gossip, useless chatter; *8-'Jesu-yi-rang* or learn to be generous: appreciate, esteem, cherished, grateful via cleaning-up '*Nap-sem* or jealousy, covetousness; *9-'Phen-sem* or cultivate desire to help others: public spirit, good hearted, gracious via turn away from '*Noed-sem* or wishing harm others: malice, ill will; *10-'Yangdag-tawa* or establish true and

authentic vision: immaculate, perfect, proficient by realizing '*Tawa-chinchi-log* or misguided views. These are the significant value to the health and well being of the mankind and thus this commentary claims that the ten ethical behaviors vs ten un-ethical behaviors needs to be assimilated into the general public health practice in order to accomplishment of holistic health and happiness amplification of the global communities.

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Traditional Medicine Services in Bhutan: Holistic Treatment and Patient Care

Drungtsho Tshering Tashi, National Traditional Medicine Hospital, ITMS, Thimphu, Bhutan

gSo-ba Rig-pa practiced in Bhutan is one of the world's oldest surviving medical traditions preserved intact and practiced in conjunction with the modern medicine. Although, gSo-ba Rig-pa existed ever since 8th century in Bhutan, it was only in 1967, that gSo-ba Rig-pa was officially incorporated in the National Health System of Bhutan with the objectives to preserve, promote and propagate this unique medical tradition. In 1968, small traditional medicine dispensary was opened at Dechencholing in Thimphu and only recently it was named as National Traditional Medicine Hospital (NTMH). The NTMH provides health care to the patients and provides practical hands to trainees. Currently, there are Traditional Medicine Units in 20 districts and 17 other Health centers providing health care to the public in an integrated manner along with modern health care.

Bhutanese traditional medicine currently includes four kinds of services: clinical, therapy, out-reach and patient counseling. First, the treatment is done through diet,

nutrition and behavior modification. If the patient does not respond to that, then herbal medicines are prescribed and sometimes that is being supported by different therapy services. Although spiritual healing is not a common practice, it is always embedded within the services provided especially in the patient-counseling.
Using these four treatment methods, the NTMH treats about top ten diseases including nervous disorders, sinuses, blood pressure, peptic ulcer, arthritis, gout, body pain, backache, headache and giddiness, and skin infection. The Traditional Medicine Hospital in Bhutan also treats the diseases like diarrhoea, allergies, common colds, gallstones, jaundices, anemia, liver diseases, asthma, paralysis, piles, constipation, epilepsy, mental illness, gastritis and gynecological problems.
Although, some people remain adamantly loyal to either a western medicine or traditional medicines, many more prefer to receive the health care from both the system. Cross referral system between modern and traditional hospitals is practiced in Bhutan where those patients requiring surgical treatments are referred to modern hospitals and those patients with chronic diseases often come for traditional medicine treatments. Together they nurture excellent integrated health care system to the patients enhancing gross national happiness and providing wholesome health care.
In future, the NTMH has the plan to strengthen the quality of traditional medical services through up-gradation of physician's skills and qualification, start operational research, establish joint collaborative research with the similar gSo-ba Rig-pa Institutes in the region and develop new treatment methods and regimens.

1st Session: Room D – 09.30-12.00hrs

Panel 16: Tibetan Medicine Panel - Diagnosis, Treatment and the Practitioner's Experience
This panel will be in the Tibetan language
Panel organiser: Mingkyi Tsomo (Mingji Cuomu)

Clinical Research on *Honlok* Disease (Dementia)

Renchen Dhondrup, Qinghai University Tibetan Medical College

The *Honlok* disease is a kind of illness that prevalent among Tibetan old people, it has more than hundred years of epidemic history. Most Tibetan people has thought that" the person be old, senile person" be a very normal affair and usually will be neglect to this. That publicly known has discouraged Tibetan healing science to recognize the *Honlok* disease. Even some Tibetan physicians thought that was not a kind of disease, it is a senile manifestations. There has a wide spectrum of opinions on

this problem, for this reason I dedicated myself to research on the *Honlok* disease. I adopted the modern clinical observation research method, and based on the Tibetan medical three diagnostic methods (look, touch, and question) to make a survey for 143(70s≤) old people in seven Tibetan farming villages in Changmu township, has selected more than 30 suspicious patients to investigate comprehensively. I identified about 12 patients, and the incidence of the disease close to 8.4%. After further Tibetan clinical observation on the 12 cases, I analyzed and concluded the all symptoms, by using this important information I created the diagnostic criteria for *Honlok* disease, and drew the direct and indirect causes, as well as summarized the classification. Meanwhile, I concluded the prevention of *Honlok* disease, and paved the way for further treatment research on this illness.

My purpose for research on *Honlok* disease is to make more widespread Tibetan medical rejuvenation, help Tibetan community to realize this chronic illness, and encourage the junior Tibetan medical doctors to pay more attention on *Honlok* disease. Particularly, that will make a great contribution to more and more Tibetan health workers involved in the field of *Honlok* disease research. It will improve the senile people's life quality.

Key words: Honlok etiology classification diagnostic criteria prevention

bDud rtsi lnga lums – Herbal Steam Baths in Sowa Rigpa

Druntsho Sangay Wangdi, National Institute of Traditional Medicine Services, Thimphu

Dutsi-nga-lum is a very important formulation in the gSo-ba-rig-pa Traditional Medicine used in herbal steam bath, herbal bath and herbal steam compression. It has five main ingredients mainly (ba- lu, wom-bu, shug-pa, khen kar and Tsi-dhum) and 27 other herbs as minor ingredients. Dutsi-Nga-lum is defined as a medicine that cures the effects of diseases (both physical and mental) when used in association with water.

The general objective of this study was to improve the standard of Dutsi-nga-lum related treatments in the future from the findings of the study and recommend appropriate actions to improve all aspects of its treatments. The study was designed to find how dutsi-nga-lum is being practiced by the Practioners. The study looked at the methods of preparation of Dutsi-nga-lum right from formulation and manufacturing process to methods and practices currently in use at NTMH in all the treatments involving Dutsi-nga-lum. The age pattern of patients seeking dudtsi-nga-lum treatments was analyzed. The study also looked at the types of illnesses and diseases for which the dutsi-nga-lum is being used and its efficacies in their treatment

and cure. The study looked at the different lum treatments and their efficacies in treating different ailments.

The study found that the cleanliness and hygiene, procedures, and practices are of standard quality given the current situation and the funding available for the hospital. However, there is need for improvement and for that the funding will be crucial. While the lum services are provided effectively and successfully using only one room for both male and female patients through proper monitoring system, the allocation of separate treatment rooms for male and female would provide privacy to those who seek one. The study found that some cases were referred for dutsi-nga-lum treatments by the Drungsthos even though their ailments did not require treatment by dutsi-mga-lum. The study indicated that age group 20- 30 received the most treatments involving dutsi-nga-lum. The maximum number of people referred for dutsi-nga-lum treatments were for neuronal and nerve ailments.

The study indicated that the dutsi-nga-lum treatments were generally efficacious as evident from the positive responses of the patients involved in the study.

The study was questionnaire-based and the information on efficacy of dutsi-nga-lum was mainly from patients and Traditional medicine Practioners at NTMH who were involved in various dudtsi-nga-lum related treatments.

Diagnosis & Treatment in Traditional Tibetan Medicine

Pema Dorjee, Dharamsala Men-tsee-khang and Traditional Tibetan Physician

བོད་ཀྱི་གསོ་བ་རིག་པའི་ནད་ཀྱི་བརྟག་བཅོས་སྐོར་སྟིང་བསྡུས་སུ་བཤད་པ།

ཆུ་གང་ད་རམ་ས་ལ་བོད་གཞུང་སྨན་རྩིས་ཁང་གི་སློབ་སྟོན་པ་སྨན་རམས་པ་བརྟན་རྡོར་རྗེ།

༡། འགྲོ་བའི་ལུས་དང་དེའི་ནད་གཉེན་པོ་བཅས་འབྱུང་བ་བཞི་འམ་ཐུ་ལས་གྲུབ་པ།

འབྱུང་བ་ནི་ ས་ཆུ་མེ་རླུང་བཞི་འམ་ནམ་མཁའ་བཅས་ལྟོངོ།

༢། ནད་ཀྱི་རྒྱུ།

ཀ། རིང་རྒྱུ་སྤྱི་དང་ཁྱད་པར་ལས། སྤྱི་རྒྱུ་ནི་བདག་འཛིན་མ་རིག་པ།

རིང་རྒྱུ་ཁྱད་པར་བནི། མ་རིག་པ་ལས་འབྱུང་བའི་འདོད་ཆགས་དང་། ཞེ་སྡང་དང་། གཉི་ག་སྤུག་སྟེ་ཉོན་མོངས་དུག་གསུམ།

ཁ། ཉེ་རྒྱུ་ནི། ཉོན་མོངས་དུག་གསུམ་ལས་རིམ་པ་ལྟར་བསྐྱེད་པའི་རླུང་དང་། མཁྲིས་པ་དང་། བད་ཀན་དེ་ཉིས་པ་གསུམ།

༣། ནད་མེད།

རྟེན་མཁྲིས་བད་ཀན་གསུམ་རྣམ་པར་མ་ཉམས་ནི་རང་རང་གི་མཚན་ཉིད་དང་མཐུན་པའི་ལུས་འདི་རྟེས་སུ་འཇིག་རྟེས་ནད་མེད་ཚོ་རིང་དུ་གནས་པར་བྱེད། འོན་ཀྱང་དེ་རྣམས་ནད་ཀྱི་རྒྱུ་འམ་ས་བོན་ཡིན་པ་ནི་ལྷོག་ཏུ་མེད།

༤། ནད་ཀྱི་ཉམས།

ལུས་ལ་ནད་ཀྱི་རྒྱུ་ཉེས་པ་གསུམ་ལྷན་སྐྱེས་སུ་ཡོད་པ་དེ་རྣམས་རྣམ་པར་གྱུར་ནས་ནད་ཀྱི་ངོ་བོ་བྱེད་པའི་ཉམ་དུལ་དང་། གདོན་དང་། ཟས་དང་། སྐྱོད་ལམ་སོགས་དུ་མ་ཡོད་ཀྱང་རང་གིས་སྤང་བྱ་བ་ཡིན་པ་ནི་གཅོ་ཟས་དང་སྐྱོད་ལམ་སྟེ་ཉོན་ཉམ་དུལ་བ་ཡིན་ཏེ་ཞེས་བྱ་སྟེ།

༥། ནད་རོས་འཛིན་བརྟག་ཐབས།

ཀུན་དུ། ནད་ལ་བལྟ་རིག་དྲི་བས་ཡོངས་ཤེས་བྱ། གསུངས་པ་ལྟར།

ཀ། མིག་གིས་བལྟ་བའི་དཔྱད་པ་ནི་མང་ཡང་གཙོ་བོ་ནད་པའི་ཕྱི་དང་རྒྱ་ལ་བལྟ་བ།

ཁ། རེག་པའི་བརྟག་ཐབས་དུ་མ་ཡོད་ཀྱང་གཙོ་བོ་ནད་དང་སྐན་པ་གཉིས་ཀྱི་བར་འཛིན་པ་ལྟ་བུ་

ནད་པའི་ལག་པའི་འཕར་རྩའི་མཚན་ཉིད་ལ་བརྟག་པ།

ག། ངག་གིས་དྲི་བས་བརྟག་ཐབས་སུ། འདས་པ་ནད་ཀྱི་རྒྱུ་འདྲི་བ། ད་ལྟ་ནད་ཀྱི་མཚན་ཉིད་

རྟགས་འདྲི་བ། མ་འོངས་ཐས་སྟོན་སོགས་གོམས་པ་ཡུན་བསྟིངས་ཀྱི་འདྲི་བ།

ང། ནད་ཐམས་ཅད་ཀྱི་སྟོ་བས་ཆོས་བཟུང་དང་སྦྱར་ནས་བརྟག་པ།

༦། ནད་ཀྱི་བཅོས་ཐབས་གཉེན་པོ།

ཀ། འཕྲོད་པའི་སྟོན་ལམ་བསྟེན་པ་དང་མི་འཕྲོད་པ་སྤོང་བ།

ཁ། ཡན་པའི་ཟས་བསྟེན་པ་དང་གཏོད་ཟས་སྤོང་བ།

ག། ཞི་སྤྱོང་གི་སྐན་བསྟེན་པ།

ང། འཇམ་རྩྭའི་དཔྱད་བྱེད་པ།

༧། སྐན་པའི་ཀུན་སྤོང་།

ཀ། ལུས་ངག་ཡིད་བཟོ་བ།

ཁ། སྤོན་པ་བྱང་ཆུབ་མཆོག་ཏུ་སེམས་བསྐྱེད་པ།

ག། ནད་པ་དང་སྐན་པ་གཉིས་ཀའི་ནད་མེད་ཀྱི་བསྟུབ་བྱ་ཆོས་དང་ནོར་དང་བདེ་བ་ཡིན་པ་

ཤེས་པར་བྱའོ།

Tibetan Medical Diagnosis and Treatment for Diabetes

Mingkyi Tsomo (Mingji Cuomu), Humboldt University, Berlin

According to Tibetan medicine, diabetes is one of the six chronic *bad kan* (phlegm) disorders. Over the last decades there has been an increased trend in diabetes all over the world. This is due to the changing living standards and lifestyles, such as less physical exercise. This can cause interruptions to the natural balance, and can be expressed through hypertension, diabetes, rheumatism, and obesity etc.
In this paper I would like to share my understanding of diabetes in terms of Tibetan medical practice, how it corresponds to the western biomedical diagnosis, and the underlying causes rooted in today's way of life. Pulse and urine diagnosis can reveal symptoms relating to the heart, blood pressure, eye diseases as well as kidney and liver problems. I will explain different ways of treatment through diet, behaviour (including exercise), medication and external treatments, which include massage, moxibustion, blood letting etc. In addition, I shall discuss methods to prevent these complications. With my presentation I wish to stimulate an exchange among doctors from different Tibetan medical traditions, leading us to verify different ways of diagnosis and individual experiences, as well as enabling comparisons of different concepts and ideas.

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Lunch 12.00-13.00hrs

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2nd Session: Room A – 13.00 – 15.30hrs

Panel 18: Empiricisms in Transition: Intersections of Science in Asian Medicines
Panel Organiser: Vincanne Adams

Transforming Medical Traditions in 20th and 21st Century India: The Local and the Global in the Evaluation of North Indian Therapeutic Practice.

Helen Lambert, Department of Social Medicine, University of Bristol

Drawing on two decades of ethnographic and archival research into the practice of

both vernacular (orally transmitted) healing traditions and textually-based scholarly traditions in Rajasthan, this paper reconsiders the effects of European biomedicine on indigenous medicine over the past century. The remodelling of formal traditions (Ayurveda, Unani Tibb) on a biomedical template emphasised certain types of therapeutic intervention – in particular, the use of ingested pharmacological agents – over others. This resulted in the progressive decline in status and patronage of other traditions such as bonesetting and physical manipulation (practised in Rajasthan by *had vaidya* and *pahalvan*), despite underlying continuities in conceptualisations of the body that inform all types of practice and attest to the intertwining of local therapeutic traditions.

In the 21st century, emphasis on drug-based therapy has been given further impetus by the commercialisation of indigenous pharmaceutical products and the globalisation of evaluative practices under the rubric of Evidence-Based Medicine, prompting a growth in the conduct of randomised controlled trials of indigenous pharmacological treatments. The growing emphasis on empirical efficacy defined within the terms of global science further decouples indigenous therapeutics from considerations of contextual effectiveness and hence from the epistemological bases upon which these therapies rest. The paper highlights discrepancies between informal evaluations of the grounds for effectiveness held by lay people and practitioners and the formal requirements for the production of medical evidence in a globalising medical market.

Science and the Reinvention of Tibetan Medicine in Exile

Stephan Kloos, University of California San Francisco

This paper will explore the trajectory of the Dharamsala Men-Tsee-Khang's (MTK) engagement with modern science since the 1980s, culminating in a number of clinical studies after 2000. Unlike in China, the MTK and Tibetan medicine (TM) in India remain, for the time being, outside the officially regulated domain of health care. Furthermore, at the Dharamsala MTK, only traditionally trained practitioners of TM – not professional scientists – control the aim, form, and direction of this interaction. This means that the capitalist market, international quality and safety regulations, and the reductionist epistemology of science are matters of choice rather than compulsion. Thus, although they do play a role, the MTK's engagement with science is shaped more by its institutional decisions and policies, the Tibetans' political status and interests as refugees, and traditional Tibetan medical/Buddhist ethics.

I will show that rather than science being seen as a threat to the "traditional" ethics, epistemology, and practices of TM, the MTK administration – and a majority

of physicians – actually regard it as a means of validating and preserving TM. Analyzing the tensions and convergences between the discursive and the practical levels of the MTK's employment of science, this paper will discuss whether, and in how far, the practices of actual clinical research, quality control, and pharmaceutical standardization fulfill this vision of simultaneously "reinventing" and "preserving" TM in exile.

Validity and Efficacy in Tibetan Medicine in Xining

Vincanne Adams, University of California San Francisco

Tibetan medical experts use a variety of techniques to establish both validity and efficacy—two related but different notions--in their medical practices and research. Use of historical records, for example, can serve to establish a certain kind of validity, as can evidence of theoretical coherence with established claims, even when little evidence of efficacy in clinical practice is available. Still, this constitutes one kind of efficacy in the context of Tibetan medicine, in the sense that it establishes guidelines for clinical engagements that are seen to ultimately "work." Reversing the process, clinical efficacy is often used to validate Tibetan theory, rather than change it, despite the fact that Tibetan medical theory shows a good deal of revision and modification if looked at over time. This paper explores the range of epistemological routes taken by Tibetan practitioners to establish both efficacy and validity in medicine as seen among physicians and researchers of Tibetan medicine in the Arura Group in Xining city in Eastern Tibet, Sichuan Province, PRC.

Ayurvedic Medicine in Post Independence India: Revivalism, Heritage, and Modernity

Sameer Gupta, Yale University

Ayurvedic medicine, India's oldest indigenous medical system still in practice today, was at the center of the debate of modernization and cultural revivalism in post-independence India. While Ayurvedic medicine served as a cultural symbol of the nation and was used as such in nationalist discourse before and after Indian independence, I argue here that it was only made viable as a state endorsed and sponsored medical system in the decade after independence by continuing to be packaged in western biomedical institutions. This irony is observed in the decade immediately following India's independence in the national rhetoric propagated in Indian research journals such as The Antiseptic, the creation of new "scientific" Ayuvedic research institutions such as the Central Institute of Research in Indigenous

Systems of Medicine in Jamnagar, and national policies implemented as the fledgling nation tried to weigh and balance the importance of culture and modernization. However, India's national healthcare seems initially to have only been viable with Ayurvedic medicine's inclusion in the national planning. The nascent Indian government utilized the deeply entrenched indigenous system to improve overall healthcare coverage by modernizing Ayurveda through western institutions of research and teaching. This initial adoption and transmission of Ayurvedic medicine under western institutions carry deep legacies that significantly impact how modern healthcare is distributed and delivered in India today. For three thousand years, Ayurvedic medicine had served as India's predominant medical system, and in the midst of modernization, it still serves as an important vehicle for healthcare delivery in post-independence India.

The State of Indigenous Medicine in British Ceylon 1900-1948

Rathnayake M. Abeyarthne, Wellcome Trust Centre for the History of Medicine, University College London

Though, the British had an enormous interest in Ceylon's religions, history, literature, and archaeology, they had a lower interest both in publishing, researching, and promoting its indigenous medical practices during their rule. On the contrary, the majority people still resorted to their native medicine at time of illness, especially, in rural areas where the access to Western medicine was rather limited under British reign. However, the colonial government could not continue its negligence of the importance of indigenous medicine due to various socio-political developments that took place at the dawn of the twentieth century.

In my presentation, first I will argue as to why that colonial government did not recognize the value of indigenous medicine during its rule. Under that theme, I will illustrate contesting, sometimes, contrasting perceptions and attitudes of colonial official's towards Ceylon's native medicine. Then, the presentation will focus on the socio-political developments that affected the government to redress its policy in the field. The study findings reveal that there were four main factors that affected the government to revaluate its policy on the subject. They were the ongoing nationalist movements both in Ceylon and India, the growing similar indigenous revival movements in other parts of the world, the political and constitutional reforms that the government brought about to ease colonial domination in the country, and the role that the Oriental Medical Science Fund and trade unions played in influencing the government to change its stance on the subject during their rule.

Finally, I will evaluate how the colonial government's policy in the field of indigenous medicine contributed to modernize its education and health care services in line

with Western medicine, and challenges that the field itself faced in transforming a completely novel tradition to fit into modern Western medical institutional frameworks.

2nd Session: Room B – 13.00 – 15.30hrs

Panel 14: Concepts of Nature and Constructions of 'the Natural' in South Asian Medicine and Literature
Panel Organiser: Mary Cameron

No Nature, No Culture: The Sanskrit Case

Dominik Wujastyk, University of Vienna

The concept of Nature has a long evolutionary history in European culture through its expression and interpretation in several European languages and literatures, including Greek (*physis*), Latin (*natura*), and English. I shall propose that there is no equivalent concept in the pre-modern history of ideas in India. I shall discuss several words and concepts in Sanskritic culture, such as *loka*, *prakrti*, *-atmaka*, *svabhava*, *rta*, *satyam*, *svarupa*, *sattva*, *bhava*, *svadha*, *jagat*, *dis*, *prapanca*, *bhuvana*, *visaya*, and *sristi*, with a view to understanding how "surroundings" in general were conceptualized. The thesis I am testing is that unified concepts of the "world" exclusively referred to the social world, and that what we today call "Nature" (a living environment in some sense different from mankind) was not conceptualized in a coherent or unified manner in pre-modern India.

Āyurveda and Nature in Nepal

Mary Cameron, Department of Anthropology, Florida Atlantic University

Nepal's unique partnership between Ayurveda medical and environmental communities is the context for exploring concepts of nature present among biodiversity conservation developers, Ayurvedic practitioners, and rural farmers and artisans. "Ayurveda and Nature in Nepal" explores understandings of human-nature relationships and initiates new inquiry on biodiversity conservation, gender and nature. The paper's focus is to understand how human-environment orientations are complementary, conflictual, and mutually influential in responding to modernizing forces and to achieving Nepal's national development goals of health care improvement and biodiversity conservation. The paper hopes to advance medical anthropological knowledge on Asian medicine by synthesizing it with new

paradigms in environmental anthropology, particularly Ingold's dwelling perspective and new political ecology.

Connecting Sumitrānandan Pant's use of nature in *Chāyāvād* Poetry to the Gandhi-Tagore Nationalist Controversy

Sarah Houston Green, South Asia Institute, University of Texas

As the alter-ego to the discourse of science, nature was a major discursive arena in India's early twentieth-century independence movement. Gandhi and Tagore's publicly engaged argument about the viability of nationalism reveals nature's centrality to the formulation of the idea of India as a nation. Nature was also adopted by *Chayavad*, a subjectively oriented poetic idiom that emerged within the Hindi movement around 1920, as its primary motif. *Chayavad* poetry characteristically conflates concepts of self and nature. This paper connects the two uses of nature: Gandhi and Tagore's discussion of nature as a model for the national body and *Chayavad's* use of it to represent the radically free individual. Celebrated Hindi poet Sumitranandan Pant (1900-1977) is, in particular, known as *Chayavad's* "nature poet." His repetitive descriptions of nature extended the national conversation into the realm of individual identity, representing the self in isolation from society and thus deconstructing the traditional meaning of the self within the social context. In order to create the extensive social body of the nation, individual identity had to be untethered from multiple, traditionally constituted societies so that it could be realigned with the larger body of the nation. This paper thus problematizes the shift in affiliation of individual identity from traditional structures to the nation through a discussion of Pant's depictions of the self within nature. The identity devised by the *Chayavad* idiom is shown to be caught in a moment of void and without clear social affiliations in the period before independence was achieved and the nation was officially constituted.

The Nature of *Prakritik Chikitsa* in India

Joseph Alter, Department of Anthropology, University of Pittsburgh

Nature Cure is a specific kind of medical intervention that developed in southern central Europe during the eighteenth century as a reaction against developments in mainstream scientific biomedicine. Although the contemporary popularity and eclectic application of "alternative medicine" and various non-western systems of medicine tend to obscure the specific history of Nature Cure, it is a discrete system of medicine with clearly defined theories of etiology, diagnosis, and treatment.

Beginning in the late nineteenth century, Nature Cure became very popular in India. This paper explores the reasons why this happened, suggesting that modern rhetoric about the nature of nature made it possible – or necessary – to translate *prakriti* out of a classical *Ayurvedic* idiom into one that was "consistent with modernity." Furthermore, it is argued that the discourse and practice of Nature Cure in India reflects a specific and systematic engagement with the discourse and practice of science in the early twentieth century and in particular with a dialectic between the sophisticated tools and technology of science on the one hand and the "unnatural" objectification of nature by these means on the other.

Prakriti in Yoga and Āyurveda

Reinhard Bögle, Independent & **Narendra S. Bhatt**, Interdisciplinary Research School for Health Affairs, Pune.

Nature Cure is a specific kind of medical intervention that developed in southern central Europe during the eighteenth century as a reaction against developments in mainstream scientific biomedicine. Although the contemporary popularity and eclectic application of "alternative medicine" and various non-western systems of medicine tend to obscure the specific history of Nature Cure, it is a discrete system of medicine with clearly defined theories of etiology, diagnosis, and treatment. Beginning in the late nineteenth century, Nature Cure became very popular in India. This paper explores the reasons why this happened, suggesting that modern rhetoric about the nature of nature made it possible – or necessary – to translate *prakriti* out of a classical *Ayurvedic* idiom into one that was "consistent with modernity." Furthermore, it is argued that the discourse and practice of Nature Cure in India reflects a specific and systematic engagement with the discourse and practice of science in the early twentieth century and in particular with a dialectic between the sophisticated tools and technology of science on the one hand and the "unnatural" objectification of nature by these means on the other.

2nd Session: Room C – 13.00 – 15.30hrs

Panel 17: Trade and the Globalisation of Medicine across Asia
Panel Organiser: Guy Attewell

The Use of Bee Products in Chinese Medicine and Modern Apitherapy

Roland Berger, Austrian Academy of Sciences

Apitherapy is the use of bee products like honey, pollen, propolis, royal jelly an bee venom for the prevention, healing or the recovery from diseases. The use of bee products for medical purpose can be traced back to the times of the ancient China and is documented in ancient cultures (Egypt, Greece, Romans). Hippokrates and Paracelsus, the precursors of modern medicine, have used honey and other bee products for their medicine too.
In China and different other Asian countries as well as in Russia and in Latin America, apiculture products still belong to the medical and family pharmacopoeia and apitherapy specialised hospitals treat different patients with serious diseases, such as cancers, multiple sclérosis, etc. Therapy protocols are being presented regularely by teams from these countries during congresses organized annualy by the German Apitherapy Society since 2002.
Since several years apitherapy is undergoing a renaissance in Europe too. The well-documented history of apitherapy in Chinese medicine and a general boom of Traditional Chinese medicine (TCM) in Europe make it most interesting for us to compare the use of bee products in TCM and in modern apitherapy. For the proper use of the bee products it is importat to understand the complexity of the interactions among the 5 elements of the TCM (earth, wood, water, metal and fire) and the correspondent with the 5 most important bee products (honey, pollen, royal jelly, propolis and bee venom). Considering these dynamic interdependences for a wide range of diseases a highly beneficial medical effect can be obtained with the appropriate application of bee products.

Globalisation in Antiquity? - An Ethnohistorical Analysis of the Transmission of Hippocratic Concepts of Humoral Imbalance into Ayurvedic and Unani Pharmacopoeias.

Sonia Vougioukalou, University of Kent

This paper argues that globalisation and the incorporation of ideas of high pharmaceutical prestige such as western biomedicine is not a contemporary inexorable process but is a trend that can be traced far back into antiquity. Hippocratic medicine and particularly elements of physical causation of illness such as humoural imbalance, as further developed by Galen in the second century, was transmitted to the Far East through the Roman Empire and was widely adopted by Arabic scholars such as Ibn Sina. Elements of this then 'medical science' can still be found in the Ayurvedic *dosas* and *dhatus*, and Unani *akhlat*. This paper will explore the historical and ethnomedical context that allowed the transmission of Hippocratic medical knowledge, Aristotelian metaphysics and new knowledge on the physical causation of illness into existing Asian ethnomedical institutions. It also aims to identify which elements of ancient Persian, Arabic and Indian traditions allowed for the rigorous and extensive adoption of this body of knowledge in the Middle Ages and its survival to present times. This paper aims to contribute to current discourse in medical anthropology that questions the 'nationality' and 'traditionality' of Asian medical systems using a diachronic perspective.

Teaching Tibetan Medicine in the West - 15 Years Experience in Post-Graduate Courses of Study in Tibetan Medicine for Western Medical Doctors

Sonja Maric, Institut für Ost-West Medizin, Bad Homburg

Tibetan Medicine (TM) has made a name for itself during the last decade inside the Complementary Medicine (CAM) in Europe. The interest in TM has strongly increased as shown by the western media. Especially patients request and wish to be treated by TM-methods in the environment of Asian medical clinics.
A real integration of Tibetan Medicine can only be successfully carried out by the transmission of today's relevant conceptual, diagnostic and therapeutic aspects of TM. The Post-graduate courses of study in TM for western medical doctors have been in existence for over 15 years. This educational program for medical doctors is unique in Europe and has achieved by now a well-established base according to the demands of western medical doctors. It intends to preserve TM as an autonomous medical system and at the same time it prepares TM for the integration into the theory and practice of modern medicine. Therefore the essential scope of TM is

adjusted into a comprehensive form with the focus on practical relevance for western medical doctors. Holistic concepts like the threefold humoral medical theory, the body mind concept and the theory of constitution are a great addition to the daily medical practice. E.g. the theory of constitution is a useful tool in the patient's process of understanding and accepting his/her own disease and helpful in preventive medicine.
The doctor's expectations towards their education in TM vary strongly. This ranges from the elaboration of diagnostic and therapeutic concepts to the wish for a deeper understanding of specific concepts of chronic diseases and to the understanding of health and disease itself. The adaptation of TM into the daily practice is still individual.

2nd Session: Room D – 13.00 – 15.30hrs

Panel 4: Traditional Medicine in Amdo and Korea
Panel Organiser: Wungseok Cha

Sman pa grwa tshang in Kumbum Monastery

Dhondup Drotsang, Qinghai Tibetan Medicine Hospital

In 1676, with the support of the Fifth Dalai lama, the Regent Sangye Gyatsho set up a medical and astrological school on Jakpori Hill in Lhasa. It became the origin of the later Sman pa grwa tshangs (medical schools in monasteries) in Tibetan Buddhist monasteries throughout Tibet and Mongolian areas. According to some inadequate statistics, there were around 60 Sman pa grwa tsang in history.
Sman pa grwa tshang have their own educational systems and effective teaching methods. They trained many Tibetan and Mongolian doctors and translated and compiled large amounts of medical literature. They had a far and deep influence and significance for the spread of Tibetan medicine in Tibetan and Mongolian areas, and also for the formation of the Tibetan-Mongolian medical system.
This paper will analyze the Sman pa grwa tshang in Kumbum monastery, one of the biggest Sman pa grwa tshang in Amdo: its history, construction, organization, institutionalization, system of educational levels, well-known scholars that trained in it and their medical works. I will talk about its significance for the spread of Tibetan medicine both in Tibet's Amdo area and Mongolian areas.

Mural Paintings in the Medical College of Labrang Monastery

Katharina Anna Sabernig, Medical University of Vienna

Since the publication of the „Atlas of Tibetan Medicine", the art of Tibetan medical painting has become widely known all over the world. The "Atlas" presents illustrations to the "Blue Beryl" or *Vaidurya sngon-po* by Sangye Gyamtso (Sangs-rgyas-rgya-mtsho) as kept in the History Museum of Buryatia in Ulan-Ude, Russia. In this art, some of the illustrations make use of an „unfolded tree" *(sdong-vgrems)* in order to symbolise particular patterns of content. These metaphorical conventions employing trunk, boughs, twigs and leaves for illustration apply to the sixth chapter of the *rtsa-rgyud* or "Root-tantra" which is the first part of the well-known "Four Tantras" (*rgyud-bzhi).* In the inner courtyard of the Medical College of Labrang Monastery *(Bla-brang Bkra-shis-vkhyil)* in Gansu province, China, the visitor will find mural paintings of a similar kind showing a number of striking similarities to the trees of the "Atlas". The Labrang murals, however, illustrate the Tibetan art of healing in terms of diseases, diagnostics and therapy as metaphor for only three (out of six) chapters of the *rtsa-rgyud*. Furthermore, each of the thirty-one chapters of the *bshad-rgyud* or "Explanatory Tantra" - which forms the second part *Rgyud-bzhi* - is represented and illustrated by a tree. Leaves of different colour and shape growing from branches specify particular topics. It is obvious that these medical paintings are meant as mnemonic symbols for study and learning. As such they are still utilized in the curriculum of the Medical College in Labrang down to the present day.

Research on Akhu Pension Model in Tibetan Buddhist Monastery: In the Case of Sku vbum Monastery

Zhang Haiyun, Xining Tibetan Medical Hospital

This paper takes *Sku vbum Monastery*, one of the six most important Tibetan buddhist monasteries, and other four Tibetan Buddhist monasteries in Qinghai province of P.R.China as the research case to analyze Akhu (Tibetan Buddhist monk)'s pension model. Akhu's pension model can be called "monastery-living model", which can be further divided into two kinds, "Akhu's dorm-living model" and "Monastery's Care-home-living model". Penetrating into monastery pension culture, it is easy to see that the "Akhu's dorm-living model" is similar to modern society's community home pension. It originates in the soil of the Tibetan Buddhist culture and the Tibetan traditional culture. Only when a pension model conforms to its ethnic group's cultural feathers can it be the most suitable model. One cannot copy mechanically the other cultural pattern while neglecting the local culture tradition. Simultaneously

one should make good use of the traditional cultural resources, obtaining a good social effect in cultural reproduction

Cultivating Korean Medicine: Institutions of Korean Medicine

Taewoo Kim, State University of New York at Buffalo

Despite its active practice and theoretical innovation, Korean medicine has been underrepresented in the study of traditional Asian medicine. Drawing on ethnographic investigations of Korean medicine in South Korea, this study presents how contemporary Korean medicine is constructed and delivered. The distinctive characteristic of Korean medicine in South Korea can be seen in its two-layered institutional sectors. The first sector includes Korean medical schools, university hospitals, research institutions, and large-scale private hospitals; the second consists of private Korean medicine clinics run by Korean medicine doctors and academic societies whose members are private clinic practitioners. With the same institutional structure as its biomedical counterpart, the first sector provides social authority to Korean medicine. The second sector plays a major role in care delivery, taking care of more than 90% of patients who turn to Korean medicine. The lack of integration between Korean medicine and biomedicine is noticeable, in particular, in the second sector. The social authority achieved by the first sector and medical laws in South Korea banning biomedical practice by Korean medicine doctors contextualize the second sector's endeavor to retain indigenous epistemology in diagnoses and therapies. The medical practices of the private clinics are significantly influenced by the medical theories of the academic societies. Referring to medical archives of East Asian medicine and building on rich experiences in clinical practice, the academic societies develop and reevaluate medical theories for efficacious therapeutic strategies. With its vital activities, Korean medicine in contemporary South Korea illustrates a noteworthy way of cultivating tradition.

The Value of 『Seungjeongwon Ilgi 承政院日記, Medical Record of the Royal Secretariat, in the History of Korean Medicine

Wungseok Cha, College of Oriental Medicine, KyungHee University in Korea

『Seungjeongwon Ilgi 承政院日記』was recorded by Royal Secretariat in Chosen Dynasty in Korea, It is a collection of daily records about the many incidents, and pulbic administration decisions as well as details of rituals that took place in the time span from March 1623 to August 1910 in the Korean (then Chosun) court.
This massive historical document consists of 3243 books, 393578 pages, a total

of 241,250,000 chinese letters. It has been named a national treaure of Korea in 1999 and was admitted into the Memory of the World Programme by UNESCO in 2001. One of the most important records made in those times was examining the royal family's health status. In the process of doing so, detailed records of the medical diagnoisis, treatments and prognosis were made. This study is a analysis and organization of the medical records. It is a brief presentation on the historical significance this document holds that has been discovered in the process of research, as well as an overview of future follow-up studies.

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Tea/Coffee 15.30 – 16.00hrs

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RIM - AUDITORIUM (200 people)

16.00 – 18.30	**30th Anniversary ceremony and IASTAM Members' Meeting**
16:00	**President's Speech** Volker Scheid
16:05	**Offtg. Secretary General's Speech** Charlotte Furth
16:10	**Charles Leslie's Message for the Conference** (Read by Dominik Wujastyk)
16:15	**30 years of History of IASTAM** Dominik Wujastyk & Narendra Bhatt
16:45	**Round Table Discussion: Future of IASTAM: 'Advocacy vs Academy'**
17:45	**Announcement of the Election Results**
17:50	**Inaugural Speech new Secretary General**
18:00	**Announcement of this year's Basham Medal Winner** & **Charles Leslie Prize Young Scholar Presentation Award**
18:10	**Round of Thanks**
18:30	**End of Ceremony**
18: 35 - 19:35	**Keynote address of this year's Basham Award Holder**

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19:45
INFORMAL CLOSING DINNER

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