

# *The History and Development of Tibetan Medicine in Exile*

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In this article, I will trace Tibetan medicine's re-establishment in India and its subsequent spread around the world.\* I will identify six periods of its development in exile: the early years (1960-1967); laying foundations: the Men-Tsee-Khang<sup>1</sup> (1967-1980); development and growth (1980-1987); internal troubles and other Tibetan medical institutions (1988-1994); internal reforms and international expansion (1994-2003); and revolutionizing Tibetan medicine in exile (2004-2009). Despite its relatively short duration, it is impossible to do justice to the turbulent history of Tibetan medicine's first 50 years in exile within the space of an article. The closer the history presented here moves towards the present, the more complex and multi-layered it becomes, forcing me to treat events and developments that would merit whole articles in themselves only briefly and cursorily. This article's purpose, then, is merely to provide a rough outline of the developments that shaped Tibetan medicine outside Tibet and China, and thereby establish a basis for further research, be it of historical or anthropological nature.

Readers familiar with the subject will notice discrepancies between currently available English (or even Tibetan) language sources and the history presented here. Unfortunately, no reliable or detailed history of Tibetan medicine in exile exists in English to date, and the fragments of historical information on the topic that do exist seem to be mostly based on single oral sources merely cited from

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\* This article presents preliminary results of ongoing work on the history of Tibetan medicine in exile. I would like to thank the Dharamsala Men-Tsee-Khang administration and staff for kindly facilitating this research, as well as all other informants in India, Europe, and the US for generously sharing their experiences and insights. This article has benefited from the invaluable suggestions, comments, and corrections of the following people, to whom I am deeply grateful: Scott Stonington, Herbert Schwabl, Tashi Tsering Josayma, Tsering Tashi Phuri, Dr. Wangdue, Barbara Gerke, Vincanne Adams, and Yeshe Dhondup from *Tibet Journal*. I am also grateful to the Austrian Science Fund (FWF), the Wenner Gren Foundation, the French Institute of Pondicherry, and the Austrian Academy of Sciences for funding or otherwise supporting the research and writing of this article. All remaining errors or misinterpretations are mine alone.

earlier publications (in the case of Western authorship), or lacking any references at all (in the case of Tibetan authorship). This article is based on original Tibetan documents obtained from archives at the Men-Tsee-Khang and the Tibetan Parliament in Exile,<sup>2</sup> as well as in-depth interviews in English and Tibetan with exile-Tibetan scholars, traditional medical practitioners (also known as *amchi*), previous Men-Tsee-Khang directors, and government officials.<sup>3</sup> In addition to this, I particularly rely on three Tibetan language sources on the history of the Men-Tsee-Khang, by Pasang Yonten Arya (1989: 206-276), Namgyal Tsering (1996), and Choelo Thar (2000), which together constitute the most thorough and reliable, though still not infallible, historical work on the Men-Tsee-Khang in India. Although for reasons of confidentiality it is not always possible to name my sources, I only present data here that could be crosschecked and triangulated using different sources of information. Nonetheless, I am grateful to readers' comments pointing out errors or omissions.<sup>4</sup>

#### THE EARLY YEARS (1960–1967)

In the first years after His Holiness the Dalai Lama's—and tens of thousands of Tibetans'—flight from their homeland, the most immediate concern was, not surprisingly, the sheer physical survival as dispossessed refugees in a poor host country. Nevertheless, cultural survival, too, was on the agenda from the beginning. In December 1959, the Dalai Lama told a group of about 2000 fellow Tibetan refugees in Sarnath: “[O]ne day we will regain our country. You should not lose heart. The great job ahead of us now is to preserve our religion and culture” (quoted in Avedon 1997: 82). The newly formed Tibetan government in exile immediately began re-establishing Tibetan institutions in India. Among them, that of Tibetan medicine was to hold special importance as it simultaneously addressed both physical and cultural survival.

In 1960, the Dalai Lama met Dr. Yeshe Donden<sup>5</sup> in the North Indian hill station Dalhousie. Yeshe Donden, a Lhasa Mentsikhang graduate, was one of less than a handful of trained Tibetan *amchi* in exile at that time, and had already begun treating patients with whatever medicines he could prepare from locally available ingredients. Instructing the Council for Religious Affairs (now renamed as Department of Religion and Culture) to set up a center to preserve Tibetan medicine, the Dalai Lama summoned Yeshe Donden to Dharamsala. He was asked to teach two monks from Namgyal monastery, Jampa Sonam (Lhawang)<sup>6</sup>—who had already received some medical training in Lhasa—and Tashi Gyaltzen at Kishor Niwas, a small wooden hut near

today's Upper Tibetan Children's Village. In 1961, they shifted to Chopra House above McLeod Ganj, where the center was formally inaugurated as an unnamed, provisional medical institute, with Yeshe Donden as its teacher, doctor, and director all in one. The new institute remained under the administrative responsibility of the Council for Religious Affairs. Later that year, six additional students were recruited from Namgyal and Sera-mey monasteries, and in 1962, Ngawang Yeshe was appointed as a junior teacher to help Yeshe Donden with the teaching responsibilities. In 1963, the exile government managed to locate and recruit several renowned *amchi* scattered in different refugee camps. Trogawa Rinpoche was appointed as teacher, and Tashi Yangphel Tashigang,<sup>7</sup> Phuntsog Norbu Damdul, Jangchub Gyaltzen, and Lobsang Tashi as doctors. Yeshe Donden was appointed as the Dalai Lama's personal physician, but also remained in charge as the institute's director. In view of this progress, on 29<sup>th</sup> June 1963, the Council for Religious Affairs removed the institute's provisional status, officially named it "*bod kyi rig gzhung sman sbyin slob khang*" (Tibetan Cultural Medical School), and framed a charter of rules and regulations for its students and staff. The institute's new name, joining *sman* (medicine) with *rig gzhung* (culture), clearly shows the early conflation of Tibetan medicine with Tibetan culture.

The following year, in 1964, another *amchi* renowned for his pharmaceutical expertise—Jamyang Tashi—joined the institute as the head of the pharmaceutical production. He shifted the medicine production to Dalhousie, where volunteers from Ganden, Sera, and Drepung monasteries were available to help clean, dry, crush and grind the herbs. In this way, larger quantities of medicines (60-70 different types at that time) could be produced, which in turn enabled the medical institute to open clinics in Buxa and Bylakuppe, then the two largest Tibetan refugee camps in India. All of this constituted a modest, yet remarkable success and development for Tibetan medicine in exile, considering the extremely difficult conditions its doctors and students faced. Dr. Lhawang (then Jampa Sonam) vividly remembered these first years in exile:

Back then, we did not have any resources. Whatever money was offered to His Holiness, he had to give it to all the new arrivals from Tibet. So that's why the medical institute didn't have any money, no capital to employ labor. We had to do everything ourselves. During the day, we had to study, and in the afternoon we had to mix everything, grind the herbs... And then, normally you need a dispenser to give the medicine, but since we didn't have one, we were the dispensers as well. Then, at night, we had to study again. Nothing

was there, so we had to do everything. We had to climb up mountains to pick herbs, and we had to go to Amritsar to buy other herbs and ingredients. His Holiness used to give money for that. Then we had to grind everything; we had to make the medicines. [...] And there were so many patients. Tibet is very cold, and due to the climate change in India, everyone fell sick, and we had to give medicine but couldn't take any money. There were at least 200-300 patients a day. [...] Since the patients didn't come to the [medical] center for treatment, the doctors had to go to all the different places to see the patients. Sometimes they got lunch there, and while coming back, they treated more patients on the way. When people saw the doctors passing by, they would shout, "oh *amchi* la, please come and see me!"

Everything was lacking: money, facilities, manpower, medical texts, and language skills to buy medical ingredients or communicate with locals. Despite the desperate situation of Tibetan medicine at that time, Indian patients—including army officers from the nearby cantonment—soon became attracted to the medical center, whose medicines they found to be highly effective. By 1964, some local Indian doctors seemed to have become so concerned about the competition posed by the Tibetan medical center that they informed the Indian government. In response, the Indian Health Ministry deputed Dr. Bhagwan Dash—who was to become a famous Ayurvedic scholar-physician—to investigate the Tibetan clinic and write a report. When he arrived in Dharamsala, Bhagwan Dash reportedly told Yeshe Donden that "medical practice without the permission of the Indian Medical Council was not allowed on Indian soil." (Thar 2000: 52) After a week of observing his practice, however, he was sufficiently impressed to write a favorable report recommending the Indian government to support Tibetan medicine. Dr. Dash confirmed this story in a personal conversation with me, but added that in fact, the Indian Health Minister had strongly recommended a positive report already prior to the investigation.<sup>8</sup> Still, Bhagwan Dash seemed to have been genuinely impressed with Yeshe Donden's practice, so much so that he wrote over a dozen books on Tibetan medicine in the ensuing decades. The report argued that it was in the Indian government's interest to support Tibetan medicine since it was closely related to Ayurveda and therefore to Indian culture. It had its intended effect, and the Tibetan medical institute thereafter received ten hospital beds, some medical supplies, food rations and some funding. Albeit not officially recognized as a medical system in India and therefore operating in a legal grey zone that persists until today,

Tibetan medicine has been semi-officially tolerated in India since then, without any restrictions on its practice.

In 1965, the Tibetan medical center, which until then had offered its services and medicines free of charge to the Tibetan refugees, moved to a new location in McLeod Ganj and began charging consultation fees (initially 50 paise)<sup>9</sup> as well as fees for its medicines (5 paise per dose). With this income, the institute purchased raw materials,<sup>10</sup> paid staff salaries, and maintained free inpatient care at its ten-bed infirmary. In 1966, the first students (Jampa Sonam, Tashi Gyaltzen, and Yeshe Sonam) graduated and entered service at the institute, albeit not yet as full-fledged doctors.

Despite this development, Yeshe Donden “resigned from the institute owing to numerous internal and external reasons” (Thar 2000: 56), the exact reasons remaining unclear (cf. Arya 1989: 211).<sup>11</sup> In his stead, Lobsang Khyerab, the Gelug representative of the Tibetan Assembly, was appointed as director. Soon after, Trogawa Rinpoche and Phuntsog Norbu Damdul also resigned. Even though the medical center had progressed well until the mid-1960, these resignations of half of the institute’s senior doctors (three out of six) represented a serious setback. Such resignations of senior doctors have remained a feature of much of the institute’s history, usually coinciding with periods of internal discord, mismanagement, or weak administration. Official explanations of these shifts have been vague, usually invoking “the unsuitable climate of Dharamsala” or unspecified “personal reasons.”<sup>12</sup>

#### **LAYING FOUNDATIONS: THE MEN-TSEE-KHANG (1967-1980)**

Meanwhile, the Council of Religious Affairs had set up a separate astrology center in 1960, with two students and with Duekhorwa Lodoe Gyatso, a renowned astrologer from Labrang, as the teacher. They published the first Tibetan calendar in exile in 1961. The first student graduated in 1962, but left the center when the second student graduated one year later. With no students remaining and none forthcoming, two other monks from Namgyal monastery were recruited as students in 1964. They graduated in 1965 and 1967. Most of these students were high lamas with some prior knowledge of astrology, which explains their short training. As Dr. Lhawang told me, this was also why most of them did not stay at the astrology center:

Since these lamas were great scholars, and they were very intelligent, they didn’t need to study astrology. They only did so because His Holiness told them to. There was not really any need for astrology when we came to India,

because we were too poor to consider these things, we had to worry about food and shelter. Many of those who studied astrology went to foreign countries, because there was hardly any use for astrology in India.

On 17<sup>th</sup> August 1967, the Council for Religious Affairs merged the medicine and astrology institutes, with the smaller astrology institute relocating to the site of the medical center. The new, combined institute was officially named “Drophen Men-Tsee-Khang”<sup>13</sup> (*'gro phan sman rtsis khang*: institute for medicine and astrology for the benefit of all beings) as a sign of continuity from old Tibet and the Lhasa Mentsikhang. The new Men-Tsee-Khang had its own administrative office and was made financially self-sufficient, which gave the institute a considerable degree of independence from the beginning.<sup>14</sup> Organized in different departments (pharmacy, astrology, college, etc.), the Men-Tsee-Khang soon made progress and its patient numbers grew. The resulting increased demand for medicines, however, posed a problem as the institute reached the limits of its medicine-production capacities. Thus, after a visit to an Ayurvedic factory in the nearby town of Jogindernagar, Jamyang Tashi (head of the medicine production) bought electrical machines for crushing, grinding, and pill making and installed them in the Men-Tsee-Khang’s “pharmacy” (as the institute’s pharmaceutical production unit is called).

In 1968, the renowned scholar Barshi Phuntsog Wangyal was invited to work as a teacher at the Men-Tsee-Khang, and immediately began drafting a combined syllabus for medicine and astrology, which was submitted to the Dalai Lama and approved the same year. In the following year, a second batch of students was recruited from Tibetan schools, after passing a written test in Tibetan language. The replacement of monasteries with public schools as a recruitment pool for the Men-Tsee-Khang’s students was a major break from institutionalized Tibetan medicine’s past: not only did this place lay-persons rather than monks (who from then on constituted only a small minority of *amchi*) at the center of Tibetan medicine’s future, it also allowed, for the first time, female students. As the Men-Tsee-Khang began to resemble a modern college more than a monastic institution,<sup>15</sup> Tibetan medicine in exile underwent a significant process of secularization. Partly due to this, the Council for Religious Affairs transferred responsibility for the institute to the Tibetan Children’s Village (TCV) two years later.

In 1971, the Men-Tsee-Khang’s director Ngawang Namgyal passed away, and Dr. Lobsang Tashi resigned. Combined with the resignation of two senior astrologers in the previous three years, including Duekhorwa Lodoe Gyatso,<sup>16</sup>

these losses left the Men-Tsee-Khang without any distinguished practicing doctors.<sup>17</sup> All of this presented a serious setback for the institute, which relied on well-known senior doctors (and, to a lesser extent, astrologers) for its image, patient numbers, financial sustainability, and thus, in the long run, its existence. Thus, in 1972, Gowo Lobsang Tenzin, a settlement officer from Rasuigiri in Nepal who was appointed director, followed public opinion and recruited Dr. Lobsang Dolma Khangkar as Chief Medical Officer. Her husband, Tsering Wangyal, joined the pharmacy under Jamyang Tashi. Lobsang Dolma, also known as “Ama Lobsang” (“Mother Lobsang”) from her time working as a foster mother in the early years of exile, was the 13<sup>th</sup> generation of a renowned *amchi* lineage in Kyirong (Josayma & Dhondup 1990; Tsering 2005: 177ff). She had already offered her services as an *amchi* to the medical center in 1962, at the suggestion of Kyabje Trijang Rinpoche, the younger tutor of the Dalai Lama. At that time, however, she had been turned away by the center’s administration (i.e. the heads of the Department of Religion) on account of being a woman (Josayma & Dhondup 1990: 16f), and had opened a successful private clinic in Dalhousie instead. Highly popular among the Tibetans, she had also made a name for herself among Indians, who would travel long distances to be treated by her.

Two branch clinics opened the same year, with Jampa Sonam and Tashi Gyaltzen as resident doctors, while the third graduate from the first batch, Yeshe Sonam, continued to serve in the pharmacy. None of the other first batch students—the monks from Namgyal and Sera-mey monasteries—completed their studies. In 1973, the Men-Tsee-Khang’s present site in Gangchen Kyishong (between lower Dharamsala and McLeod Ganj) was purchased with money borrowed from the Dalai Lama’s Private Office, and the construction of the institute’s main office building began with funds from the German catholic aid organization Misereor. That year, the third batch of students was recruited (again from Tibetan schools) and funded by sponsors organized by TCV, as well as the Central Relief Committee of India, which provided food grains for the Men-Tsee-Khang’s kitchen. Today, those students from the second and third batches who remained with the Men-Tsee-Khang—like Drs. Tsewang Tamdin, Pema Dorje, or Namgyal Tsering—constitute the institute’s most senior, respected, and popular doctors, fulfilling high administrative responsibilities as well as treating patients. Until that year, students and doctors had collected the herbal raw materials for the medicines

in the hills around Dharamsala. However, the director (Gowo Lobsang Tenzin) foresaw much greater need for raw materials in the future, and sent different groups to explore the mountains near Chamba, Bir, and Manali for herbs. This proved to be far sighted, and especially the mountains surrounding Manali later became an important source of raw materials for the Men-Tsee-Khang.

In 1974, Gowo Lobsang Tenzin was transferred, and in his place, Ngawang Namgyal Ngodup, the TCV's assistant director, became the institute's director. He continued the construction work of the Men-Tsee-Khang's new office building, which was completed in 1975. Ngawang Namgyal was then transferred back to TCV, and the Dalai Lama personally ordered his niece's husband, Tsewang Jigme Tsarong, to be appointed as the new Men-Tsee-Khang director.<sup>18</sup> With that, the Men-Tsee-Khang also came under direct supervision of the Dalai Lama's Private Office—an indication of both persistent administrative problems within the Men-Tsee-Khang and the great importance the Dalai Lama placed on Tibetan medicine and the Men-Tsee-Khang. Jigme Tsarong, with an American college degree and experience working on Wall Street, wasted no time in putting the Men-Tsee-Khang on stable foundations for progress. As he explained to me in an interview,

The medical center was a problem zone. Trogawa Rinpoche had been there, but left, and it was the same with other very good *amchi*. It used to be under the Religious Council... but it was a problematic center that nobody wanted to handle, and so it was thrown, like a ball of fire, from one hand to another. Finally it came under the Tibetan Children's Village, which was run by the Dalai Lama's sister. She offered me the job. It was a tough job; the medical center was a headache.

Remembering the day he arrived at the institute, at its old location in McLeod Ganj, he continued:

I was very impressed... I had a look around, the pharmacy was just below, and I thought, my god, this is a gold mine here! But as I told you, they had only 3000 Rupees. So little by little, I said we need to work, first we need to make some money. The best way to do this was to improve our products: improve the medicines, publish books, make calendars... I said look, to make money you have to spend money, we need to produce good quality. We also started doing the horoscope for people, people like that kind of thing, and we made money. Then there was the pharmacy... They had only partially built it, since

there was no money, so all my time was wasted just for building this. Of course, I got criticized... But I said, as long as I'm here, I do what I want. At that time, though, I got good cooperation from the Dalai Lama's office. When I asked for money for the medical institute, they always gave it.

Despite the serious shortage of doctors due to the previous resignations, branch clinics were opened in Gangtok, Bomdila, Darjeeling, Kathmandu, and Kalimpong. Jigme Tsarong made several trips abroad to generate funding, which he used to construct the new pharmacy and equip it with new machines—big pulverizers, sifters, and pill making machines. He also registered the Men-Tsee-Khang (by the English name of “Tibetan Medical and Astro. Institute” or “TMAI”) under the Indian Societies Act as a charitable society, which not only gave the institute legal status (albeit not as a medical institution), but also made it technically independent of the exile-Tibetan government. In practice, of course, the government still wanted control, and although it may not have had much influence on Jigme Tsarong or his successor, it was heavily involved in the institute's administration until 2004.

While Jigme Tsarong was busy improving the pharmacy, overseeing the construction of a new college, and generally turning the Men-Tsee-Khang into a viable economic enterprise, Lobsang Dolma, too, proved to be a valuable asset for the Men-Tsee-Khang: not only did it become well known in the Tibetan exile-community, but it also attracted more and more Indian patients who came to be treated by her. After the struggles of the early 1960s and various internal and administrative problems coupled with two waves of resignations of senior doctors and astrologers, the Men-Tsee-Khang's condition stabilized to some degree. From 1974 onwards, in her role as the Men-Tsee-Khang's Chief Medical Officer, Lobsang Dolma began touring the West extensively, giving lectures and treating patients in the United States, Europe, and later also Australia (Josayma & Dhondup 1990: 5), increasing the stature of Tibetan medicine and the Men-Tsee-Khang considerably. However, her commitment to the Men-Tsee-Khang became increasingly doubtful, as she spent much of her time constructing her own, private pharmacy, and questions arose about her use of the revenues generated on her official Men-Tsee-Khang tours abroad. Finally, in 1978, Jigme Tsarong took the—then highly controversial—decision to dismiss her from office, on the grounds that she overstayed on a tour abroad and refused to rejoin her duty even after she returned (cf. Tsering 2005: 183). After that, Lobsang Dolma completed her private clinic at its

present location in McLeod Ganj, and continued her popular practice and extensive tours abroad until her untimely death due to an illness in late 1989. She is survived by her two daughters Pasang Gyalmo, who now manages her mother's (renamed) "Lobsang Dolma Khangkar Memorial Clinic" in McLeod Ganj, and Tsewang Dolkar, who runs a successful private clinic in New Delhi.

#### **DEVELOPMENT AND GROWTH (1980-1987)**

By 1980, the institute's staff had expanded to 23 doctors, seven astrologers, and 23 supporting personnel, and its finances had increased from the 3000 Rupees that Jigme Tsarong mentioned to several lakhs.<sup>19</sup> Jigme Tsarong resigned as the Men-Tsee-Khang's director, but stayed at the institute for two more years as the head of the newly founded Research and Development Department. In his place, Lobsang Samten Taklha, the Dalai Lama's elder brother, took over the directorship. While Jigme Tsarong's contribution had been to solidify the institute's assets and lay the necessary foundations for further development, Lobsang Samten's ability to turn these assets and foundations into highly visible progress made him stand out as one of the most successful directors the Men-Tsee-Khang had so far. The same year that he took over, Dr. Tenzin Choedrak arrived from Tibet. Tenzin Choedrak had already served as the Dalai Lama's personal physician from 1956 to 1959, and had subsequently spent 17 years in Chinese prisons and labor camps before he fled to India.<sup>20</sup> When he arrived there, he was immediately (re-) appointed as the Dalai Lama's senior personal physician, as the Men-Tsee-Khang's chief physician, and as a member of the institute's governing body. The following year, in 1981, Dr. Tenzin Namgyal—another renowned *amchi*—came from Tibet, and was appointed as head of the Men-Tsee-Khang's pharmacy.

With such a boost in human resources, experience, and expertise, the Men-Tsee-Khang was now ready to revive, in exile, one of the most complicated and esoteric practices known in Tibetan medicine: the production of *rin chen dngul chu btso bkru chen mo*, also known as *tsothel (btso thal)*: purified and detoxified mercury, sometimes referred to as "the king of medicines" and the key ingredient in several types of *rinchen rilbu (rin chen ril bu*: precious pills). Thus, after several years of preparation,<sup>21</sup> mercury was purified and detoxified under the supervision of Tenzin Choedrak. About 20 others were involved,<sup>22</sup> including security guards necessary because the procedure took place inside the Dalai Lama's residential compound, 70 meters behind his actual residence at a place he normally used for fire offerings.

After two months of nonstop labor, 60 kg of *tsothel* were finally consecrated on April 28, 1982, at the Dalai Lama's residence—the location clearly indicating the importance given to the event.

Lobsang Samten also initiated other, less dramatic, but similarly important developments that would shape the future of the Men-Tsee-Khang and of Tibetan medicine in exile. Two in particular stand out, concerning the Men-Tsee-Khang's reach outside the Tibetan community on the one hand, and its relations with private *amchi* inside the Tibetan community on the other. Until the early 1980s, Tibetan medicine's reach was largely confined to the exile-Tibetan community and a minority of Indian patients. Although Jigme Tsarong had already realized the importance of opening branch clinics in the big Indian cities—both for economic and political reasons—this had been impossible due to a lack of doctors. Therefore, at the beginning of his tenure, Lobsang Samten made it a point to recruit 33 medical students for the fifth batch, which was by far the largest cohort the college had admitted until then. This cohort included, for the first time in exile, students from Himalayan areas in India like Ladakh, Lahaul, or Spiti, as well as newly arrived refugees from Tibet. Soon after, in 1983, 18 more students were recruited as the sixth (medical) batch. To help Barshi Phuntsog Wangyal fulfill his increased teaching duties, Pasang Yonten Arya was appointed as assistant teacher. Then, in December 1982, a “Tibetan Medicine Week” was organized (by Jigme Tsarong) at the Tibet House in Delhi, with exhibitions, lectures, and free consultations and treatments. This proved to be so popular among the people of Delhi that the Men-Tsee-Khang decided to continue its free clinic for another three or four weeks at Tibet House, and then bought a permanent place in East Nizamuddin (a prime location in New Delhi), which has since become the Men-Tsee-Khang's flagship clinic in terms of doctors, patient numbers and revenue.

Due to this new emphasis on outreach to Indians, the ratio of Tibetan and Indian patients flipped under Lobsang Samten's tenure, and today, almost 30 years later, over 92% of all patients resorting to Tibetan medicine in India are Indians (*bod gzhung sman rtsis khang* 2008).<sup>23</sup> While this development was certainly envisioned and prioritized by Lobsang Samten, his (or the Men-Tsee-Khang's) initiative—though important—should not be overestimated. First of all, the Men-Tsee-Khang does not, as a matter of policy, simply open branch clinics wherever it likes, but rather relies on the local population—whether Tibetan or Indian—to officially request a clinic, usually combined with an offer of a site (either a building or a plot of land). In this way, not only are the costs

kept low—especially important in the big Indian cities, where real estate is expensive—but also the viability and legal security of the clinic is ensured by popular demand. In other words, the initiative to establish new branch clinics does not come—and never came—from the Men-Tsee-Khang administration, but from local people. Secondly, the Men-Tsee-Khang was not the first to open a Tibetan clinic in Delhi, and not the only one to attract public and media attention to Tibetan medicine. Dr. Tsewang Dolkar Khangkar, Lobsang Dolma’s younger daughter, had opened a charitable clinic in New Delhi in 1981, and her own private clinic in 1984. Both of these clinics have, from the beginning, catered predominantly to Indians, and with her growing success and fame today also attract many foreign diplomats. In 1987, she was featured on national Indian TV (Doordarshan), and later in several newspaper articles both in India and abroad (cf. Tsering 2005: 190). Similarly, Tashi Yangphel Tashigang opened a private clinic in East Delhi in 1986, and has published a large number of old Tibetan medical texts since the late 1960s. He remains the most eminent scholar in exile on Tibetan medical texts today.

This leads us to the second development that took shape under Lobsang Samten’s tenure, that is, the Men-Tsee-Khang’s relations with private *amchi*. We have already noted how the resignations of senior doctors from the Men-Tsee-Khang have constituted perhaps the most serious and persistent problem for the institute. While problems in the Men-Tsee-Khang’s management and administration were important but rarely mentioned factors leading to resignations,<sup>24</sup> the *amchi* who resigned tended to be perceived by the remaining Men-Tsee-Khang staff as selfish and disloyal, especially in case of resignations of the institute’s own graduates. In order to prevent further resignations by doctors seeking to establish their own private clinics, and thus ensure adequate human resources for the institute, Lobsang Samten decided that the Men-Tsee-Khang would not sell its medicines to any private doctors.<sup>25</sup> The obvious rationale was that since it was very difficult and expensive even for senior doctors to set up their own pharmacy, and next to impossible for an inexperienced young graduate, this policy would deter further resignations and ensure adequate human resources for the Men-Tsee-Khang.

However, the move was also seen by Tibetan observers (including, of course, private *amchi*) as an attempt by the Men-Tsee-Khang to monopolize Tibetan medicine. This was amplified by the rarely expressed but still noticeable attitude of many Men-Tsee-Khang doctors then (and to some extent even now) regarding Tibetan medicine as the Men-Tsee-Khang’s “property.”

Ultimately, the decision was largely unsuccessful in preventing some of the best doctors from leaving the Men-Tsee-Khang in order to open their private clinics in India or abroad. What it successfully accomplished, however, was to alienate these doctors from the institute and cement a latent, but decidedly hostile attitude on part of the Men-Tsee-Khang towards private *amchi* in general.<sup>26</sup> The resulting tense relations between the Men-Tsee-Khang and private doctors, which one Men-Tsee-Khang doctor referred to as “a cold war,” intensified over time as the resignations increased, and only began to subside after the drastic changes of 2004 concerning Tibetan medicine in exile (see below).

In 1983, Barshi Phuntsog Wangyal, the Men-Tsee-Khang’s college principal, passed away and was succeeded by his assistant, Pasang Yonten Arya. Lobsang Choephel was appointed assistant teacher, soon to be joined by Tenzin Tsephel from the Lhasa Chagpori as a lecturer, also known among his students as “*amchi rgya’u*” (“bearded doctor”). Tenzin Tsephel’s introduction of the Chagpori tradition of “Yuthog Nyingthig Tsechu” (*gyu thog snying thig tshes bcu*) to the Men-Tsee-Khang college was an instant popular success at that time among the students. Originated by Yuthog Yonten Gonpo the Younger, this practice of medicine consecration by students every tenth day of the Tibetan month has since remained a fixture in the Men-Tsee-Khang college’s monthly schedule.

While the Men-Tsee-Khang had lost its highly respected college principal, it gained two new senior doctors with the arrival of Drs. Lobsang Wangyal and Kunga Gyurme Nyarongsha from Tibet in 1983 and 1984, respectively. Lobsang Wangyal was immediately appointed the Dalai Lama’s junior personal physician (Lobsang Wangyal 2007), while Kunga Gyurme Nyarongsha was deputed to be doctor-in-charge at the Men-Tsee-Khang’s prestigious Nizamuddin clinic in New Delhi. He, too, became the Dalai Lama’s personal physician in the late 1990s.

In the following year 1984, the institute was renamed into “*bod kyi gso ba rig pa’i mtho rim slob gnyer khang*” (Higher Institute for Tibetan Medical Studies) and “*bod kyi skar dpyad rtsis rig mtho slob khang*” (Higher Institute for Tibetan Astrological Studies)<sup>27</sup> (Arya 1989: 217), indicating a separation of medicine and astrology in the students’ training.<sup>28</sup> New rules and regulations for the students and staff, as well as new syllabi for *kachupa* (*dka’ bcu pa*), *menrampa* (*sman rams pa*), and *tsirampa* (*rtsis rams pa*) degrees were drafted.<sup>29</sup>

In 1985, Lobsang Samten, Jamyang Tashi (who had meanwhile also been appointed junior personal physician to the Dalai Lama), and Duekhorwa Lodoe Gyatso (the institute's first astrology teacher who had returned to the Men-Tsee-Khang under Lobsang Samten) all passed away within the same year. Lobsang Samten's wife, Namgyal Lhamo Taklha, was appointed the Men-Tsee-Khang's next director. On March 23, 1987, the great hall of the new medical and astrological college was inaugurated, and the Men-Tsee-Khang's first seminar on Tibetan medicine for foreigners was organized on the occasion. Since then, this day is celebrated as the Men-Tsee-Khang's "Foundation Day".<sup>30</sup> From 1985 until 1987, seven new branch clinics opened, the fifth and sixth medical batches graduated, and the seventh medical batch was recruited. Furthermore, in 1987 the Men-Tsee-Khang prepared, for the second time, about 80 kg *tsothel for rinchen rilbu*, this time using a gas stove instead of dung and coal fires. Despite the loss of one of the most successful directors the Men-Tsee-Khang ever had (next to Tsering Tashi: see below), not to mention that of a senior doctor and the senior-most astrologer, it maintained its momentum of progress and development for a little longer. After the difficulties of the 1960s and 70s, the 1980s thus saw an unprecedented expansion of the Men-Tsee-Khang with 25 new branch clinics, several senior doctors arriving from Tibet, an expanded pharmacy, the production of *rinchen rilbu*, the stabilization of the struggling Astrology Department, and the establishment of the Research and Development Department. However, as the decade drew to a close, it became clear that the institute's internal difficulties were far from over.

#### **INTERNAL TROUBLES (1988-1994)**

In 1988, on a tour through the US, Dr. Tenzin Choedrak (accompanied by Namgyal Lhamo) repeatedly claimed to be able to cure AIDS (cf. Weisman 1988). It is unclear whether he was only making the general statement (quite common among Tibetan doctors) that in principle, Tibetan medicine had a cure for every ailment, or whether he was actually claiming the he himself could cure this new disease. Either way, this subtle difference did not matter in the American context. Recorded and broadcast by a journalist, the statement generated a considerable amount of negative media coverage, and forced the Men-Tsee-Khang delegation to leave the country immediately in order to avoid a lawsuit (Tokar 1999).<sup>31</sup> Upon return, Namgyal Lhamo was promoted to the post of the General Secretary of the Department of Health, and Achok Rinpoche appointed as the Men-Tsee-Khang's new director. Although the incident in

the US had no lasting consequences, and new branch clinics continued to be opened over the next two years (including a clinic in Calcutta and another one in Delhi), the new director proved to be incapable of keeping the institute under control. Widespread discord among employees, rivalries among senior doctors, and the refusal of some of the latter to accept the director's authority, finally led Achok Rinpoche to resign after only one year in office (Thar 2000: 100f). The Men-Tsee-Khang remained without a director for the next year.

In 1990, the former Kalon,<sup>32</sup> Shewo Lobsang Dhargye, was appointed as director by the Dalai Lama's Private Office, continuing to open new branch clinics and to recruit new batches of students. Under his tenure, the Men-Tsee-Khang also introduced an elective basic course on modern sciences in its medical curriculum, which has continued, despite mediocre student attendance, until today. However, only a small minority of those doctors who graduated in the early 1990s (the 7<sup>th</sup> and 8<sup>th</sup> batch) remained with the Men-Tsee-Khang. In 1991, Tenzin Namgyal, the head of the pharmacy, passed away, which resulted in a marked drop in the quality of the Men-Tsee-Khang's medicines. Doctors from the branch clinics began to complain that medicines that used to show almost immediate effects did not seem to work anymore.<sup>33</sup> Fights among the workers became a regular occurrence in the pharmacy, and with no efficient system of administration, accounting, and communication in place, medicines—especially *rinchen rilbu*—began to disappear as personal gifts or on international tours.<sup>34</sup> Moreover, counterfeit “Men-Tsee-Khang” *rinchen rilbu* began to be sold—apparently by some private *amchi*—in exile-Tibetan settlements, border areas, and in China.<sup>35</sup> Perhaps due to this increased “demand” for *rinchen rilbu*, the Men-Tsee-Khang produced *tsothel* for a third time in 1992, which constituted the largest production of purified and detoxified mercury until then (110 kg). Tenzin Choedrak gave another transmission,<sup>36</sup> declaring that now all the necessary transmissions and skills had been passed on to the younger generation. Despite this positive news, the Dalai Lama's Private Office was clearly exasperated with the overall state of affairs at the Men-Tsee-Khang, and replaced the director yet again in 1993, this time appointing Rinchen Dolma, the widow of Rechung Rinpoche. Although her predecessor stayed on for a year as an advisor, Rinchen Dolma soon had to resign from her post as her health deteriorated.

Throughout its history, the condition of the Men-Tsee-Khang is well reflected in the Dalai Lama's periodic speeches to the institute's doctors, students and staff (Gyatso 2007). During the 1960s and 1970s, his speeches

were characterized by his interest in how the institute was doing, and repeated assertions about the crucial importance of Tibetan medicine for Tibetan culture, the Tibetan nation, and the Tibetans' political struggle. Overall, the speeches during these two decades were very optimistic about the potential of Tibetan medicine and the Men-Tsee-Khang. In 1986, reflecting the Men-Tsee-Khang's (and especially Lobsang Samten's) concern about doctors leaving the institute, he pointed out the moral and social obligation of doctors to be grateful and loyal to the Men-Tsee-Khang, exhorting them to remain within its fold (*ibid.*: 23f). One year later in 1987, he mentioned for the first time (unspecified) "huge problems" (*ibid.*: 27), but remained positive in his tone and outlook. Stating that he could "foresee a great future for Tibetan medicine" (*ibid.*: 33), he encouraged the Men-Tsee-Khang to not remain secluded but to reach out to humanity at large. In 1992, the tone became harsher, as the Dalai Lama directly requested the Men-Tsee-Khang doctors "not to demean and defame the study of Tibetan medicine and the Men-Tsee-Khang" (*ibid.*: 46-47), pointing out that medical expertise alone is not sufficient, but needs to be combined with a kind heart and the genuine motivation to help others (*ibid.*: 46). Apparently even this admonition—coming as it were from the Dalai Lama personally—was not clear enough for some, prompting him to give the assembled Men-Tsee-Khang staff an unprecedented scolding in 1994. Mentioning that it was "utterly spiteful to earn a bad reputation and then keep beating around the bush and smooth things over by pointing fingers at others" (*ibid.*: 57), the Dalai Lama admitted that he was afraid "that this institute might become a platform for dissidents, for inept and inappropriate people. [...] Under such circumstances, there cannot be a successful establishment." (*ibid.*: 48f) Clearly, the Dalai Lama expected radical, and fast, changes from the Men-Tsee-Khang, not only for its own sake, but also, as he kept pointing out, because it represented Tibetan medicine in exile, Tibetan culture, and the Tibetan nation.

#### **OTHER TIBETAN MEDICAL INSTITUTIONS: THE CHAGPORI, CIHTS, AND CIBS**

As if to underscore the Men-Tsee-Khang's problems, three other institutions of Tibetan medicine were established in India during those years, effectively calling into question the Men-Tsee-Khang's role (and self-image) as the sole representative of Tibetan medicine in exile. In January 1991, the German association "Chakpori Verein für Tibetische Heilkunde" (with both a German and an Indian board) was founded at the initiative of Trogawa Rinpoche. A year later, in February 1992, the "Chagpori Tibetan Medical Institute" opened in Darjeeling, with a medical college, a small outpatient clinic, and a pharmacy.

Trogawa Rinpoche personally requested the Dalai Lama to grant the new institution independence from the Men-Tsee-Khang,<sup>37</sup> for a number of historical, strategic, and personal reasons: in Lhasa, the Chagpori had been the older and thus more prestigious institution than the Mentsikhang; it did not seem wise to come under the Men-Tsee-Khang's authority given its chaotic condition in the early 1990s; and Trogawa Rinpoche—whose personal relations to the senior Men-Tsee-Khang doctors were strained—was keen to design his own syllabus. However, to the Rinpoche's disappointment, the request was turned down—an indication of the importance still placed on the Men-Tsee-Khang from the official side, despite its recent troubles. In consequence, the Chagpori had to request its annual exam questions, a doctor to supervise the exams, and the evaluation and grading of these exams from the Men-Tsee-Khang. It was also forced to adopt the Men-Tsee-Khang's syllabus, although Trogawa Rinpoche added, in line with the old Chagpori tradition, more emphasis on religious practice, gave transmissions to the students, and passed on his own *lag len* (tradition, practice) of making medicines. Apart from its teaching function, the Darjeeling Chagpori is currently running three outpatient clinics (one at its main location, one in Darjeeling town, and one in Kurseong) and producing its own medicines. An additional clinic in Siliguri, as well as a new pharmacy, is planned. Until the death of Trogawa Rinpoche in 2005, the Chagpori graduated 27 doctors in three batches (all male), of whom, however, only six stayed with the institute. One batch of 20 nuns also received two years of training as health workers, although this was discontinued when Rinpoche passed away.<sup>38</sup> In 2005, Trogawa Rinpoche's nephew, Thinley Trogawa, took over as the director, while the institute came—as Trogawa Rinpoche requested shortly before his death—directly under the CTA's Health Department, where it remains today.<sup>39</sup>

Another new institution of Tibetan medicine was the medical faculty at the Central Institute of Higher Tibetan Studies (CIHTS) in Sarnath, just outside of Varanasi. The CIHTS had already been founded in 1967, according to plans by the Dalai Lama and Pandit Nehru (prime minister of India until 1964), to substitute Tibetan institutions in Lhasa that had become inaccessible to exile-Tibetans and Indian Himalayan Buddhists alike as a center for the study of traditional Tibetan sciences. Initially part of Sampurnanand Sanskrit University of Varanasi, the CIHTS became independent in 1977, “deemed university” in 1988, and got full accreditation as a university in January 2009; its name has changed, accordingly, to “Central University of Tibetan Studies”,

or “CUTS”.<sup>40</sup> However, it was only in 1993 that the medical section was founded at the initiative of Samdhong Rinpoche, then the CIHTS’s Vice Chancellor. The idea behind Samdhong Rinpoche’s initiative was twofold: the CIHTS medical faculty was to focus on research (especially on medical literature), an area long neglected by the more clinically oriented Men-Tsee-Khang; and it was to use its official status within the Indian university system (which neither the Men-Tsee-Khang nor the Chagpori had) to push for Tibetan medicine’s recognition by the Indian government. By 2008, the faculty had graduated about 26 doctors in six batches, with 36 students currently enrolled, and was employing four doctors. The CUTS medical department is flourishing, with a hospital and a large pharmaceutical production unit under construction, several literary research projects under way, and a steady stream of pharmaceutical innovations as well as publications coming out. Unlike the Men-Tsee-Khang and the Chagpori, furthermore, the CUTS is under the authority of the Indian Department of Higher Education (rather than the Tibetan exile-government), which means that it is able to operate in complete autonomy from the Men-Tsee-Khang (own syllabus, own exams, own certificates, etc.), with considerable funding from the Indian government.

The third institution founded during that time was the medical section at the Central Institute of Buddhist Studies (CIBS) in Choglamsar, Ladakh. The CIBS was already founded in 1959 to fulfill the same purpose like the CIHTS, and established a medical section later, in 1989, with Pasang Yonten Arya—who had been the principal at the Men-Tsee-Khang college before his resignation there—as its first teacher. The institute mostly trains Ladakhis in Tibetan medicine, and is, in terms of administration, a mixture between the Chagpori and the CIHTS. Although funded and administrated by the Indian government, the CIBS medical section voluntarily relied until recently on the Men-Tsee-Khang for help with the syllabi, exams, and certificates. By 2008, the CIBS medical section had graduated 13 *amchi*, with six students currently enrolled. These low numbers reflect considerable difficulties in attracting qualified Ladakhi students, for whom Tibetan medicine does not constitute an attractive career option.<sup>41</sup> Currently, the CIBS is an autonomous organization under the Indian Ministry of Culture, but has applied for university status, which would give it an increased level of independence and much more funding.

Although it is perhaps no coincidence that these three institutions were founded during one of the Men-Tsee-Khang’s most challenging times, they did not, for various reasons (administrative and financial problems, small

size, difficulties to attract students), become any serious competition. Leaving aside a few private Tibetan doctors (until 1990, they numbered less than a handful), Trogawa Rinpoche and the largely ignored CIHTS medical faculty, the Men-Tsee-Khang remained the sole representative and overwhelming power in the field of Tibetan medicine in exile. As the 1990s unfolded and the Men-Tsee-Khang overcame its troubles and rose to unprecedented strength under a new leadership, this became truer than ever.

#### **INTERNAL REFORMS AND INTERNATIONAL EXPANSION (1994-2003)**

June 28, 1994, constituted a turning point for the Men-Tsee-Khang. Not only was it the occasion for the Dalai Lama's above-quoted critical speech, but it was also the day when Tsering Tashi—the CTA's Finance Secretary until then—took office as the Men-Tsee-Khang's new director. In his speech, the Dalai Lama made clear that he expected the staff to cooperate with the new director to make far-reaching changes that had been long overdue. Despite his reputation as a strict disciplinarian, Tsering Tashi could certainly use such help. In his own words,

When I joined, my colleagues told me: 'now you will have a tough time, you won't be able to control the staff... they are so uncooperative, all the other directors had a lot of problems too. They will just do what they like.' I said, 'that will not happen.'

Indeed, this did not happen, as Tsering Tashi immediately began restructuring the institute's administration, implementing a spate of innovations that effectively put the staff to work, and generally raising the standards of the administration, workforce, and products. As one doctor remembers, "This was a busy time at the Men-Tsee-Khang." Tsering Tashi shuffled positions to put capable people where they mattered, and raised the recruitment requirements for all new staff to 10+2 standard (i.e. high school graduation). He required all departments to submit written reports on their activities in order to put an end to the rumors that had poisoned the institute's atmosphere; he ordered the pharmacy workers to recite mantras during work hours to stop the constant gossip there, which was the main reason for the frequent fights; and he improved the kitchen, the food of which had previously been the cause of much student discontent. He began to tightly control the distribution of *rinchen rilbu*, which were from now on packaged in small plastic boxes and sealed with a hologram sticker. In combination with a media campaign, warning the

public about fake *rinchen rilbu*, these measures quickly reduced the counterfeiting problem, at least within the Men-Tsee-Khang's reach (i.e. in the settlements). Furthermore, Tsering Tashi established a Publication Department, a bilingual students' magazine, and the Men-Tsee-Khang newsletter, as well as the Herbal Products Research Department, which began producing a series of new health- and beauty-products under the guidance of Dr. Lhawang. An Export Department was set up in New Delhi to distribute these commercially oriented products both in India and abroad.

Since Jigme Tsarong, the institute had been officially registered as the "Tibetan Medical and Astro. Institute" (TMAI). Realizing that in times when the Men-Tsee-Khang was not the only institution of Tibetan medicine in exile anymore, this name was not a unique enough identifier, he officially changed it to "Men-Tsee-Khang", with "Tibetan Medical and Astro. Institute of His Holiness the Dalai Lama" in parentheses. The spelling with the "ee," as well as the explicit affiliation with the Dalai Lama, indicates that this change was mainly addressed to non-Tibetans, since both the correct pronunciation and the institute's affiliation were common knowledge among the Tibetans. The name change had the desired effect, and today even non-Tibetans refer to the institute as the "Men-Tsee-Khang." The official Tibetan name remained "*bod gzhung sman rtsis khang*" ("The Tibetan Government's Medical and Astrological Institute"), even though up to Tsering Tashi's tenure, this link to the exile-government had existed only in name.

This, then, is where Tsering Tashi's biggest contribution lay. Tied directly to the Dalai Lama's Private Office, which was an authority above and beyond the Tibetan exile-government, the Men-Tsee-Khang had, since the 1970s, been virtually independent of the exile-government. Its connection with the Private Office, however, did not mean that the Dalai Lama himself oversaw the Men-Tsee-Khang, or even that his Private Secretary oversaw it. What it meant was that the Men-Tsee-Khang's administrative decisions were often made between the director or senior doctors on the one side, and various staff members of the Private Office on the other. These decisions were very hard to contest due to the Office's high status, and lacked transparency because they often took place only verbally and without the knowledge of the Private Secretary, the CTA, or other Men-Tsee-Khang staff. This may have been attractive both to senior Men-Tsee-Khang staff, who were thus relatively independent, and also to the exile-government, where nobody wanted responsibility for the "trouble zone" that the Men-Tsee-Khang had become.

However, the resulting absence of a clear structure of communication, decision-making, or accountability constituted the root of most of the Men-Tsee-Khang's problems—a fact that Tsering Tashi was well aware of. He therefore changed the members of the Men-Tsee-Khang's governing board, reducing its number of Cabinet Ministers but including instead the Secretaries of Health, Education, and Home, the personal physicians to the Dalai Lama, and the Men-Tsee-Khang's general secretary. On the one hand, the Men-Tsee-Khang began to take more responsibility for its own affairs, relying less on higher authorities, but on the other, it sought more involvement of the Health Department. In short, Tsering Tashi officially gave the final authority and control over the Men-Tsee-Khang to the exile-government (i.e. the Health Department), albeit with the clear understanding that any interference in the institute's internal affairs was “unnecessary.” After all, the Men-Tsee-Khang was bigger than the entire Health Department, and, in Tsering Tashi's words, “your freedom to wield your stick ends where my nose begins.”

In 1995, only one year after Tsering Tashi's appointment, the Dalai Lama remarked: “Of late, the gradual progress of the Men-Tsee-Khang is obvious to all of us. Because of this, I feel that things are heading in the right direction and that there is still room for hope” (Gyatso 2007: 59). Not only had Tsering Tashi succeeded, within a short time, to radically reform the Men-Tsee-Khang internally, but he also expanded its external reach to an unprecedented scale. He organized several international medical tours to Europe, Japan and the US, two large courses on Tibetan medicine for foreigners in Dharamsala, and established the institute's first permanent Western branch clinic in Amsterdam. Together with the increased number and quality of English language publications on Tibetan medicine during that time—by the Men-Tsee-Khang and others—this greatly accelerated the global spread and exposure of Tibetan medicine that had begun in the 1960s in exile. When Tsering Tashi resigned in 1997, Pema Damdul Arya took over a well-managed, smoothly running institution from his predecessor. Soon a point was reached where the ongoing, ever growing international exposure of Tibetan medicine began to manifest profound repercussions on its organization and practice back home, that is, in the Tibetan exile-community in India.

Around 1998, following a medical tour to Helsinki, and upon request of local patients, the Men-Tsee-Khang sent a large number of parcels containing medicines to Finland. However, acting on a warning by EU authorities, the Finnish customs analyzed the medicines and found levels of mercury exceeding

European safety norms 100,000 times.<sup>42</sup> This resulted in a ban on importing Tibetan medicines to Finland, which also made it more difficult to send Tibetan medicines to other European countries.<sup>43</sup> It also resulted in European newspaper headlines like “The Dalai Lama’s Medicine Was Poisonous” (Lundberg 1998). While this was a serious enough incident, it was not until 2001 that the problem of Tibetan pills not meeting European health and safety regulations escalated. In Geneva, a woman who had been taking Tibetan pills for about six months was diagnosed with severe anemia. Subsequent laboratory analyses of the pills showed a lead content of 4.2%, that is 420 times more than the Swiss legal threshold of 0.01%. Health authorities announced a warning via public media, and offered free laboratory tests to anyone concerned about the safety of their Tibetan pills.<sup>44</sup> About 120 pills were turned in and analyzed, and the tests showed not only more cases of excessive lead content, but also excessive mercury contents in 30% of the tested pills, the highest of which were 250 times above the Swiss norms. This time, the consequences were far more serious: one resident *amchi* in Switzerland, Dr. Amipa (who had nothing to do with the original case, but whose pills were among those tested subsequently) had all his medicines (about half a ton) confiscated by the Swiss authorities; Swiss mass media covered the story over a period of six months,<sup>45</sup> damaging the local reputation of Tibetan medicine considerably (in fact, creating a panic among Swiss patients using Tibetan medicine); and as an indirect result, the Men-Tsee-Khang’s branch clinic in Amsterdam was forced to close down, due to the ensuing difficulties in importing medicines from India.<sup>46</sup>

Besides such immediate, though relatively short-lived effects in Europe, however, these cases (especially the Swiss one) triggered a veritable avalanche of far-reaching transformations of Tibetan medicine in exile, with the Men-Tsee-Khang at its center. The scandal was widely reported in exile-Tibetan media,<sup>47</sup> and even discussed in the exile-Tibetan parliament and by the Dalai Lama personally. The Men-Tsee-Khang immediately accused unnamed private doctors of quackery, while some private doctors hit back, pointing out that it was predominantly Men-Tsee-Khang doctors who traveled to Europe in those days, challenging the Men-Tsee-Khang to put names to its accusations. In the end, no names were ever publicly mentioned, and the Men-Tsee-Khang was widely seen as uninvolved in the case. Nevertheless, Men-Tsee-Khang officials were painfully reminded that as the prime representative of Tibetan medicine, their institute suffered the negative consequences of such incidents most, regardless of who was to blame. Not surprisingly, calls for some kind of

regulation of Tibetan medicine in exile (which have occasionally been voiced since the mid-1990s) gained momentum. Pema Damdul Arya took the initiative with a proposal to the Cabinet in 2000, suggesting that the Men-Tsee-Khang should be given official control and regulatory power over Tibetan medicine in exile. This was the beginning of a heated debate over the future of Tibetan medicine in exile, which dragged on throughout the tenures of both Pema Damdul Arya (who left the institute in 2001) and his successor, Samdhup Lhatse, who directed the Men-Tsee-Khang until the end of 2004.

Meanwhile, the institute kept expanding to well over 40 branch clinics, its doctors kept touring the world, and research on Tibetan medicine was carried out in collaboration with Indian and foreign institutions. However, the first years of the new millennium were also marked by resurfacing internal discord and the loss of several senior doctors. Among those who resigned were Drs. Namgyal Qusar and Nyima Tsering, both of whom opened successful private clinics and regularly visit the West on medical tours. A much bigger loss, however, was the unexpected deaths of the Dalai Lama's three personal physicians within a space of three years. Drs. Tenzin Choedrak (age 78) and Kunga Gyurme Nyarongsha (age 66) passed away in 2001, and Lobsang Wangyal (age 83) in 2003. With them, the Men-Tsee-Khang—and Tibetan medicine in exile generally—lost its most famous and accomplished physicians. There was, and still is, no Tibetan doctor in exile of high enough stature to fill the huge gap they left, and the position as the Dalai Lama's personal physician has remained vacant since then.<sup>48</sup> Still, during—and to no small extent due to—their roughly 20 years of service to the Dalai Lama, the Men-Tsee-Khang, the Tibetan public and countless patients around the world, the Men-Tsee-Khang had become one of the most successful and prestigious institutes—and by far the most profitable enterprise—under the Tibetan government in exile.

#### **REVOLUTIONIZING TIBETAN MEDICINE IN EXILE (2004-PRESENT)**

In January 2004, after four years of committee meetings, Parliamentary debates, and internal discussions, the future of Tibetan medicine in exile finally seemed decided. Tibetan medicine was to be regulated, controlled, and standardized on the basis of a new Constitutional Act (passed by the 13<sup>th</sup> Assembly of the exile-Tibetan Parliament during its fifth session), in order to protect both patients and Tibetan medicine's reputation from quackery, unqualified doctors, and medicines of inferior quality. At stake was, the official discourse suggested, the preservation of the unique tradition of Tibetan medicine, which was considered particularly threatened by unscrupulous,

selfish private individuals ready to trade Tibetan medicine's traditional standards of quality for quick profits. While all of this was very much what the Men-Tsee-Khang had repeatedly demanded, Pema Damdul Arya's initial request for the Men-Tsee-Khang to function as the regulating body backfired dramatically. Not surprisingly, his suggestion of monopolizing Tibetan medicine in exile had generated a good amount of opposition both from private doctors and in Parliament, resulting in the foundation of a separate council to control the proper practice of Tibetan medicine, including that of the Men-Tsee-Khang. In other words, the Men-Tsee-Khang lost its unofficial but widely acknowledged authority as the highest instance of Tibetan medicine in exile, and was demoted to an equal status with all other institutes of Tibetan medicine.

The Central Council of Tibetan Medicine (*bod kyi gso ba rig pa'i ches mtho'i sman pa'i lhan tshogs*) (henceforth "CCTM") was founded on January 5, 2004, with the responsibility to oversee all legal and policy issues concerning Tibetan medicine in exile, and to register, standardize and regulate its practice and pharmaceutical production (Central Council of Tibetan Medicine 2008). Although many Men-Tsee-Khang doctors perceived its establishment as an unfortunate degradation of their institute and personal status, at the time the change was confined to official documents. Eventually the Men-Tsee-Khang was allotted three out of eight (but de facto seven)<sup>49</sup> seats on the Central Council's executive board—a number that the Men-Tsee-Khang has since lobbied hard (and successfully) to increase to four—and it also remained the powerhouse of Tibetan medicine in exile in terms of expertise, human resources, economic power, political connections, and overall importance. In short, the underfunded, infant CCTM—which, as the Kashag has recently made clear, should not be part of the government but rather function on its own—remained largely dependent on the Men-Tsee-Khang.

Still, the mere existence of the CCTM, and the fact that for the first time the interests of private *amchi* had an official voice and representation, caused profound changes. Soon, the Men-Tsee-Khang realized that the loss of its position at the very top of Tibetan medicine in exile also had its benefits: as senior doctors have repeatedly indicated to me, it was as if not only a part of its pride, but also a part of its burden of responsibility had been lifted. Gradually, the Men-Tsee-Khang stopped deputing its doctors to oversee and grade exams at the Chagpori and CIBS medical colleges, or issuing certificates of these institutions' graduates, as this was now the CCTM's responsibility. Also, gradually, the Men-Tsee-Khang's relations with private *amchi* normalized, as

the Men-Tsee-Khang ceased to perceive itself as the guardian of Tibetan medicine's quality and reputation, which the institute had considered as perpetually threatened by private doctors. Besides, private doctors now had an official way to prove their legitimacy.<sup>50</sup> In short, the Men-Tsee-Khang's role and self-image—and thus the field of Tibetan medicine in exile as a whole—underwent dramatic transformations as a direct consequence of the CCTM's establishment.

There were still more changes. Samdhong Rinpoche, who had been elected Prime Minister (Kalon Tripa) of the Tibetan exile-government in 2001, decided to make the Men-Tsee-Khang independent of the CTA, in line with his 'neoliberal' agenda of reducing and disinvesting his own government wherever possible.<sup>51</sup> Effectively reversing Tsering Tashi's reform from the mid-1990s, he gave the Men-Tsee-Khang the authority to elect its own director for the first time in history. Needless to say, the Men-Tsee-Khang staff, who had long complained about the fact that non-medical professionals were managing the institute, were happy and elected Dr. Dawa in 2004 as their first "own" director. As he told me in a personal interview, Dr. Dawa has two main goals in his tenure: the construction of a Tibetan medical university for a total of 150 to 200 students, both foreign and Tibetan; and the construction of a new, larger pharmacy (i.e. pharmaceutical factory) exclusively for herbal medicines, while those pills containing minerals or metals (like *rinchen rilbu*) would continue to be produced in the old, present location. He is also planning a large hospital with 150 beds, and housing for retired Men-Tsee-Khang staff. All these projects are located in Chaundara near Bir, a small Tibetan settlement about two and a half hours east of Dharamsala.

While the vision behind these very ambitious projects is clearly an unprecedented expansion of the Men-Tsee-Khang's activities both in India and abroad, much of Dr. Dawa's focus so far has remained on fundraising and creating the necessary internal structures for this expansion. The resultant neglect of international activities or research collaborations with scientific institutions during the first years of his tenure has, coupled with a lack of success in securing funding for the projects, cost him popularity among his own staff. 2008 and 2009 also saw one of the largest waves of resignations and departures of some of the Men-Tsee-Khang's most capable physicians in two decades (five resignations, one retirement, two indefinite leaves, and several doctors who are seriously considering resigning). What is more, the retirements of the remaining senior-most doctors—Namgyal Tsering, Tsewang

Tamdin, and Pema Dorjee—are due in the near future. After the demise of the Dalai Lama’s personal physicians, the impact of these departures on the institute’s power and morale is considerable, and signals a downward trend in the minds of many of those involved.

Somewhat hidden underneath the outcry surrounding this veritable brain drain, and veiled by the grand ambitions of Dr. Dawa’s projects, however, is another agenda that is less explicit, but nothing short of revolutionary. This is the gradual introduction of modern quality control standards as stipulated by the Good Manufacturing Practices (GMP) in the Men-Tsee-Khang’s existing pharmacy. In 2009, he employed two college-trained Tibetan laboratory biologists and an Indian quality control specialist at the institute’s new quality control laboratory, and made quality control into a separate sub-department of the pharmacy.<sup>52</sup> This sub-department now has the power to interfere in and potentially stop the pharmaceutical production process when the medicines’ quality is found to be inadequate. The Men-Tsee-Khang has already, on one occasion, discarded an entire batch of medicines because it had not passed the new quality control standards—an indication that the administration is serious about the matter.<sup>53</sup>

What makes Dr. Dawa’s move so revolutionary is a gradual transfer of authority and control over how medicines are produced and what constitutes “good medicine”—away from the traditionally trained and usually very experienced Tibetan doctors to relatively young college graduates or Indian professionals, trained not in Tibetan medicine but in modern science. Simplifying things a little, one could describe the current changes as a remarkable double move: on one hand, the Tibetan government is voluntarily giving up control over one of its most important and valuable assets, Tibetan medicine; on the other hand, Tibetan medicine (i.e. the Men-Tsee-Khang) is voluntarily giving up control (if only partially so far) over its most important products, the medicines.<sup>54</sup>

Needless to say, many of the Men-Tsee-Khang’s doctors regard especially the latter move as a deeply troubling development, and with the tenure of Dr. Dawa nearing its end, it is open to speculation whether his quiet revolution will be continued under a new director. In the long run, however, it looks like the Men-Tsee-Khang has no choice but to adapt to the international market place and to modern standards and requirements (like GMP), which for all their national differences are a global phenomenon today. For a long time since its reestablishment in India, the Men-Tsee-Khang has remained outside

both the exile-Tibetan government's and the Indian Central Government's regulatory structures, enabling it to play the role of the conservative guardian of Tibetan medicine's traditions and identity (at least in the Tibetans'—and its own—perception). As with its other roles—like acting as the representative and highest authority of Tibetan medicine in exile—this one is bound to change soon. On September 10, 2009, the Indian government decided to officially recognize Tibetan medicine,<sup>55</sup> potentially bringing the Men-Tsee-Khang under the purview and control of the Indian state. At the time of writing this, nobody, including perhaps the concerned Indian bureaucrats themselves, is quite sure yet what this will mean for the Men-Tsee-Khang and for Tibetan medicine in exile as a whole. There is no doubt, however, that Tibetan medicine—despite and because of its conservative agenda of “preserving Tibetan culture”—has become one of the most dynamic fields of transformation and change in the Tibetan exile.

### Notes

1. *Sman rtsis khang*: Institute of Medicine and Astrology/Astronomy. In this article, I will use different spellings to refer either to the Lhasa “Mentsikhang” or the Dharamsala “Men-Tsee-Khang,” in accordance to their official spellings as found in English publications or websites. Except for names or well-known places, I use the Wylie system of transliteration in this article.
2. Written permission to access and copy these documents was obtained by the author.
3. All direct quotes that do not have a reference in parentheses are from these interviews.
4. Readers can contact the author at [skloos@gmail.com](mailto:skloos@gmail.com).
5. For a detailed biography of Yeshe Donden, see Avedon (1997: 137-155).
6. Jampa Sonam was his monk name. Years after finishing his training, he disrobed and married, taking on his original name again, which was Lhawang. Dr. Lhawang la passed away in 2008 after a lifetime of service at the Dharamsala Men-Tsee-Khang, and is fondly remembered as the institute's first student.
7. Tashi Yangphel Tashigang is an Indian citizen from Ladakh, but studied at the Lhasa Mentsikhang until 1959. He joined the medical institute before the other doctors mentioned here, but left in 1964 to settle in Delhi, where he later opened his own clinic.
8. While I could not get any information on why this might have been the case, one plausible explanation could be the good relations between the Dalai Lama

and Jawaharlal Nehru, who was the Indian Prime Minister until that year (1964). In short, it is possible that the Dalai Lama asked Nehru to tolerate Tibetan medicine in India, and Nehru in turn advised his Health Minister to produce a favorable report.

9. 100 paise are 1 Indian Rupee.
10. Until then, raw materials were purchased with funds provided by the Dalai Lama's Private Office.
11. Yeshi Donden remained the Dalai Lama's personal physician until 1980. After leaving the medical institute, he established his own, private clinic in McLeod Ganj, where he still practices today (2009). In a private interview with me, he remained vague about the actual reasons for his resignation.
12. This assessment is common among senior government officials and other exile-Tibetans who followed the Men-Tsee-Khang's development over the years, and has been expressed most clearly to me by Jigme Tsarong, Tsering Tashi Phuri, and Tashi Tsering Josayma. See also note 24.
13. At that time, the institute did not have an English name or particular way of spelling. Nevertheless, I use the anglicized, hyphenated spelling (which was introduced only in the mid-1990s) here and throughout, in order to distinguish it from the Lhasa Mentsikhang.
14. Prior to their amalgamation, both institutes—medicine and astrology—had received funding from the Council for Religious Affairs, in whose offices also their administrative affairs had been conducted.
15. Neither the Lhasa Mentsikhang nor the Dharamsala Men-Tsee-Khang were monastic institutions. However, in Lhasa and in the first years in Dharamsala, they *resembled* monasteries not only in their daily routine, but also because the majority of their doctors, students, and staff were monks.
16. After the resignation of Duekhorwa Lodoe Gyatso in 1967, the astrology department was headed by Dhokdun Jampa Gyaltzen until 1997, who additionally served as the Men-Tsee-Khang's astrology professor during that time.
17. Although both Jamyang Tashi and Barshi Phuntsog Wangyal were highly distinguished in their expertise, they did not practice medicine on a clinical level. Barshi Phuntsog Wangyal was a great scholar, but had no practical experience in Tibetan medicine, and Jamyang Tashi was indispensable in the pharmacy.
18. Jigme Tsarong was the husband of the Dalai Lama's elder brother's daughter. It was actually Jetsun Pema, the Dalai Lama's sister and director of TCV

- (under whose authority the Men-Tsee-Khang was until then), who asked Jigme Tsarong whether he would be willing to serve as the director of Men-Tsee-Khang. No doubt she had consulted the Dalai Lama before that, and once Jigme Tsarong agreed, the Dalai Lama gave the official order.
19. One lakh is 100,000 Rupees.
  20. For more details on Dr. Tenzin Choedrak's biography, see Choedrak (2000) and Avedon (1997).
  21. Jigme Tsarong, who was involved in the preparations, told me that it took a long time and much research to find the right materials necessary—besides the ingredients, even the pots and containers had to be made of certain materials.
  22. Among those present were Drs. Jamyang Tashi, Tenzin Namgyal, Jampa Sonam (Lhawang la), Yeshe Sonam, Lobsang Choephel, Pema Dorjee, Pasang Yonten, Tsewang Tamdin, and Namgyal Tsering. They also received the transmission of the relevant text from Tenzin Choedrak, the "*bdud rtsi bcud kyi rgyal po rin chen dngul chu btso bkru chen mo'i sbyor bas grub pa'i bcud len du bsgyur ba'i lag len rnam par gsal ba 'tsho byed mkhas pa'i snying bcud*" by Kongtrul Rinpoche.
  23. The Men-Tsee-Khang's annual report for 2008 states that 92% of its patients between 2007 and 2008 were Indians. For Tibetan medicine in India in general (i.e. including other clinics and institutions than the Men-Tsee-Khang), this percentage is even higher since many of them cater almost exclusively to Indians. While no statistics could be obtained about that, the difference is not likely to be a big one, since these other clinics' patient numbers are much lower than the Men-Tsee-Khang's.
  24. One Tibetan official, who had been working at the Men-Tsee-Khang at that time, told me: "I don't know why exactly the doctors left the Men-Tsee-Khang, but if they were completely happy there, they wouldn't have left. You cannot say now why they left, because even then they didn't give the real reason; they would just say, the weather didn't suit me, or cited personal reasons. But it's like, if a doctor gives everything for the institute and is working really hard, and then gets criticized for some small details, it doesn't feel nice. You see, the Men-Tsee-Khang was *the* institution in the exile government; it was like a mother. But if the mother is acting like a child, then it's not surprising that the children will... [not respect, or go against, the mother.] Certainly, if there were some doctors with wrong conduct, then action should be taken. But otherwise, the relations should be like between a mother and her children."
  25. Previously, the Men-Tsee-Khang would occasionally sell its medicines to private doctors, provided there were enough in stock.

26. As far as particular private *amchi* were concerned, there were exceptions, of course. Thus, Yeshi Donden as the erstwhile founder of the Men-Tsee-Khang continued to be held in high esteem by the institute's doctors.
27. The English names given here are merely translations of the Tibetan terms. The institute's official English name remained "Tibetan Medical and Astrological Institute" or "TMAI".
28. Since the merger of the medical and the astrological centers, both subjects were taught together. Since 1984, however, separate student batches for medicine and astrology were recruited.
29. The higher degrees (*menrampa* and *tsirampa*) could not be given at that time, because several medical and astrological texts considered necessary requirements were not available in exile.
30. This means that officially, the Men-Tsee-Khang is claimed to have been founded on March 23, 1961. Technically, this claim is wrong for more than one reason: the date was only fixed in 1987, as I just mentioned; and in 1961, only a small Tibetan clinic started operating, which would later become—but certainly was not at that time—the Men-Tsee-Khang.
31. Eliot Tokar, himself a practitioner of Tibetan medicine, blames the well-intentioned, but ignorant American organizers of Dr. Choedrak's trip to the US for writing and distributing a pamphlet claiming that he had a cure for AIDS. This pamphlet caused a local TV station to send an investigative reporter with a hidden camera to one of Dr. Choedrak's talks, and broadcast the footage in a damning report.
32. "Kalon" is the Tibetan term for Cabinet minister. The Tibetan government in exile has two chambers, the Cabinet (Kashag) made up of ministers, and the Parliament or "Assembly" consisting of the departments' secretaries and people's deputies.
33. Barbara Gerke (pers. comm. 2008)
34. Tsering Tashi Phuri (pers. comm. 2009)
35. Tsering Tashi Phuri (pers. comm. 2009) While Men-Tsee-Khang doctors were not directly involved in this counterfeiting business, the general lack of accountability at the Men-Tsee-Khang was an important element of the problem, since the counterfeiters did somehow have access to genuine *rinchen rilbu*, which they then crushed and multiplied.
36. In Tibetan medicine as in Tibetan Buddhism, oral transmission (*lung*) of important texts holds a special importance in establishing a direct link between the listener and the text's originator, and is one of the three essential methods of instruction and training (*dbang lung khrid gsum*: empowerment,

transmission, and instruction). In contrast to empowerments (*dbang*), *lung* is a simple procedure in which a senior doctor recites a particular text in its entirety while others (students or less senior doctors) listen.

37. Barbara Gerke (pers. comm. 2008)
38. These nuns are now in Ladakh, receiving some training by Dr. Thinley Angjor (the medical teacher at CIBS (see below).
39. Pema Damdul Arya (pers. comm. 2007); Chagpori Tibetan Medical Institute website, accessed on October 22, 2009 (<http://chagpori-tibetan-medical-institute.com/administration.htm>)
40. The National Assessment and Accreditation Council (NAAC) of India also accredited it, as one of only two universities in northern India, with five stars—the highest grading—for its academic quality.
41. Due to various socio-economic reasons, *amchi* medicine (as Tibetan medicine is called in Ladakh) is not a profitable enterprise in most areas of Ladakh. In a situation where even fully trained *amchi* are finding it hard to continue their practices without making financial losses, young people look for other, safer avenues to secure their income and future (cf. Kloos 2005, 2006, in press).
42. Lundberg in Dagens Nyheter (24. November 1998)
43. Dr. Namgyal Tsering (pers. comm. 2008)
44. Direction Générale de la Santé (31. May 2001)
45. According to Dr. Tenzin Namdul on Phayul.com (Namdul 2005), the incident was reported on 6 different TV channels and in 11 different newspapers across Switzerland. For example, see Tribune de Genève (Widmer July 2001; Jan-Hess 2001); Schweizer Depeschagentur (July 5, 2001, December 3, 2001); La Liberté (July 6, 2001); News (Moser 2001); Berner Zeitung (July 7, 2001, December 4, 2001); Le Matin (Lafargue 2001); Metropol (December 4, 2001); Le Quotidien Jurassien (December 5, 2001); Sonntags Blick (Steudler 2001); Neue Zürcher Zeitung (February 7, 2002), or Schweiz Aktuell (April 29, 2002). This list is not complete.
46. While this was the main reason, there were several other factors contributing to the closure of the Amsterdam branch clinic, including tax problems of the Dutch foundation officially running the clinic.
47. Reports were published in the Tibet Times, The Tibetan Review, and on Phayul.com (Namdul 2005).
48. Since then, three to four *amchi* (all from the Men-Tsee-Khang) take turns in looking after the Dalai Lama's health (in addition to one Tibetan biomedical

personal physician). They do not, however, officially hold the title of “personal physician to His Holiness the Dalai Lama”.

49. The eight seats on the CCTM’s executive council were divided as follows: 3 for the Men-Tsee-Khang, 3 for private doctors, one for a government-appointed biomedical doctor, and one for the Dalai Lama’s personal physician. Since the Dalai Lama has not appointed an official personal physician since the deaths of Drs. Tenzin Choedrak, Lobsang Wangyal, and Kunga Gyurme Nyarongsha, this seat remains vacant, reducing the number of de-facto seats to seven.
50. One important sign that the Men-Tsee-Khang is rethinking its relations with private doctors is the plan to sell them medicines as soon as the planned new pharmacy (see below) is producing enough to fulfill the demand.
51. Samdhong Rinpoche (pers. comm. 2008)
52. Dr. Dawa (pers. comm. 2009)
53. Dr. Dawa (pers. comm. 2009)
54. This statement, of course, needs to be qualified: while the Kashag (Cabinet) under Samdhong Rinpoche wants to give up control over the Men-Tsee-Khang and the CCTM, important sections of the exile-Tibetan Parliament are resisting this move, as least as far as the CCTM is concerned. Similarly, while the Men-Tsee-Khang’s current administration is slowly giving more power to young, modern scientists to decide how its medicines should be produced, several Men-Tsee-Khang doctors are extremely critical of this move. It should, therefore, be emphasized that I am here only describing a trend rather than a completed result. Apart from the Men-Tsee-Khang, private *amchi* as well as smaller institutions of Tibetan medicine may not be willing to take the same step, and are, more often than not, financially unable to do so even if they wanted.
55. The Indian government’s decision to recognize Tibetan medicine—or rather, “Sowa Rigpa”—does not constitute a recognition in itself, but only a declaration of intent to do so at a later date. Nevertheless, in late 2009 there was little doubt in the minds of the concerned Indian officials I talked to that this was going to happen soon, with draft syllabi and regulations already being drafted at various levels of Indian bureaucracy.

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