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Place and Professionalization:
Navigating *amchi* Identity in Nepal

Sienna R. Craig

Soma Namgyal sat outside his clinic in Mustang, Nepal, thumbing his prayer beads. A monk in his seventies, Soma Namgyal is also an *amchi* (T. *am chi*) or Tibetan medicine practitioner, of renown. In his youth, Soma Namgyal studied with senior *amchi* from Chagpori, before this institute of Tibetan medicine, founded in the 17th century, was destroyed in the aftermath of Chinese occupation of Lhasa in 1959.

> "I don't know what to make of things these days," he said. "For years, we were unimportant to the Nepali government. Where is Mustang to them? Not much more than a backward place in the mountains. Now, since democracy came to Nepal, *rongba* [N. lowland, Hindu Nepalis] and foreigners talk about our medicine. Younger *amchi* say we need development to preserve our *amchi* tradition. But I've seen development. It's nothing more than moving to Kathmandu, buying a motorcycle, eating more rice than *tsampa*[1]." "But what about the work some *amchi* are doing?" I asked. "Forming an organization, making connections to Dharamsala, Lhasa, and the Nepali government, publishing newsletters, having workshops?" "I don't know," said the old *amchi.* "I joined the organization. I've been to meetings. But I'm too old. The best I can do is treat people until I die. What will happen? That is for the younger generation to decide."

[1] *Tsampa*, roasted barley flour, is, along with butter tea and meat, the ubiquitous food of the Tibetan cultural world.

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In this chapter, I explore the circumstances under which *amchi* from Nepal are shifting the forms, and to a certain extent, the meaning of their medical practices: from vocation to profession, from master-apprentice instruction to more formalized, institutional learning, from medicines produced and prescribed by the same healer to the use of ready-made pills and powders. I argue that the professionalization of *amchi* in Nepal is occurring in partial and fragmented ways, despite the organizing principal of the Kathmandu-based Himalayan Amchi Association (HAA) and its state and non-governmental interlocutors; yet the impacts of professionalization are deeply felt and debated by the *amchi* with whom I work. This process of professionalization calls into question taken for granted distinctions between "tradition" and "modernity" as they relate to systems of healing, and provides further illumination to what is meant by the phrase "medical pluralism". The dynamics about which I write further complicate distinctions between professional affiliation and cultural identity, and relate to the boundaries – ideological and geographic, ethnic and linguistic – that partition modern Nepal. The story of *amchi* practice in Nepal today also reveals healing as a social process, enacted and embedded in the politics of the day. Practitioners of Tibetan medicine who are also citizens of Nepal navigate between individual and collective sensibilities, between forms of knowledge as well as between *at least* three nations, namely Nepal, exile-Tibet, and Tibetan areas of China.

In what follows, I ask how, why, and to what extent *amchi* from Nepal are seeking legitimacy and support from the Nepali state, non-governmental conservation and development organizations, and institutions of Tibetan medicine in India, China, and beyond. How does the fact that *amchi* from Nepal exist as historically marginalized citizens of the world's only Hindu polity play against their identification as cultural, if not political Tibetans? Finally, how does this collective positioning of *amchi* from Nepal *vis-à-vis* state-level and international agendas relate to individual renown, locality, and distinct ways of knowing and practicing *gso ba rig pa,* the "science of healing"? To address these questions, I focus on events surrounding the Second Annual National Conference of Amchi, held from January 4-6 2002. The Conference was organized by the HAA, a Nepali non-governmental organization (NGO) founded in 1998, whose more than 120 members hail from the high-mountain regions of Nepal, bordering the Tibet Autonomous Region (TAR) of China.

This chapter is divided into four sections. First, I sketch the founding of the HAA, as well as its current activities and future goals. I address issues of ethnicity, nationalism, and identity to frame encounters between *amchi* and the Nepali nation-state. I describe the official narrative the HAA produces about the history and current state of *amchi* medicine in Nepal. I sketch a few key biographies of the individual actors in the HAA, as they relate to the organization as a whole. I also touch on the ways that foreign models of organization – from large institutions of Tibetan medicine in India and China to international conservation and development programs – have influenced the sensibilities and goals of *amchi* from Nepal, and how this influence plays out in internal politics of the HAA. Second, I examine the creation of HAA identity cards, the production of Amchi Profile Data sheets, and the inaugural session of the Conference. Here, I aim to describe and analyze the varied, and at times conflicting, strategic essentialisms which contour *amchi* professionalization in Nepal. Third, I focus on the creation of a certificate that was given to each novice *amchi* who completed a month-long refresher-training course, which occurred after the Conference. This episode

illustrates how the HAA and its individual members negotiate the politics of language and culture in Nepal, and explores the benefits and limitations of standardizing medical knowledge and practice through certification. I conclude by weaving the specifics of *amchi* practice in Nepal back into the more general tropes of "tradition" and "modernity." I offer a view toward how these concepts are deployed, as well as how they coexist, in the lives and work of Tibetan medicine practitioners in Nepal today. As such, this study of *amchi* professionalization is also an inquiry into different modes of knowledge transmission.[2]

Ethnography provides an *entrée* into many of the issues that both HAA members and I identify as pertinent aspects of professionalization, albeit with different philosophical and theoretical emphases. In the abstract, negotiation of the forms and structures of *amchi* practice exemplify a classic postcolonial paradox: How to simultaneously defend and transform "tradition"? Practically, this includes internal and external pressures to conserve medicinal plants, standardize medicines and medical practice, incorporate biomedicine into treatment regimes, and alter the forms and structures of *amchi* education.[3] Partially through the efforts of the HAA, "*amchi*" is beginning to connote a fixed professional marker in Nepal, and yet it also continues to serve as a more fluid identity, emerging at the confluence of religious, political, and historical consciousness, played out distinctly across local cultural geographies. As such, these professionalizing processes signify new and conflicting agendas about what it means to be an *amchi* in Nepal today: discourses and practices that point toward larger anthropological questions about efficacy, medical pluralism, and the dynamics of being a "traditional medical practitioner" in a "modern" world.

The Himalayan Amchi Association: "Tibetanness" and the Nepali Nation-state

The *amchi* with whom I work are speakers of Tibetan dialects who live or retain ties to villages located in the fourteen districts that form Nepal's northern border with the Tibet Autonomous Region, China. They are also practitioners of Tibetan Buddhism and Bön. These *amchi* and their fellow villagers are often labeled by the rather awkward term "Tibetanid" or, in Nepali vernacular, by the derogatory term "Bhote" (Höfer, 1979; Ramble, 1993). Ramble (1997) describes what he calls "Tibetan pride of place" against the notion that Nepal's high mountain populations can be considered an ethnic group. It is perhaps more accurate, he argues, to understand identity as a local and relational phenomena, tied to cults of mountains, village protector deities, other place gods.[4] We must remember that many of the borderland regions of Nepal, in which today's *amchi* live and work, were once part of the network of vassal states and principalities that formed historical Tibet (cf. Jackson, 1984; Snellgrove, 1961).

[2] Hsu's (1999) work on the transmission of Chinese medicine – especially her discussion of secret, personal, and standardized transmission of knowledge – has been useful in conceptualizing the fragmented and yet undeniable changes that are occurring as a part of professionalizing processes among *amchi* in Nepal.

[3] Shifts in the forms of Tibetan medical education, from lineage-based master-apprentice relationships to institutional learning, and their implications in terms of knowledge transmission is another focus of my research, though one beyond the bounds of this paper. See also Millard, 2002.

[4] For more information on mountain deities and sacred geography in the Tibetan context, see also Blondeau 1996, 1998, Huber 1999, McDonald 1997, McKay 1998, and Ramble 1995.

Although these border regions have been a part of the nation-state of Nepal since the eighteenth century, most of these areas have remained peripheral to the state. My own fieldwork in these Nepali borderlands confirms Ramble's assessment that an allegiance to local identity is primary – as opposed to an articulated sense of *ethnicity.* Yet, while it is true, as Gellner notes, that "no one in Nepal is only a Nepali," people whose history and cultural practices emerge from Tibet and Buddhism are particularly marked, not only since Nepal has been designated as a Hindu state (Gellner *et al.*, 1997)[5] but also because of the particular politics of Tibet vis-à-vis Nepal and China, as I discuss in more detail below. In that sense, *amchi* are historically marginalized and marked citizens. This marginalization exists at the levels of culture, language, politics, and human services. Most *amchi* and their communities exist on the literal and figurative fringes of the Nepali nation-state, from lack of government services such as biomedical health posts and schools, to the sheer distances between many *amchi*s' home villages and the urban center, Kathmandu.

Here, we must consider in more general terms the ways that non-Hindus within Nepal relate to the forging of this Hindu nation-state (cf. Burghart, 1984). Nepal was never colonized, but it has always struggled with what some scholars call an "internal colonization," namely, the ordering of its people along caste, ethnic, and religious lines by the high caste Hindu ruling elite (Höfer, 1979; Holmberg, March *et al.*, 1999). During the Rana oligarchy (1846–1951) and the Panchayat political regime (1960-1990), debates over caste, religion, and ethnic identity were largely silenced. Such alterities could fragment Nepal's "imagined community" at a time when asserting the validity of Nepal's nation-state project against colonial and later republican India was critical (Anderson, 1983; Gellner *et al.*, 1997). And yet, hierarchies of caste, religion, and ethnicity have been confirmed and contested for centuries in Nepal, through collective and individual consciousness, social and political action (Parish, 1996).

In sociological terms, ethnic classification systems – like all classification systems – are arbitrary; they are often politically expedient, and yet rooted in what might be called primordial sentiment and perpetuated as conventions (Barth, 1969; Weber, 1978). In this sense, ethnicity exists only when people claim one source or form of identity against another, when consciousness *and* difference becomes a consciousness *of* difference. As such, ethnicity is a tool that can be used by people to define themselves, and implies a certain degree of empowerment and agency. But the use of the term "ethnic" and the designation "ethnic group" can mask power relations between and among people, particularly within the context of nation-state formation (cf. Kapferer, 1988; Verdery, 1994; Williams, 1989). As much as ethnic categories might provide a way for individuals and groups to maximize their own interests, they often produce and reproduce structural inequalities. When viewed from this perspective, ethnic groups emerge in the context of nation-building projects that seek to create homogeneity out of heterogeneity (Munasinghe, 2001) and to override the particulars of history through the articulation of an all-encompassing national narrative – what the

[5] This designation of Nepal as a Hindu polity changed with the political events of late 2006, when the decade-long civil war between Maoist insurgents and the Nepali state was resolved politically. Part of this still ongoing process of redefining the Nepali nation-state included re-writing the constitution, designating Nepal as a secular state, and dismantling many of the historical connections between the Shah monarchy (a Hindu institution) and the government. That said, the government remains dominated by high-caste Hindu Nepalis.

historian Prasanjit Duara calls "universal history" (Duara, 1996). Following this theoretical trajectory, we can observe many instances in which the creation and maintenance of ethnic boundaries in Nepal has been directly connected to improving one's political or socio-economic lot within the political system of the day (c.f. Levine, 1987). This is particularly apt in relation to the last seventeen years of Nepali history.

The 1990 People's Movement (N. *Jan Andolan*) was a democratic revolution that propelled Nepal to become a constitutional monarchy and the government to officially recognize the country's cultural diversity. Key to this transition was the rise of ethnic or indigenous (N. *janajati*) politics movements. These, along with social movements emerging against other forms of institutionalized discrimination (such as caste) were born out of the democratization process and can be considered part of a political vision that "demanded a new term for peoplehood and preservation of cultural diversity" beyond the Panchayat-era vision of "traditional communal harmony" (Tamang, 2000). One of the movement's first major victories was to have Nepal recognized as a "multicultural, multilingual, and multireligious" polity in the 1990 constitution (*ibid.*). Nepal's various *janajati* organizations have also engaged in the (re)-invention of tradition in order to cement their "indigenous" legitimacy in the present – a classic social and political strategy (Hobsbawm and Ranger, 1983).

But where does *amchi* professionalizing efforts fit into this picture? As we have seen, neither *amchi* nor the communities from which they hail fit neatly into an *ethnic* category. As an illustration of this, one could cite the dearth of *janajati* organizations that claim to represent Tibetan-speaking populations from Nepal's high mountains. Rather, we can say that *amchi* from Nepal form an *interest* group, one whose identities are joined in certain ways and yet still distinguished by region and dialect on the other. Yet Nepali *amchis'* strategies for social organization and social change share something with the articulation of ethnic identity, particularly in relation to how *amchi* are presenting their case for recognition and support to Nepali government institutions. In short, organizing professionally along lines of culture and tradition implicates them in contemporary discourses about national identity and ethnicity in Nepal (Gellner *et al.*, 1997). The HAA frames aspects of their struggle in terms of being a collective of underserved *bhote* communities whose particular traditions and practices have been marginalized by, for lack of a better term, the high-caste Hindu hegemony. While the HAA's organizing goals certainly diverge from that of, say, the Mongol National Organization (MNO) or other powerful *janajati* lobbying groups, the points from which *amchi* begin to articulate their marginalization is similar – at least at the level of rhetoric – to a number of Nepal's ethnic and indigenous rights movements.

Perhaps most significantly, in framing themselves as an interest group with a case worthy of state recognition, *amchi* often begin by invoking the trope, and the reality, of their practice as "indigenous knowledge" and as *amchi* as purveyors of a tradition that is illustrative of Nepal's cultural diversity. To this end, the issue of language is central. While *amchi* who comprise the HAA do not necessarily share a common *spoken* language – they are divided by regional dialects, some mutually intelligible and others quite distinct – they are united *in their identities as amchi* by literary Tibetan language. The need to master written Tibetan as part of what it means to be an *amchi* or to transmit *gso ba rig pa* knowledge to younger generations remains key to how the HAA understands its struggle to improve the quality of *amchi* education and practice in Nepal. Likewise, the historical unwillingness of the Nepali government to

engage with the need and desire for literary Tibetan to be a part of government school curricula in the districts from which *amchi* hail fit neatly within one of the key lobbying points made by *janajati* organizations, namely the demand that "mother tongue" education be allowed in self-defined ethnic communities. And yet, while most *janajati* politicking around this issue of mother tongue education centers on basic literacy and spoken language, the *amchis'* articulation of the need for literary Tibetan is also a claim to a higher order of literacy and access to an "exclusive" language – a language, if you will, not of community or cultural identity but of science.

The legacy of Nepal's "universal history" and the re-framing of Nepal as inherently diverse also bears on understandings of the politics of health development in Nepal, and *amchis* places within this, particularly when one understands Nepali nation-state formation as integrally linked to international development aid. It is fair to describe this dynamic as symbiotic: a state-development apparatus that is also a regime of knowledge and power (Des Chene, 1996; Ferguson, 1994; Battachan, 1994). The Nepali state maintains a longstanding alliance with, and dependence upon, foreign aid, including health care-related initiatives. The centralized Panchayat state introduced biomedicine to Nepal on a broad scale, with capital and expertise provided by foreign aid organizations (Justice, 1986). This introduction of health-related development programs marked a watershed moment in conceptions of science and medical efficacy in both local and national Nepali discourse. The social symbolism of healing in Nepal also included the framing of local healing practices as belief rather than knowledge, as "backwards" and opposed to *bikasi* or "developed" (Pigg, 1996).[6] Today, despite shifts in development policy and practice toward validations and appropriations of "ethnomedicine" or "traditional healers" in some instances (Pigg, 1997), and a more general and widely deployed set of terms about rights and advocacy that derive from international NGO "culture", if you will, Nepal's state-development apparatus still focuses on incorporating such healing systems as complements to biomedical health care, rather than as valid systems in their own right.

The HAA describes itself as a Nepali non-governmental organization whose mission is: to gain recognition and support for *amchi* from the government of Nepal, institutes of Tibetan medicine in India and China, and international non-governmental organizations; to conserve medicinal plants used by *amchi* and help to design and implement conservation and management initiatives for medicinal plants at local, regional, and national levels; to facilitate knowledge exchange between *amchi;* to provide sustainable, culturally appropriate, and high quality health care in their communities; and, as such, to protect and revitalize Tibetan medical practice in highland Nepal. The HAA also aims to support Tibetan medical schools and clinics, provide additional education opportunities for novice *amchi,* conduct their own research on *amchi* history and practice as well as medicinal plant identification and status, and eventually propagate needed medicinals for commercial sale and individual use.[7] As in

[6] Does the Nepali *bikas* signify the same set of expectations and dynamics as does the Tibetan *yar rgyas* – development, progress, improvement? From anecdotal encounters with *amchi* who speak Nepali, they seem to use these words to suit distinct purposes. Perhaps not surprisingly, the Nepali *bikas* tends to insinuate government and non-governmental support, while the Tibetan *yar rgyas* is used to emphasize the moral and religious imperative of supporting *amchi* and their medicine.

[7] HAA board members have participated in study tours where they have seen both the possibilities for medicinal herb cultivation and witnessed many of the challenges to this practice.

other parts of the world, the HAA's agenda as a body representing marginalized citizens as well as practitioners of ethnomedicine is framed as an appeal for the preservation of "indigenous knowledge" and "tradition" as a matter of national pride and world heritage. HAA's literature also acknowledges an increasing global interest in and market for "alternative" medicine in general and Tibetan medicine in particular. In these respects, the formation of the HAA can be seen as a reflection of – or reaction to – newly emerging professional interest groups, medical institutions, and international development organizations that have taken up the notion of "medical pluralism", as well as the drive to link "tradition" and "nature" with "modernity" and "science."[8] In sum, these aspects of *janajati* politics are also inverted, or complicated, by *amchis'* struggles to be recognized and supported within the national Nepali context, and yet, ideally, to not be bound to it.

The HAA was registered as an NGO in 1998, but this official recognition was a long time in coming. As one board member of the HAA describes it, "We first went to register in 1996. We had the papers. We'd even made stamps. But the Nepalis in the office, they saw us as *bhote*. 'What is this *amchi?*' they said. 'Is it like a *jhankri*[9]*?*' They did not know what '*amchi'* meant. I explained that *amchi* are not *jhankri.* We have texts, and make medicines from plants. I tried to explain our history – how *gso ba rig pa*comes from the Buddha and from Tibet, but that it is also here in Nepal. The men behind the desks said that if we talked about Tibet we wouldn't get permission – Nepal is so scared of China, you know. So we made new papers that only said '*amchi* medicine' and 'Himalaya' instead of 'Tibet'. Still, it took two more years to get permission." This vignette provides a clear example of the ways individual *amchi* and the HAA must manage cultural identities, navigating between the strictures of the Nepali nation-state and their own senses of self and organizational purpose.

As part of their efforts to improve educational opportunities for novice *amchi* and network with other practitioners of *gso ba rig pa,* the HAA forging connections with institutions of Tibetan medicine abroad, in China and India as well as in Mongolia and Bhutan. As such, members of the HAA are part of a growing network of practitioners of Tibetan medicine whose frame of reference is not only national but also linked to a concept that I might describe as "Tibetan medical cultures" or "satellite *gso ba rig pa* communities." Here, I would locate practitioners of Tibetan medicine from Ladakh, Spiti, and Sikkim, in India, as well as those from Bhutan, Mongolia, and parts of the former Soviet Union, particularly Buryatia. As necessary and accurate as these labels are in one sense – it is undeniable that connections between Tibetan medical practice has experienced a renaissance of sorts throughout South and Central Asia, as well as Eastern Europe, particularly since 1989 – such categories are also awkward and unsatisfying. They reinforce a sense that these places are somehow inferior in relation to "high" Tibetan culture, either the Chinese or diasporic varieties. They also silence the

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[8] For a clear exposition of the construction of scientific knowledge and its imagined counterpart "indigenous medicine", see Ernst, 2002.

[9] *Jhankri* is a "faith healer", akin to, though distinct from, shamans.

impacts of modern nation-state formation and nationalism on the diverse practices that comprise what we generically call Tibetan medicine in contemporary context.[10]

In the Nepali milieu, Tibetan medical institutions and individual practitioners exist within array agendas, often at odds with each other. The politics of culture and development, as well as distinctions between science and religion at the state level, continue to frame the terms of these interactions.[11] The ways *amchi* are situated in Nepal reflect Nepal's status as a nation-state in relation to India and China. Although *amchi* is a Tibetan word (actually derived from Mongolian), it operates *against* and acts as a replacement for the signifier "Tibetan" within the context of Nepal, when used to describe these individuals' identities as medical practitioners. This is due in part to political pressure China places on Nepal not to harbor "splittist" Tibetan nationalists.[12] To maintain good diplomatic and economic ties to China, Nepal must continue to prove that it sides with China on the "Tibet Question."[13] But the fact that Tibetan medicine as practiced in Nepal must not be named, as such, is also attributable to a Nepali nationalism that at once attempts to encompass and capitalize on "Tibetanness," while simultaneously marginalizing culturally Tibetan border communities as "backwards" and "undeveloped" high mountain peoples.[14] In this context, both the practitioners with whom I work and I myself understand the category "*amchi*" as both confined within the Nepali nation-state and transcendent of it. It is then worth asking how *amchi* from Nepal might cultivate a unified voice that can be heard by others – from whom they want support and recognition – and at the same time be attentive to their own cacophony of hopes and needs, histories and practices.

As an example of this interplay between individual experience and organizational ambition, I highlight the biographies of two people. Although the HAA has grown and changed since it was founded, becoming more diverse and democratic in its operations, the role of these two *amchis* – their professional contacts, personal rivalries, and activist visions – should not be underestimated. The first, Tshampa Ngawang, is an *amchi* originally from the Muktinath Valley in Mustang District. The second, Gyatso Bista, is and *amchi* from Lo Monthang, the walled city in the restricted region of Mustang that is also known as the kingdom of Lo.[15] Both Gyatso and Tshampa Ngawang are *ngags pa,* tantric householder priests, who identify strongly, though not exclusively, with the *rnying ma* or "old" school of Tibetan Buddhism. Their identities as *amchi,* indeed their efficacy as healers, are closely tied to their *rgyud,* or lineage, as well as their skill: both had fathers who were particularly renowned healers.

[10] For instance, that which I refer to in this context as "Tibetan medicine" is called "Mongolian Medicine" in Mongolia, "Buddhist Medicine" in Bhutan, and, in the Nepali and Ladakhi context, known as "*amchi* medicine" – both for reasons of identity politics and nationalism.

[11] See Adams (2001) and Janes (2001) for examples of this dynamic in Tibet.

[12] This position can be understood as a contemporary ramification of the fact that Nepal, Mustang, to be precise, was the base of operations for the Tibetan resistance from 1960-74, and that Nepal is home to many Tibetan refugees.

[13] In recent years, this has included high-level diplomatic missions from Kathmandu to Beijing, and crackdowns on newly arrived Tibetan refugees in Nepal.

[14] In relation to the marketability and capitalization of "Tibetanness" within the Nepali context see Adams (1996), Bauer (2004), and Craig (2001). For a discussion of the cultural capital and attendant social costs associated with Tibet in the global context, see Lopez (1998).

[15] Jigme Palbar Bista is the 25th king of Lo in a lineage of dating to the early 15th century. Also known as the Raja of Mustang, his territory encompasses much of what the Nepali government classifies as "upper" Mustang, a region to which foreigners have only had access, on a restricted basis, since 1992.

Both can be considered members of noble families – specific examples of the more general claims to social status, respect, and authority often enjoyed by *amchi* in Tibetan society. Gyatso, like his father before him, serves as the Royal Physician of Lo.[16] Tshampa Ngawang claims ties to the aristocratic families of the Dzar-Dzong region of Muktinath Valley.[17]

Tshampa Ngawang was the Chairman of the HAA from its founding until December 2002, when, during the HAA's Third National Conference, he was made "honorary Chairman" and Gyatso Bista, the former General Secretary, was elected the new Chairman. But even before the HAA was ratified as an NGO, these two worked to form and register an *amchi* association with Mustang District authorities. During this time, Tshampa Ngawang and Gyatso Bista visited other high mountain areas of Nepal and other regions of the Himalayas (Ladakh, Dharamsala, Darjeeling, Tibet). At different times, they both served as consultants for the World Wildlife Fund Nepal Program and UNESCO People and Plants Initiative. In this capacity, these two Mustang *amchi* served as ethnobotanical experts in the creation and implementation of a WWF/UNESCO-sponsored conservation and development program for Shey Phoksumdo National Park in Dolpa District, west of Mustang.[18] Through this opportunity, these two Mustang *amchi* cultivated relationships not only with international and national NGOs, but also with *amchi* from neighboring regions. Each in his own way, they also deployed a narrative that, although Dolpa was rich in medicinal plants and home to a few highly skilled *amchi,* it was a region more poor and "backwards" than neighboring Mustang: people were dirtier and quality of life was worse.[19] Along with the foreigners and other Nepalis involved in the WWF/UNESCO People and Plants Initiative, they encouraged *amchi* in Dolpa to organize, helping to create the momentum that has helped to carry the HAA through these past few years.

In this sense, a shared concern between "insiders" and "outsiders" about the future of Tibetan medicine as practiced in the Nepal Himalayas, if not a shared vision of a professionalizing strategy or ideal future, has helped to found and fund the HAA.[20] The HAA held its first Conference and ran its first refresher-training course for thirty novice *amchi* in 2001 – events that have continued for three consecutive years, and that have made such training accessible to more than 100 novice practitioners. By the end of 2002, four district-level *amchi* associations, in Mustang, Dolpa, Mugu, and Gorkha,

[16] For practical purposes, Gyatso shares this position with his brother, Tenzin Sangbo, a monk.

[17] It is worth noting, that social status can be bestowed, or fabricated, as much as it can be inherited. Gyatso Bista's forefathers were not part of the Lo nobility by birth, but were given noble title as a result of their skill as Tibetan medical practitioners. Tshampa Ngawang claims to be the eighth in a lineage of *amchi* of noble birth; his relatives and contemporaries in Mustang often argue differently.

[18] For more on this program, particularly the integration of ethnobotanical *amchi* knowledge with health care delivery and conservation training and management, see Aumeeruddy-Thomas (2001).

[19] This trope of "backwardness" can be read as an internalization of development discourse by Nepalis (cf. Pigg, 1996). It can also be read as a more emic assertion of difference, directly connected to the natural environment and local Tibetan vernacular. Both Gyatso and Tshampa Ngawang, upon their returns from Dolpa District, made comments to me such as: "In Dolpo, they eat the bitter buckwheat that we would only feed to our animals" or "The lands are filled with precious plants, like jewels, but few *amchi* know how to use them properly because many can't understand the medical texts."

[20] The HAA founders were influenced and supported early on by the Japanese Institute for Himalayan Conservation (IHC). They have since received funding from the Japan Foundation Asia Center (JFAC), DROKPA, the WWF Nepal Program, the UNESCO People and Plants Initiative, JAITI Nepal, and other supporters.

were registered with the Nepali government; they have begun to facilitate communication between individual *amchi* and the HAA. Despite its more than 120 members (including senior and novice *amchi,* alike)*,* the HAA's success as an organization has depended, to a great degree, on the work of a few people, such as Tshampa Ngawang and Gyatso Bista, who have chosen to pursue connections in Kathmandu and abroad, sometimes at the expense of meeting local health care needs – a key trope of medical professionalization in other cultural contexts, as well (cf. Last, 1996; Starr, 1982). Some have also faced disapproval from community members who see their efforts on behalf of the HAA as mere exercises in social advancement.

The HAA's literature[21] articulates a particular narrative about why *amchi* medical practice has come to a crisis in Nepal. It highlights political, economic, and social forces deemed largely the control of *amchi*, as well as these practitioners' "nested identities" vis-à-vis Nepal and Tibet (cf. Duara, 1996). According to this narrative, villagers used to trust *amchi* and the efficacy of their medicine implicitly. An *amchi*'s authority rested on lineage, reputation, and affiliations with centers of medical knowledge in Tibet. *Amchi* occupied elevated positions in society, alongside lamas and clan or village leaders, and were generally considered of a higher status than *lha pa* and *lha mo,* oracles. Their work as healers was also imbedded in a narrative of altruism and compassion. Although theoretical medico-religious precepts dictated that *amchi* not charge directly for services, payments were negotiated in culturally and economically appropriate terms: a sack of grain, the use of a draught animal, a few rupees. When the Nepal/Tibet border closed after 1959, trade in medicinal plants, as well as knowledge exchange between *amchi,* was disrupted.[22] Further, the introduction of state and foreign aid-sponsored biomedical clinics in rural Nepal also directly impacted *amchi* practice by, in some cases, challenging its efficacy and, at the least, offering alternate visions of what healing could mean and what health-seeking behaviors, motivations, and practices could be employed by patients. Today, negotiations between subsistence and cash-based economies have complicated the acquisition of *materia medica*, compromised the quality of medicines, and curtailed incentives for younger generations to train as *amchi.* While medicinal plants are still collected locally, bartered for, or bought, the terms of this exchange have changed. Furthermore, the creation of national parks and protected areas has meant that *amchi* have come into contact – and sometimes conflict – with conservation agendas aimed at monitoring and limiting the use of and trade in flora and fauna (Lama *et al*, 2001).

The HAA also articulates a relationship between *amchi* practice and biodiversity, as well as the political economy of health care and notions of "development." As Gyatso Bista has written:

> "Within the Nepal Himalaya, the health of the majority of people has depended on *amchi*. Therefore, for the purpose of the health of all these people, Nepal Himalayan *amchi* need to see progress, advancement. But

[21] This literature includes grant applications, brochures, and conference proceedings booklets, written in Tibetan, Nepali, and English.

[22] I should stress that this narrative might not be historically accurate; very little research has been done on the trade in medicinal plants between northern Nepal and Tibet. Rather, there is a perceived significant decline in this medicinal herb trade tied directly to the closing of the Nepal/Tibet border after 1959.

> at this time, because there has been no development, *amchi* medicine is degenerating (...) Foreign medicines have become popular, but this means the wealth of [Nepal] is spent in other countries, to buy these foreign medicines. [*gso ba rig pa*] is like a precious jewel that has been neglected. Yet, it is vital to local health and culture (...) If we can get herbal ingredients and (...) make good medicines, then we can foster a skilled culture (...) Compared with other people, *amchi* feel more strongly about the plants and herbs. *Amchi* can protect the herbal medicines as best as possible. But if we say 'as best as possible' and there are no medicinal plants left, from what should we make medicines? If there are no medicines, what are *amchi* to do?" (Bista 2001)[23]

This quote can be read in several ways. On the one hand, it can be seen as a product of *amchi* elite and their interactions with foreign donors and conservation agendas (cf. Pordié, 2001). On the other hand, it can be read as a more *emic* realization of the changes in availability of plants and the shifting socio-economic and cultural status of *amchi* and their medicine. Of course, these two readings are difficult, if not impossible, to disaggregate. They inform each other. Is there use or validity, for instance, in trying to pinpoint the moment when an *amchi*'s exposure to international conservation agendas ends and his sensibility about the collection of medicinal plants – the need to be attune to taste, timing, and smell, the need to collect with "right motivation," as stipulated in Tibetan medical texts – begins? Although very little research has been done to prove or disprove the "sustainability" of *amchi* harvesting practices, this trope of "indigenous knowledge" and "sustainability" is used as both an argument for the preservation of "traditional culture" and as a justification to reform "backwards" or non-scientific practices in regards to resource use and politics (cf. Li, 2000). This tension is not lost on the HAA. Their organizational position emerges as one that systematically connects the regional and global proliferation of biomedicine with a discourse of cultural and ecological survival.[24] As stated in English in the HAA's first published pamphlet: "This traditional art is a wealth of many medical practitioners of our country and [the] Himalayan region. This art is a pillar of [the] life cycle for the Himalayan people."[25] Here, we should also understand that the notion of "tradition" as something that can be isolated – something that can exist outside of daily praxis – as a product of modernity itself.

And yet, the HAA's literature tends to focus on what it identifies as external forces of change – development regimes, altered social and political economies – rather than to articulate a more nuanced dialectic between cultural change and continuity, between local and global forces as well as between generations. The degradation of Tibetan medicine in Nepal, as discussed in HAA literature, presents a teleology of decline that is perhaps too simple, in that it only vaguely addresses the choices and constraints made by *amchi* and their patients, which have also contributed to the diminishing socio-economic status of *amchi* and their medicine in Nepal. For example,

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[23] Author's translation from the Tibetan.

[24] See Gerke and Jacobson (1996) for a discussion of the encounter between Asian medical systems and biomedical research in India and the West.

[25] From *hi ma' la ya'I em rje tshogs pa 'don spel thengs dang po*, published in 1998, with support from the Institute for Himalayan Conservation, Kathmandu, Nepal.

HAA literature acknowledges the presence of biomedicine at village and national levels, but it does not speak to why many people in these *amchis'* communities now routinely choose biomedical treatment in addition to, or as a replacement for, seeking out an *amchi*, even if at a great personal expense. Although individual *amchi* know that both patients and healers move across the divides between biomedicine and Tibetan medicine, the HAA often has a difficult time articulating this pluralistic reality, partially because its hope for support rest on the notion – or image – of preserving a "traditional" practice (cf. Ernst, 2002; Bode, 2002).

With this background, one can understand "*amchi*" as a charged signifier – marginally Nepali and surreptitiously Tibetan, scientific and yet marked as a "traditional art." It can also be seen as a strategic winnowing of the complex social world in which *amchi* from Nepal live and work into a professional identity *by these individuals themselves.* The HAA has made the term "*amchi*" comprehensible to the Nepali state, thereby creating a means through which individuals might reap material and social benefits at the national level.

Yet the category "*amchi*" condenses – or in some cases silences – a great deal of cultural, medical, economic, and even linguistic difference internal to this group of people. Despite HAA's professionalizing project, *amchi* are never just *amchi*; they are often more immediately and consistently identified as people from a particular community, affiliated with a distinct geographic location, religious tradition, and lineage, as well as socio-economic position. In addition, although most people who call themselves as *amchi* have some background in the theory of *gso ba rig pa,* many who have joined the HAA are specialists in one kind of medical practice – accomplished in bone-setting or moxibustion, gifted with healing *rlung* imbalances, adept in the recitation of *sman ngags* (oral instruction tantras) or the production of several specific medicine – but not necessarily well-rounded or highly skilled Tibetan medical practitioners. In this sense, perhaps the HAA's work *can* be viewed as the production of "*amchi*" as both a professional and an ethnic marker – creating unity out of diversity for the sake of social change.

But how is this sense of *amchi* identity forged in practice in Nepal, and what of its ambivalent nature?

Identity Cards and "Special Guests": Delimiting Official *amchi* Identity

On the opening morning of the Second Annual HAA Conference in January 2002, the foyer outside the conference hall was bathed in sunlight and charged with activity. A cluster of *amchi* from upper Dolpa District stood in one corner of the hall, talking about the journey south. An old *amchi* from the Nar Valley in northern Manang District sat spinning a prayer wheel, a satchel made from the pelt of a snow leopard at his side. The bag was filled with silver spoons, gold and silver moxibustion needles, and bundles of herbs. Just as I noticed their presences, I felt the absence of *amchi* from the far-western districts of Mugu and Humla: dire places in those days, trapped between famine and armed violence, clashes between the Communist Party of Nepal (Maoist) and the Royal

Nepal Army and armed police.[26] As absences go, I counted only two young women in the convening crowd. Both were students at a new school for Tibetan medicine in Lo Monthang, and one was the daughter of the HAA General Secretary. Men dominated the HAA roster. Many HAA members were *amchi* by patrilineage as much as they were *amchi* by choice.

A few young men stuck out amidst the sea of red cloaks and worn mountain faces. They wore jeans and baseball caps, their hair cropped short. These were the new *amchi* recruits from Rasuwa District, just north of Kathmandu, who had been invited by the HAA General Secretary after he made a field trip to the area. The young men spoke no Tibetan and they seemed bewildered. I asked them why they had come, what interest they had in *amchi* medicine.

"In our village, we don't know much about these old traditions, but we want to learn," said one of the young men. "We are closer to Nepal than these others people, but *amchi* medicine is important. Now, we go to government health posts. But they're no good. The medicines are expired and the doctors don't come. If people are really sick in our villages, they go to Kathmandu or sometimes call a *jankri* or die." The other young man offered, "My grandfather remembers *amchi* coming to our areas from Tibet. He learned something from them. When [the HAA General Secretary] came to our villages, we said we were interested in learning *amchi* medicine. He said HAA would pay for our food and lodging if we came, and that we could get some training."

When I asked the General Secretary about his motivation for choosing these two young men from Rasuwa, he replied that they seemed smart and sincerely motivated. They also knew about the trade in medicinal plants in Nepal – a major part of Rasuwa's economy.

"If we can help to train young people from these areas," the General Secretary explained, "then hopefully we will benefit the health of local people, and conserve some of the medicinal plants. Right now, medicines are just going from these areas." By recruiting these young men as novice *amchi*, the HAA was not only attempting to swell their ranks, thereby further legitimating *amchi* medicine as a Nepali profession in the eyes of the state and international organizations, but they were also making a connection between professionalization and the economics of resource use. Taken together with the HAA's stance on medicinal plant conservation, as well as the acknowledged shifts in the forms and structures of *amchi* education, this strategy also points to their attempts at counteracting the increasing separation between those who collect medicinal plants, those who produce medicines, and those who treat patients – a reality that *amchi* from Nepal have witnessed, albeit from a distance, in the examples of institutes of Tibetan medicine in Dharamsala and Lhasa.[27]

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[26] Since 1996, more than 14,000 thousand Nepalis have died in a struggle between the central government and Communist Party of Nepal (Maoist) insurgents, who define this armed conflict a "People's War." This conflict reached the beginnings of a political solution in late 2006, but ramifications of this conflict will continue to define many aspects of future. At the time of the Second National Conference of Amchi, Nepal was deeply imbedded in a "State of Emergency".

[27] The original Mentsikhang, or "House of Medicine and Astrology" was established under the direction of Khenrab Norbu, and at the behest of the 13th Dalai Lama, in 1911. Today, it is the foremost state-supported Tibetan medical institution in China. However, the clinical practice of Tibetan medicine has been separated from the act of medical production, which is now the domain of the Mentsikhang Factory, a for-profit enterprise. The Men-tsee-khang, as this re-formed institute-in-exile is known, was established

Significantly, this effort at recruitment also expands on the definition of "*amchi*" as a professional marker. These Rasuwa youth did not lay claim to lineage or classical Tibetan language, yet they could potentially be transformed by *gso ba rig pa,* a practice that they viewed as valuable and, as culture goes, far-away-so-close to their familiar domain. More importantly, from the perspective of the HAA, they could be transformed from outsiders to insiders.

Over the previous year, the HAA had been compiling Amchi Profile Data sheets for each member – an attempt to record *amchi* life histories and information about their medical practice. These data sheets also included questions such as: Which diseases do you diagnose and treat most frequently? How much do you spend on buying and transporting medicinal ingredients each year? Do you ever use biomedical treatments or recommend a patient to the hospital? Although theoretically a trove of information, these questionnaires had been written up in English by one of the HAA's non-Tibetan speaking foreign advisors and then translated into Tibetan. As a result, many of the questions did not make sense, either to the individual *amchi* who were supposed to fill them out, or to the HAA staff who helped non-literate healers record their Amchi Profile Data. For instance, when asking about an *amchi*'s use of western biomedicine, or allopathy, the word "allopathic" was simply transliterated into Tibetan script, but the important questions to which it referred were devoid of meaning. This example is both interesting and disturbing, in that English signifiers have now gone such a long way in delimiting knowledge claims across the world, and framing the terms of the discussion (Pigg, 2001).

The Chairman of the HAA spent several hours that first morning of the conference monitoring the filling out of Amchi Profile Data sheets. He was most concerned with delimiting "real" from "fake" practitioners. "Since the WWF/People and Plants Project came to Dolpa, many people from there are now saying they're *amchi*, just so they can get the benefits of working on a *project*," he said.[28] "But we can't just have everyone who knows a plant or knows one place to put a moxibustion stick calling himself an *amchi*. Then, the quality of medicine will not get better. We won't have development."

Taken in conjunction with the presence of the Rasuwa recruits, this issue of determining professional authenticity seemed at once contradictory and apt. Revitalizing the practice of *amchi* medicine in Nepal would require new recruits and novice practitioners. Yet the presence of people who could "pass" as *amchi,* by virtue of their physical appearance and language, became cause for alarm. Much like a guild or a fraternity, the HAA was determined to screen its members as well as recruit young minds.

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in 1961. It includes a teaching institution, a clinical hospital, and a factory of Tibetan medicine. Although the Mentsikhang and Men-tsee-khang function under different state and political pressure, both are increasingly concerned with the profitable marketing of Tibetan medicines, patents, standardization, and intellectual property rights. For more information on the Mentsikhang, see Adams and Li, this volume. For more information on the Men-tsee-khang, see www.mentseekhang.org.

[28] Here, "project" was spoken in English. Code switching between English, Nepali, and Tibetan provides another fruitful avenue for analysis of *amchi* professionalization in Nepal, and is part of my ongoing research interests. In this instance, the use of English terms speaks to what Pigg (2001) describes as one of the effects of development discourse and practice in the Nepali context.

As the Chairman presided over Amchi Profile Data, the Treasurer of the HAA sat at another table registering new members and handing out identity cards once they paid their Rs. 500 annual membership fee. Though not an insignificant sum, this fee was minimal compared with the benefit most *amchi* saw in retaining the HAA identity card.

"I wish I'd had this when I was traveling last week, through Gorkha," said one *amchi* from Nubri. "The police stopped me and took all the plants I was going to bring here, to share with others and for teaching."

"These cards are protective amulets (T. *srung ba*) but against the army and police and Maoists, instead of demons!" said another *amchi*. I found this metaphor prescient. These laminated professional accouterment served as individual and collective protection. Although they might not always work, they had the potential to deflect harm and misfortune. They made *amchi* recognizable. These card-carrying *amchi* could prove their authenticity to outsiders, such as police, when asked. In this context, the efficacy of an *amchi*'s medicine seemed secondary to the process of formalizing *amchi* identity. Here, efficacy was not charted by a patient's recovery or the years an *amchi* had spent studying medical and religious texts. Rather, efficacy was social and political in nature – that which works, not to heal but to render visible an *amchi*'s role as a healer.

While *amchi* were registered and interviewed, the Conference's "Special Guests" milled about in the courtyard, passionately discussing the South Asian Association for Regional Cooperation (SAARC) convention that was occurring simultaneously.[29] None of the *amchi* seemed particularly concerned with these efforts at high-level South Asian diplomacy. As one *amchi* put it, "The Nepali government is only concerned with impressing big people."

Of much more immediate concern to many *amchi* who had gathered for the conference was the upcoming Kalachakra initiation in Bodh Gaya, India: ten days of Buddhist instruction and empowerment presided over by His Holiness the 14th Dalai Lama.[30] After making the trek to Kathmandu, many *amchi* were seizing this opportunity to attend the Kalachakra ceremony. Their concerns highlighted the ambivalent position many of them occupy as Tibetan-speakers from the borderlands on the one hand, and Nepali citizens on the other. Again, the ambivalence of what it means to be an *amchi* in Nepal was mirrored by the HAA members' motivations for coming all the way to Kathmandu. I could not help but wonder if an opportunity for pilgrimage – as opposed to crafting the future of *gso ba rig pa* in Nepal – was the driving force behind these *amchi*s' attendance at the Conference.

Later that morning, the HAA Chairman called the meeting to order. "Special Guests" ascended to the stage. For the next three hours, the sixty-odd "general member" *amchi* who had traveled to Kathmandu for the conference sat in the audience as HAA board members, "Special Guests," and advisors, including myself, offered introductory remarks. The divide between stage and audience was stark – as unsettling as it was

[29] The SAARC annual meeting in Kathmandu was historic, not only because of the troubled, politically charged atmosphere in South Asian politics, post-September 11, but also because of brewing tensions between India and Pakistan over Kashmir.

[30] The Kalachakra initiation scheduled to begin on January 21, 2002, was rescheduled for January 2003 due to the Dalai Lama's ill health.

predictable. Some of the *amchi* in the audience listened. Others dozed, spun prayer wheels, and leafed through the Tibetan language publications that had been given to them by the HAA.[31] The Chairman of the HAA recounted his personal lineage history and implored each *amchi* to do his part to "develop" and "care for" *gso ba rig pa* in Nepal. The Secretary of the All Nepal Buddhist Association spoke passionately about how the "current situation of *amchi*" was reflective of Hindu state-sponsored bias against the country's Buddhist communities. The statement spoke more directly to *janajati* politics in Nepal than to *amchi* medicine, but it was the only speech that received a spontaneous, though cautious, round of applause from the audience *amchi*. The Chief Guest, Member Secretary of the Remote Area Development Committee, located the problems *amchi* currently face as part of the geographic and economic divides that partition Nepal. An esteemed Nepali practitioner of Ayurveda, also an advisor to the HAA, did his best to "prove" that *amchi* medicine and Ayurveda were "mostly the same." The Country Representative of the WWF Nepal Program and the representative of the UNESCO People and Plants Initiative both invoked *amchi* practice as indigenous knowledge and as key components of conservation. I expressed my interest in the HAA and *amchi* medicine both as a researcher focused on the history of *gso ba rig pa* and the future of *amchi* practice, and as a member of an international NGO that has given guidance and support to the HAA. The sum of these speeches created a web of meaning about why the HAA had come into existence, and what its mandate was. Of course, the real question was, did the *amchi* in the audience feel the same?

In these opening speeches, *amchi* were revealed as both modern and traditional, at once ethnic Nepalis and harbingers of "authentic" Tibetan culture by the founders of the HAA and the motley crew of "Special Guests," each in his own way. They were represented as people from Nepal's most remote, undeveloped locales, as biodiversity-minded conservationists, and as practitioners of a dying art, in need of preservation themselves. Yet the *amchi* in the audience, to whom the speeches were directed, had little recourse to actually respond to this representation.[32] Furthermore, none of the speeches articulated how individual claims to knowledge and lineage, or the character of local culture, ecology, and economics might challenge attempts to meet the HAA's goals. Perhaps this diversity remained unvoiced in the official context because it was so readily apparent in more informal circumstances. For instance, the collective aesthetic and political statement of the HAA identity cards were matched by business cards peddled by individual *amchi* – subtly, in quiet moments – to all the "Special Guests," in the hopes of securing a patron or two for their personal endeavors, from local monasteries to new, private clinics.

"This is our sickness," the General Secretary said during an after-hours meeting. "We know we have to be like one person when we talk to the government and try to get support to develop *amchi* medicine. To make schools or clinics we need to work together. But as soon as meetings end, we scatter like poplar seeds in the wind. We

[31] These publications included *gangs jongs gso rig sgron me*, published in Ladakh, India, and supported by Nomad RSI, and Lama *et al,* 2001.

[32] This was mitigated the following day, when most "Special Guests" had vanished, and the general member *amchi*, HAA board members, and a few advisors broke into small groups for discussion and knowledge-sharing exercises.

want the benefits that should come from the HAA, but it is our habit to look after ourselves. This is much easier than working as one."

The Currency of Certification: Or, Who Needs a Piece of Paper Anyway?

On one afternoon of the Second Annual HAA Conference, the board members began designing a certificate that would be given by the Nepali Minister of Health to each *amchi* who passed the final exam for this year's refresher training course. Like the previous year, a Tibetan physician from Chagpori Medical Institute in Darjeeling, India, had come to Kathmandu to teach the course.[33] The curriculum focused on the *phyi ma rgyud*, one of the four medical treatises that form the foundation of Tibetan medical teachings (T. *rgyud bzhi*). Like the previous year, the course would be taught from a condensed *phyi ma rgyud* reader that the HAA had produced.[34] Usually, the *phyi ma rgyud,* or "last tantra" like the other three texts, required a year of study and memorization each. But, all circumstances not being equal, these thirty practitioners would have a month to "refresh" themselves on this text, at the end of which they would take written and oral exams and then be offered a certificate of achievement, in accord with their rank.

Although finalizing the words contained within the certificate would prove difficult for the HAA board members, divining the aesthetics of the document was easy. All the *amchi* agreed that the certificate should be crowned with the HAA's official seal, rimmed in red ink, and signed at the bottom by both the Chairman of the HAA and the Nepali Minister of Health. Before the start of the Conference, the HAA board had asked the Chagpori Medical Institute if it would also validate this certificate with an institutional signature or seal, particularly because the instructor of the course had come from Chagpori. The Chagpori authorities had denied this request.[35]

The board members instantly agreed that the certificate should be bi-lingual, in English and Nepali. They unanimously chose to include no Tibetan on the document, even though the course would be conducted entirely in Tibetan, and would be based on a preeminent Tibetan medical text. I asked the board members why they did not want to include any Tibetan on the document.

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[33] The original Chagpori Medical Institute was founded at the behest of the 5th Dalai Lama, and was situated on top of a hill of the same name in Lhasa. As mentioned in the beginning of this article, the original Chagpori was destroyed in 1959. It was reformed in exile in the early 1990s, with the guidance and patronage of Trogawa Rimpoche. Although Tibetan medical students at Chagpori must pass final exams dictated by the Dharamsala-based Men-tsee-khang, it functions as an independent institute in other respects (personal communication, B. Gerke, March 5, 2003).

[34] During the third refresher-training course, held in January 2003, this exclusive emphasis on the *phyi ma rghud* was reconceptualized, and students were given select teaching from all four tantras, as well as other medical texts.

[35] The Chagpori representatives said they could not authorize any such certificate because it was being given in Nepal, not India, and because they were still beholden, at the level of certification, to the Dharamsala Men-tsee-khang. However, HAA members thought the reason for Chagpori's refusal was more a product of Tibetan religious politics. Indifferent to, if not ignorant of, Tibetan religious politics, the HAA had rented office space from a supporter of the Sikkim-based Karmapa, while Chagpori, and the Tibetan government-in-exile, supported the recognition of the Karmapa from Tsurphu Monastery in Tibet, who fled to India in 2000.

"You know about papers," the Vice-Chairman answered. "We cannot put Tibetan on here for the same reason it took HAA so long to get government approval for the HAA. They're suspicious of anything called 'Tibetan.' They're scared of China. And what can we do about that?"

"If we want to have the Minister of Health as our Chief Guest for the distribution ceremony," another board member interjected, "Then we need to only have Nepali and English." The fact that the Minister of Health was to officiate the ceremony was a sign of HAA's success, albeit primarily symbolic: a mark of recognition, if not actual state support.

"We also need this certificate to make clear the differences between *amchi*," the Chairman continued. "Because some of the *amchi* who have come for the conference are real scholars. They know *gso ba rig pa* truly in their heart-minds (T. *sems*). The course will be a chance for them to refresh what they already know, or to help them share their knowledge. But others are just learning. We have to separate these people, and to mark how they passed the course. If we don't, the government will think all *amchi* are the same. We need to improve the quality of *amchi* medicine, and the certificate will help."

This conversation also signified the board members' grasp of the politics of language in Nepal and the relationship between licensing, standardization, and professional identity. Just as marked ethnic categories can be understood as a part of creating a homogenized nationalist consciousness, the forging of professional and NGO identities are implicated in and beholden to similar state-making processes. Pragmatically speaking, this discussion of certification picked up where the Amchi Profile Data sheets and HAA identity cards left off. The certificates provided one means of distinguishing practitioners of *amchi* medicine from other healers in Nepal and marking *amchi* medicine as codified and, in that sense, scientific. The certificate, if not the course itself, helped to create the image of a unified, standardized *amchi* experience in Nepal. And yet, the value of certification remained ambiguous – a form of professionalization whose meaning was ambivalent, and whose power remained questionable.

"There is no benefit in writing the certificate in Tibetan," another board member added, "because anybody who is truly an *amchi* knows he's an *amchi* and doesn't need a piece of paper to prove it. That rests in their lineage, in who their root teacher is, in their minds and hands." As such, the certificate was only useful in that it legitimated the category "*amchi*", and thus provided a view towards financial support and recognition, from the Nepali government. As much as collective *amchi* identity was reflected in the certificate and the circumstances under which it would be earned, an individual *amchi*'s identity and efficacy as a healer lived beyond the borders of this certificate.[36]

"This piece of paper won't mean anything outside Nepal," said the Treasurer. "If we go to Lhasa or Dharamsala we will need to earn a new one."

"They probably put Tibetan on their certificates," the Vice-Chairman mused. "But the Men-tsee-khang in Dharamsala, or the Mentsikhang and the Tibetan Medical

[36] Jean Langford's (1999) work with practitioners of Ayurveda in India, provides a useful comparison in this instance, in that she takes up the issue of certification in relation to professional identity and medical efficacy.

College in Lhasa would not care so much about this Nepali certificate, even if it did have Tibetan on it. Maybe they will say it is good, but it would not make it easier for Nepali *amchi* to be accepted into their schools. There, they care about us passing entrance exams and knowing literary Tibetan. In India they reserve some seats for *amchi* from places like we come from, but they want you to know Hindi or English. That is always a problem. Students who are good in English and proper Tibetan have grown up in boarding schools and don't want to be *amchi*. The young people who might make good *amchi* – who are from a lineage, who have a desire to learn *gso ba rig pa* and have maybe already started to learn in their villages – have poor English and Nepali because the government schools are so bad."

"In Lhasa," the Vice-Chairman added, "it is more politically difficult. We are outsiders there. And the programs are more expensive. And you need to know some Chinese."[37]

"But in these other places the certificates are worth something more than the one we are making here, in Nepal," said the Chairman. "I've been to Dharamsala, Lhasa, Darjeeling. What is Nepal to them? Small. Less developed. And because of politics we still have to choose India or China for educating younger *amchi*, since we do not have a proper school of Tibetan medicine here. We're always stuck in the middle."

"It would be best if we could make a real school for *amchi* medicine in Nepal," said the General Secretary. "Then we would not have so much trouble with entrance exams. It would be less expensive. We could invite teachers from India and China if we needed to, but it would be a Nepali program. Then, the Ministry of Health and the Remote Area Development Committee would help *amchi* medicine. And maybe our certificates would be recognized by the schools in India or China."

Versions of this conversation had played out in previous HAA meetings, and exemplified the tenuous position *amchi* from Nepal occupy in relation to both the Nepali nation-state and institutions of Tibetan medicine abroad. No matter how diverse they are as a body of practitioners, *amchi* from Nepal are considered peripheral by all parties from whom they seek legitimization – except perhaps international organizations that view *amchi*'s medical, botanical, and cultural knowledge as conservation and development resources, and to whom "Tibetan medicine" and "*amchi* medicine" are synonymous. To institutions of Tibetan medicine in exile, *amchi* from Nepal remain "borderland" populations – a term that refers to the boundaries of an historic Tibetan nation that no longer exists, as such, but that is intensely conjured by Tibetan exiles. Within the Tibet Autonomous Region, China, *amchi* from Nepal can engender suspicion, in that they embody the arbitrariness of political boundaries in relation to the more diaphanous practices of language and culture. And yet, as much as being recognizable to the Nepali state is crucial for these *amchi*, it is not enough in itself. Despite *janajati* politicking, the state has yet to find an acceptable language through which to embrace Nepali cultural practices that can also be understood as Tibetan, broadly conceived. *Amchi* from Nepal stand at the interstices of these nationalist agendas, at once tied to diasporic and minority sentiment, both outside and within Nepal. And yet they are also clearly Nepali citizens, and trying to lobby for support as

[37] Since 2001, the HAA has been exploring this option of sending good novice *amchi* from Nepal to institutes of Tibetan medicine in India or Tibet (China), and examining their curriculums as new educational models.

such – as representatives of a practice that can be conceived of as indigenous to Nepal, and at once culturally and medically valuable.

"So what should you write on the certificate?" I asked.

"Why don't you write something in English," the General Secretary suggested. "Then it will sound good and we can put it into Nepali." At a certain level, this request was not surprising. I had helped to translate and edit previous HAA documents from Tibetan and Nepali to English, and I was the only native English speaker who advised the HAA. And yet, as Talal Asad reminds, "The process of 'cultural translation' is inevitably enmeshed in conditions of power" (Asad, 1986). It was easy for the *amchi* to imagine English as a starting point for this certificate: a normative yet still foreign language that could be deciphered by the Nepali government, international donors, tourists, and other potential sponsors. Nepali, as a language of officialdom and a medium of exchange, needed to be rendered in precise, politically astute terms. Tibetan remained a ghost language – living not so much between the lines of English and Nepali but beyond this exercise in certification itself.

"I can help with the English," I said. "But maybe you should write what you want to say in Nepali first." Even though Nepali was not the first language of the HAA board members, it was more familiar to them than English. They agreed.

"We need to put something about herbal medicines, and to say what '*amchi'* means. We should also include the dates of the course, how well they did on exams, and their name in both English and Nepali," the Treasurer added.

"We'll say that each person has completed a training course in...." the General Secretary paused. "What do we say the *phyi ma rgyud* course is about? '*gso ba rig pa*' doesn't make sense in Nepali, and if we just say we're teaching about *jadibuti* [N. medicinal plants], then how will they think we're different from *Ayurveda*?" This point recurred in many different contexts within the HAA's conferences and activities. Some of the Nepali botanists and doctors of Ayurveda who advised the HAA had suggested that they label their medical practice as "Ayurveda," since that term was eminently understandable to the Nepali state. Some *amchi* considered this option, not only because of its potential political expedience but also because it bore witness at another level to the historical relationship between Ayurveda and Tibetan medicine (cf. Meyer, 1998). Ultimately, though, the board members decided against this, fearing that if they were subsumed by the term "ayurveda" then they would lose opportunities for marking *gso ba rig pa* as a "modern" Nepali, as well as a "traditional" Tibetan practice – and a practice worthy in its own right of state support.

"What if we just say what is in the *phyi ma rgyud?* Making medicines from different ingredients, including herbs. Diagnosing and treating patients. Recognizing different diseases." In the end, the *amchi* settled on this option and set to the task of translating these ideas into Nepali words – most of them sanskritic tongue twisters that the *amchi* could hardly pronounce. I worked on the English. The *amchi* looked pleased.

Tradition, Modernity, and the Healing Life

The tropes of "tradition" and "modernity" underlie many of the issues informing *amchi* professionalization in Nepal. Sometimes we understand tradition by thinking about what modernity lacks, or has left behind. Put another way, the penchant to delimit the bounds of tradition seems like a product of living in a modern world, searching for an authentic past. When thinking about the dichotomy "tradition/modernity" in relation to *amchi* practice in Nepal, I find it most useful to examine tradition in relation to lineage – a concept that also retains cultural currency with most *amchi* themselves. Here, I delimit "tradition" not in terms of the past, but rather as a double helix of change and continuity that articulates past, present, and future. In this respect, lineage is a process by which continuity with the past is *claimed* (even if this is not historically accurate) and altered to reflect and be attendant to present circumstances. And, as we have seen, tradition can operate as a way of exerting social control and agency.

Is it possible, then, to consider "tradition" in its own right – not only as a product or reflection of modernity? Or, to consider the fact that *amchi* are actively shaping their identities as "traditional" practitioners and the idea of "cultural preservation" as a way of engineering and managing social change? Perhaps this is a question not only of time but also of scale, context, and motivation. As I have stressed, the notion of tradition is often linked up with present-day presumptions about the unchanging nature of the past. I would argue, however, that this ignores the inherent dynamism in tradition and the truth that social practice is never stagnant. In relation to *amchi* professionalization, it is this dynamism that is only superficially acknowledged by the Nepali state, "Special Guests" and official HAA literature. Ironically, these narratives center on a radical rupture, locatable in time and space, when *amchi* entered modernity, and began to suffer the consequences.

Yet the spectrum of meanings of tradition and modernity provide us with only a clue as to what is meant, in another language and another cultural context, by their equivalents. Likewise, the relationship between "traditional medical practitioners" and the international industry of "alternative medicine" is emblematic of this dichotomy but reducible to neither (Miles, 1998; Bode, 2002). Concepts such as "ethnomedicine" become key to understanding these dichotomies in action (Nichter, 1992; Adams, 1999). One of the crucial points raised by scholars like Pigg (1997), Langford (1995), Hsu (1999), Ernst (2002), and Farquhar (1994), is that medical epistemologies do not fit easily within binary oppositions: "traditional belief" and "modern scientific knowledge." Within this frame, little room remains to explore the challenges and potential of medical pluralism, to envision collaboration between different pathways to medical knowledge, or to facilitate translation across the culturally defined boundaries of health and suffering (Good, 1994; Ernst, 2002). In the realm of development, locally embedded medical practices such as *amchi* medicine have often been folded into narratives of progress and the activities of health development policy. Their diversity, complexity, and even contradictions are often reduced to acronyms such Traditional Medical Practioners (TMP), Traditional Ecological Knowledge (TEK) or Indigenous Knowledge (IK) (Pigg, 1995b). It is as if by naming these practices they will be able to stand on equal footing with naturalized categories of biomedical knowledge and practice.

Pigg writes, "The concepts of tradition and development are key points around which reformulated views of identity are being constructed (…) Struggles over meaning emerge because development activities do more than implement a set of policies and

programs, they reinforce an ideology of modernization" (Pigg, 1995a). These insights map discursive uses of the Nepali term *bikas* onto changes in social perception and local transformation in Nepal. Pigg's argument also reaffirms for me the ways *amchi* from Nepal exist on the borders of the nation-state, as well as the ambivalent and partial nature of their professionalization. The "credible and credulous" healing systems about which Pigg (1996) writes in other Nepali contexts are at once reaffirmed by the ways *amchi* medicine is categorized by the HAA's "Special Guests" and legitimated by the HAA as it sets out a course for "*amchi* development." This situation is further complicated by virtue of the HAA's transnational leanings. *Amchi* from Nepal are participating in the construction of regional and global visions of biodiversity conservation, contributing to transnational motifs of "authentic Tibetan culture," and at the same time beholden to the scrutiny of the Nepali Ministry of Health and institutes of Tibetan medicine in India and China. Not to mention more local concerns: the medico-social roles *amchi* occupy within their communities.

Amchi involved in the HAA are attempting to carve out a conscious middle way, at once preserving and revitalizing their practice, protecting personal and secret knowledge and at the same time promoting standardization (cf. Hsu, 1999). Yet have they placed themselves in a double bind? On the one hand, they are recasting their practice according to the organizational models of NGOs, thereby running the risk of increasing the gaps between different classes of *amchi* and distancing themselves from their communities as a consequence of seeking legitimation in the eyes of the state and international organizations. On the other hand, they are relying on an appeal to authenticity – as both purveyors of Nepali "indigenous knowledge" and as representatives of "traditional Tibetan medicine" – to garner political and economic support for their endeavors both within Nepal and abroad.

Perhaps these *amchi* are actively shaping the organizational model of the NGO, the discourses and practices of development, the chaotic political realities of contemporary Nepal, and the cultural capital associated with Tibet, into meaningful terms and informed social action. However, the very act of creating a homogenized narrative about "*amchi* experience" is at once necessary and counterintuitive in terms of the HAA members' personal knowledge of the difference between *amchi* – distinctions charted in geographic, religious, linguistic, medical, and economic terms. Furthermore, despite their name, NGOs are still beholden to states. The HAA and the *amchi* who comprise its diverse roster resist easy classification as a product of "foreign" influences and development discourse, state-endorsed nationalism, identity politics, or diasporic yearnings. Yet, they are neither recomposing their practice completely on their own terms. It is within this set of paradoxes that the social, political, and medical efficacy of *amchi* medicine is being formed, and reformed, in Nepal.

Postscript: Organizational Growth and Change

Since the first draft of this chapter was written in 2002, the HAA has continued to organize national and international conferences, refresher training courses for novice *amchi* in the fundamentals of *gso ba rig pa,* and specialized trainings and workshops on *amchi* medicine and public health, as well as on medicinal plant conservation and cultivation. These events have brought together more than 100 senior and novice *amchi*

from Nepal, as well as *gso ba rig pa* practitioners from Ladakh and Sikkim in India, the Tibetan Autonomous Region of China, Bhutan, and Mongolia. The HAA has also published four bilingual booklets based on the national and international conferences, and has overseen the creation of curricula and textbook materials for the four institutes of *amchi* education that exist in Nepal. These materials have been distributed nationally and regionally.

In 2003, the HAA opened its own clinic in Kathmandu. This clinic, staffed by member *amchi* on a rotational basis, not only provides medical care to people from remote mountain communities when they come to Kathmandu, but also provides the HAA with a source of income and a view towards organizational sustainability. It also serves as a site for clinical training and apprenticeship for novice *amchi*.

In 2004, the HAA held its first International Conference of Amchi, with delegates from Mongolia, Tibet Autonomous Region (PRC), Bhutan, Ladakh (India), and throughout Nepal. The meeting revealed to all participants that which they held in common, as well as their differences, highlighting how the social, economic, and political circumstances of the nation-states in which they practice continue to legislate what it means to be an *amchi,* and what it means to heal. Participants also discussed the historical significance of this meeting, both in the light of congresses of *gso ba rig pa* practitioners such as those supposedly held in 8th century Lhasa, and in Mongolia during the height of the Mongol empire, and as counterpoint to the Second International Congress of Tibetan Medicine held in November 2003, in Washington DC. After five intense days of discussion, conference participants drafted a statement and set of resolutions, in both English and Tibetan. During the Conference, Nepali and regional delegates discussed both constraints and potentials of their medical traditions and made several unanimous resolutions, in order to safeguard and develop *amchi* medical systems in the contemporary global context. They began their set of recommendations with the following:

> From 25 to 29 Jan. 2004, more than 40 Amchis (practitioners of traditional *sowa rigpa* medicine) from Mongolia, Tibet Autonomous Region (PRC), Bhutan, Ladakh (India), and throughout Nepal have gathered in Kathmandu for the First International Conference of Amchis in Nepal. Our medical practices are known as "Tibetan Medicine" in China and worldwide, "Traditional Medicine" or "Buddhist Medicine" in Bhutan, "Amchi Medicine" in Ladakh, India, "Himalayan Amchi Medicine" in Nepal, and "Traditional Mongolian Medicine" in Mongolia. In general, this medical practice is also identified by the name *sowa rigpa*, which means "science of healing" in classical Tibetan as well as in regional Himalayan and Central Asian languages and dialects. Although regional variations in medical history and practices exist, our medical traditions share a common set of theories and practices, as well as common medical texts the foremost among these being the *rgyud bzhi*, or the Four Medical Tantras, based on the work of Astangahrigaya Samhita, as well as the *bum bzhi*, and other fundamental textbooks.
>
> Our mission as medical practitioners is to serve people altruistically and help promote health through the balance of humanity and nature, as well as mind, body, and spirit.

The *amchis* from each country then agreed to establish a coalition in order to address the five main areas listed below:

1. Governmental Recognition and Support for *Amchi* and their Practices
2. Development of *Amchi* Medical Educational Systems
3. Health Care Delivery and Quality *Amchi* Medicines in Local Communities
4. Conservation, Cultivation, and Sustainable Utilization of Medicinal Plants
5. Research and Documentation of *Amchi* Histories, Practices, and Texts

As foregrounded by these remarks, international connections made during this historic event have continued to inform HAA activities.

In 2006, after more than two years of collaboration with the Council of Technical Education and Vocational Training (CTEVT) as well as partners at the Ministry of Health – Ayurveda Council, the Ministry of Education, and offices of the Remote Area Development Committee, and nearly a decade of continued lobbying efforts, the HAA was granted initial recognition and support, through a grant from the Ministry of Education. Although this specific grant was to be used for the continued development of government-approved curricula for *amchi* education programs, this support marked a specific governmental commitment to, and prioritisation of, *amchi* medicine. The corresponding degrees of *durrapa* and *kangjenpa*[38] have been equated with the categories of "certificate in *amchi* science" and "community *amchi* assistant", respectively. These follow roughly parallel designations of Community Medical Technician (CMT) and Community Medical Assistant (CMA) within the Nepali government health care system. Within the HAA, there remains ambivalence about this track of standardization, but most member *amchi* view this step toward state recognition has been, and will continue to be, beneficial to future generations of *amchi* – in great part because of their hopes that state-approved curricula and certified practitioners will also segue into financial support for *amchi* clinics in high mountain communities, and wage-earning jobs for a new generation of *amchi*.

Today, the HAA is engaged in a number of ongoing initiatives surrounding the issue of medicinal plant conservation and cultivation. Working with supportive groups within the Nepali government, and with international NGOs, the HAA is trying to promote an integrated approach to biodiversity conservation, health care, and income generation activities based on the use of medicinal plants, in line with *amchi* knowledge and practices, local communities' needs and priorities, and, as possible, the innovative use of technology and other forms of scientific expertise. These developments raise further interesting questions about how *amchi* are being recognized, and for what. In great part, their recognition as healers and contributors to the health care of Nepal's population is being *facilitated though* their identification by western and Nepali

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[38] The *durrapa* and *kangjenpa* categories emerge from the history of Tibetan medicine, specifically the ranking of different *gso ba rig pa* practitioners based on years of study, examination results, and the recommendations of senior teachers. In the context of HAA's work with CTEVT, the *kangjenpa* category is a two year, three month program that includes both didactic and clinical training, and that requires a Nepali Class 8 school certificate for entrance. Theh *durrapa* category corresponds to a three-year program of study, for which entrants mush have *either* a *kangjenpa* degree *or* a School Leaving Certificate (SLC) and proven proficiency in literary Tibetan and Nepali languages.

scientists and other "experts" as purveyors of environmental knowledge, not the reverse.

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