

Prost, Audrey 2008, *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*, Oxford and New York: Berghahn Publishers. Pp. 136. £16.50/\$29.95. ISBN 13 978 1845454579

Given the recent spate of academic interest in matters related to exile-Tibetans, combined with a well-established scholarly field concerned with Asian medicines, there has, so far, been a surprising lack of work on Tibetan medicine in exile in general, and the Dharamsala Men-Tsee-Khang (henceforth MTK) in particular.<sup>1</sup> As the first book publication on the topic, *Precious Pills* is a welcome and highly anticipated first step to fill this gap. Based on 13 months of fieldwork in and around Dharamsala, the Tibetan diaspora's political and administrative centre, it joins ethnographic inquiry with a public health perspective to examine the social and medical worlds of Tibetan refugees in India.

It begins by raising two questions: how does long-term displacement affect a) concepts of health, and b) traditional Tibetan medicine? Tibetan medicine, Prost argues, plays an important public health role in the Tibetan exile, not only because of its large presence and its official status, but most of all because it 'addresses health problems in the context of Buddhist spirituality and culturally constructed views of the body', thus offering 'culturally meaningful ways of dealing with the somatic and psychological consequences of displacement' (p. 5).

The first part of *Precious Pills* sets the ethnographic context by introducing the Tibetan community in Dharamsala and its health care strategies in a setting of medical pluralism. Two important themes emerge here. First, socio-economic inequities between 'old-timers' and 'newcomers' translate into high morbidity rates of contagious diseases and limited health care options for the newly arrived refugees, while 'old-timers', suffering mainly from non-contagious diseases, have recourse to social support networks that expand their options significantly. Second, the exile environment is perceived as one important cause of ill-health in the lay population's multi-causal explanatory framework (pp. 45–7). Since Tibetan medicine itself is based on a multi-factorial aetiology of sickness, Prost concludes, it is well placed as a culturally meaningful way to counteract the disruptions of exile. Furthermore, she argues that the MTK also engages in preventive health care by distributing blessed pills like *mani rilbu* and *rinchen rilbu*.

The second part focuses on the Dharamsala MTK, its role, and its transformations of Tibetan medicine in exile. In particular, we are offered a robust analysis of how textual learning, clinical practice, and the MTK's public health role are navigated in the medical curriculum and the training of students. This is followed by a brief but insightful account of a clinical trial on a Tibetan treatment of diabetes mellitus,<sup>2</sup> in which Prost argues that Tibetan practitioners had to make significant compromises in favour of a biomedically sound trial. She concludes that the MTK is adapting Tibetan medicine to the environment of exile, at the same time as it shapes people's understandings of health. More than that, '[b]y "adjusting" Tibetan exile bodies to the environment of exile, Tibetan medicine emplaces a displaced community' (p. 128).

By offering ethnographic insights into public health—and aspects of institutionalised Tibetan medicine—in the Tibetan exile, this book is useful for both medical anthropologists and public health professionals working among the Tibetan community in India. Its highlights include personal illness narratives, and the in-depth focus on contemporary strategies of knowledge transmission and scientific engagement at the MTK. Despite its valuable contributions, however, the analytic contribution of *Precious Pills* does not go beyond what others have already said elsewhere about the role of traditional medicines, be it in public health<sup>3</sup> or in the socio-cultural and political realms.<sup>4</sup> Several claims, like the book's last sentence ('Traditional medicine remains at

<sup>1</sup> See Samuel 2001 for a notable exception.

<sup>2</sup> Namdul *et al.* 2001.

<sup>3</sup> Shresta and Lediard 1980; Oswald 1983.

<sup>4</sup> Farquhar 1994; Langford 2002.

the heart of the struggle to define modern Tibetan identities’—p. 129), are little more than rhetorical decorations. Tibetan identity, for example, is not even mentioned before that sentence.

One important argument is that Tibetan medicine derives high public health relevance from providing culturally meaningful ways of understanding or treating sickness (pp. 5 and 48). While there is no doubt that Tibetan medicine is, indeed, an important health resource for Tibetans in exile, one might note that it is also an elitist system of knowledge which few, if any, Tibetan non-professionals share. One might also ask whether there are not other reasons, apart from a rather uncritical notion of ‘shared culture’, for why Tibetan medicine has attained its present importance in exile public health. Similarly, it is likely that more factors than the cited competition with biomedicine and a different physical environment contribute to the transformation of Tibetan medicine in exile.

The book also makes several claims that would benefit from some evidence to make them more convincing: that Tibetan medicine shapes the people’s understanding of health; that Tibetan medicine enjoys the patronage of the exile government or has officially been given a political role; or that *rinchen rilbu* and *mani rilbu* have political significance for exile Tibetans (Prost only shows that for the TAR—p. 79). Other details, readers will note, can be directly contested: no MTK existed during the 5th Dalai Lama’s reign (p. 82); *mani rilbu* (blessed with 100 million mantras rather than just one million—p. 97) are produced, but not distributed by the MTK at religious events (pp. 50 and 127); Tibetan doctors do not regard blessings as the most important ingredient to *rinchen rilbu* (p. 77); the MTK does not devote a substantial, but only a very small, part of its resources to research (p. 83); and Tibetan doctors do not routinely receive patients in their private rooms (p. 85), but in clinics.

Some of these shortcomings can, of course, be explained by the closed nature of the MTK, which Prost aptly describes as a ‘total institution’ (p. 101). Indeed, MTK administrators are known to be reluctant to give outsiders (including Tibetans) access to the institution’s internal affairs, which makes research there difficult. Perhaps this is why Tibetan medicine in exile has so far been understudied. It is certainly all the more reason for why *Precious Pills* is—despite its shortcomings—an important book, which will provide a strong impetus for the future study of Tibetan medicine in exile.

Stephan Kloos  
UC San Francisco and Berkeley

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