

SOWA RIGPA IN MODERN ASIA: FROM TRADITIONAL MEDICINE TO INNOVATIVE INDUSTRY

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Tibetan, Mongolian, and Himalayan medicine – also called Sowa Rigpa (Tib: the science of healing) – have attracted international interest for over a century now. Besides popular accounts of mysterious healing powers and official reports on the herbal medicine of Tibetan lamas, Western (and notably, Russian), scholarly attention has long focused on Tibetan and Mongolian medical texts and herbs. It was only recently, with the increasing international exposure of Sowa Rigpa practitioners, that more sustained and serious research has become possible, resulting in more reliable and accessible knowledge.

Still, compared to other Asian medical traditions like TCM or Ayurveda, we know very little about Sowa Rigpa. Serious social science research has been conducted only since the 1990s, but most of it focused



Compounding men

either on specific locations, individual cases, or particular disciplinary concerns. Similarly, the growing body of phytochemical studies in multiple languages focuses on the properties of single herbal ingredients, or particular chemical components or clinical actions of these medicines.



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Pill making

What has been largely overlooked, or at least remained unstated, is that all these herbs, practitioners, and medical traditions in Tibet, Mongolia, the Indian and Nepal Himalayas, Bhutan, and parts of Siberia not only share the same origins, medical texts, and often even pharmaceutical ingredients, but also follow a similar development throughout the 20th century. In short, they belong to a larger phenomenon that covers a vast area of Asia, which despite different regional or national names and variations are all included in the term “Sowa Rigpa.”

Sowa Rigpa is currently undergoing industrial development in all its locations, which coincides with its increasing integration into national health care and medical education systems. This development manifests particularly in new policies and regulations, standards, and changes in the training of new practitioners, the pharmaceutical production of drugs, and the clinical practice of doctors. While all this brings considerable economic and political opportunities, it also creates new problems, such as for example the availability of raw materials, trade barriers, questions of intellectual property, rising prices, and a perceived decline in the efficacy of industrially produced Sowa Rigpa medicines. It is clear that both the opportunities and the problems transcend national boundaries, and thus need to be understood as part of a larger, transnational phenomenon.

This is exactly the idea behind the research project RATIMED (“Reassembling Tibetan Medicine: The

formation of a transnational Sowa Rigpa industry in India, China, Mongolia and Bhutan”). Funded by an European Research Council (ERC) Starting Grant, this five-year multi-disciplinary project is based at the Institute for Social Anthropology, at the Austrian Academy of Sciences in Vienna. It runs from 2014 to 2019, and is the first of its kind to study the emerging Sowa Rigpa industry as a single, larger, transnational phenomenon. The aim of RATIMED’s four international researchers is to jointly compile an overview – a big picture – of this industry as a coherent and modern phenomenon, in close cooperation with its practitioners and stakeholders.

The industrialization of Sowa Rigpa over the past 20 years, that is, the commercial mass-production of its medicines, marks an unprecedented change in the history of this medical system. During the 20th century, Sowa Rigpa in all its locations was strongly affected by the social, political, and economic transformations taking place in Asia. Starting with the collapse of the Russian and Chinese empires in the beginning of the century, this included the rise of communism, Stalin’s and Choibalsan’s purges in Siberia and Mongolia, Mao’s annexation of Tibet, the destructions of the Cultural Revolution, the Dalai Lama’s flight into exile and the rise of Tibetan nationalism in India, Bhutan’s state-directed alternative development policies, the revival of national identity in post-communist Mongolia, and in general the entire region’s economic growth.



Ngawang Soepa – pills

All these events affected Sowa Rigpa dramatically. Despite the obvious historical and cultural differences between these diverse locations, Sowa Rigpa's transformations everywhere followed similar patterns and timeframes. Thus, Sowa Rigpa was radically curtailed through official repression for several decades in the early and mid 20th century (Siberia, Mongolia, China, Tibet). Then, from the 1980s and 1990s onwards, it was developed, modernized and expanded through a mixture of state support and state pressure. This, in turn, led to its professionalization, commercialization, globalization, and eventually its industrialization today.

Sowa Rigpa's industrial development started with the foundation of private Sowa Rigpa pharmaceutical producers in Tibet, India and Mongolia in the 1990s, at the time hardly more than a cottage industry in most places. As one of the first countries in the Sowa Rigpa region, Mongolia passed an official policy for Traditional Mongolian Medicine (TMM) in 1999. But it was China that really catalyzed Sowa Rigpa's industrial growth, by introducing a new Tibetan Drug Administration law in 2001. This required the conversion of existing Tibetan medicine hospital pharmacies into commercial enterprises, and also mandated the implementation of GMP and Drug Registration procedures for Sowa Rigpa factories.

Despite the difficulties this created for most pharmacies and hospitals, these new policies triggered a rapid industrial growth of Tibetan medicine in China, and similar laws and regulations had the same effect

with traditional Mongolian medicine in Inner Mongolia. Although both the policies and the resultant development of Sowa Rigpa created serious problems both in the short and the long term, this seemingly successful transformation of traditional knowledge into a booming industry caught the attention of other governments and Sowa Rigpa stakeholders in China's neighborhood, who are all following similar paths. Still, as quantitative data from the respective countries shows, it is clear that China is dominating the industry, with a combined sales value of Tibetan and Mongolian medicine of about one billion USD in 2016.

In India, the second Asian giant with a Sowa Rigpa tradition, Tibetan medicine was long considered, and ignored, as just another kind of "tribal medicine." It was only thanks to the success of prestigious exile Tibetan institutions like the Dharamsala Men-Tsee-Khang, the Central University for Tibetan Studies (CUTS) in Sarnath, and the Chagpori Tibetan Medical Institute (CTMI) in Darjeeling that Tibetan medicine became globally popular, and nationally respected, between the 1980s and the 2000s. A joint effort between Tibetan and Himalayan (especially Ladakhi) practitioners led to Sowa Rigpa's official recognition by the Government of India in 2010, paving the way for both financial support and new policy regulations. Although the size of India's Sowa Rigpa industry ranks second after China, due to the late date of its official recognition, it is at an early stage of development and consequently small.



Ratimed Project

Mongolia is an interesting case. Compared to India, it has a well-developed administrative and regulatory structure for traditional Mongolian medicine (TMM), but only a tiny TMM pharmaceutical industry that is, due to a lack of government support, only growing slowly. On the other hand, Mongolia's education system for Sowa Rigpa is the largest in the region, producing more graduates per year than Inner Mongolia or the Tibetan regions in China, let alone India or Bhutan. An estimated number of 1500 already-graduated Mongolian TMM doctors is currently growing by about 900 new graduates every year. Given the small domestic market for Mongolian medicine, it is thus hardly surprising that Mongolian TMM practitioners quietly dominate the field of Sowa Rigpa globally, with hundreds of them practicing permanently in Russia, Poland, and other Eastern European countries.

Bhutan's Sowa Rigpa industry, too, is interesting and unique despite its very small size, in so far as it is fully government owned and managed as part of the national health care system. Consequently, there is only one Sowa Rigpa college, one Sowa Rigpa factory, and one national Sowa Rigpa hospital – all in the capital Thimphu – providing the graduates, medicines, and facilities necessary for a network of integrated clinics and health centers throughout the country. For several years, however, there have been plans to privatize pharmaceutical production, and

to build up an export (and profit-) oriented segment of Sowa Rigpa health products.

Besides these four main countries where Sowa Rigpa is officially recognized, it is also practiced and produced natively, and with increasing popularity, in Nepal and the Russian republics of Buryatia and Tuva. In all these places, local traditions of Sowa Rigpa are increasingly becoming parts of a transnational Sowa Rigpa industry, which is rapidly emerging as an innovative and lucrative knowledge-industry with global

reach. It is only by putting together detailed quantitative and qualitative information from all these different locations, that we can gain an understanding of how this industry works, what its size and shape is, where it is moving, and how it might best overcome its challenges.

In a nutshell, this is what the RATIMED project tries to accomplish. And although the project is far from completed, one thing is already sure: Sowa Rigpa's future is bright, and it will continue to grow in size and importance in the years to come. It is up to its current students, teachers, practitioners, stakeholders, and politicians to ensure that this growth is sustainable. ■

The photos were taken at the Dharamsala Men-Tsee-Khang with their kind permission, by Bernard Coops (2012).

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RATIMED (Reassembling Tibetan Medicine) at the Austrian Academy of Sciences' Institute for Social Anthropology in Vienna. For open access to his publications and more information, see stephankloos.org and ratimed.net.