

MIXED THERAPY: AN OUTLINE OF MONPA HEALING TRADITIONS

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ABSTRACT:

This article takes up the case of Monpa ethnomedicine. A bonesetter is taken as an example. The case of the Monpa cultural life is more difficult since its cultural nuclei belong to Tibetan culture while its present political entity is embedded in Arunachal Pradesh, a region that belittles regular classificatory types due to its peculiar history in the last two centuries when regional political spaces were re-ordered in South Asia. The Tibetan Buddhism played an important role in the evolution of contemporary Monpa cultural life. Extant ethnographic works indicate a composite background to Monpa religious life as well as in their healing tradition. That is, there is no exclusive Buddhist-only root to their culture. The pluralistic and composite nature of the contemporary healing traditions of the Monpa is emphasized in this article.

***Keywords:** Tibetan Medicine, Monpa, Chiropractice, Sowa-Rigpa, Modern Medicine, Arunachal Pradesh*

Extracting traditions and history of the Monpas, as is the case with other communities of Arunachal, out of ethnographic accounts is a cumbersome project. Most ethnographic works on the Monpa available today doubles as their 'history.' These accounts need to be put in historical context of the region as a whole. Same goes for understanding of their practices like healing rites and rituals. This article takes up the case of Monpa ethnomedicine within this context. Compared to other communities of the state, the case of the Monpa cultural life is more difficult since its cultural nuclei belong to Tibetan culture while its present political entity is embedded in Arunachal Pradesh, a region that belittles regular classificatory types due to its peculiar history in the last two centuries when regional political spaces¹ were re-ordered in South Asia.

¹ A recent article argues Pre-Colonial region formation in Arunachal Pradesh in the backdrop of Ahom frontier policy. Sarah Hilaly, "Trajectory of region Formation in the Eastern Himalayas", *Indian Historical Review*, Vol. 42, No. 2, pp. 4-10.

The term ethnomedicine, as used in this article, is borrowed from Forster and Anderson's who defined it as: "Comprising those beliefs and practices relating to disease which are the products of indigenous cultural development and are not explicitly derived from the conceptual framework of modern medicine"(Anquandah 1997:289). The Monpa ethno-medical system is known by many names. A recent work on Monpa medicine by a monk promotes the term *Sowa-Rigpa* ('science of healing') to connote what it considers "confusing" labels to the same medical system viz. Tibetan medicine, Himalayan Medicine, Buddhist medicine, *Amchi* system etc. (Ngawang Thupten 2013:142).² From this description, two things can be concluded: that Monpa ethnomedicine is part of a larger medical tradition associated with Tibetan Buddhism, and that there is no fundamental difference in the origin and practice of various medical traditions related or derived out of it. Thus, there is an inherent Buddhist root to the *Sowa Rigpa* system, as the numerous traditions are sought to be known henceforth. How eclectic is the *Sowa Rigpa* system then? And how is it reflected in the Monpa ethnomedicine? A brief background of the origin of the classical Tibetan medicine provides some basis to answer this.

The origin of classical Indian medicine has been traced to the heterodox ascetic renunciants, many of who were assimilated into the Buddhist community during the first millenium B.C.E, and their healing lore became an important part of the Buddhist tradition (Deleanu 1994:61-62). This medical heritage, it is argued, became an important asset in the spread of Buddhism in India as well as in Central and East Asia (Deleanu 1994:61-62). From this interpretation, medicine stands to Buddhism in a similar relation what Christianity is to Colonial expansion. In the subsequent centuries, Buddhist medicine was enriched by medical traditions from other cultures. The Greek medicine was introduced into Tibet in seventh and eighth centuries (Beckwith 1979:297-313); and it was also enriched by other non-Tibetan medical systems of Asia surrounding Tibet in every direction- Turkic, Persian, and Kashmiri regions to the west and northwest, Indian and Nepali region to the south, Chinese and Mongol regions to the east and northeast thus making Tibetan medical science an internationally cosmopolitan medical system (Garret 2007:382). Political developments in Tibet and China affected the Tibetan Medicine in ways that characterize it today. The centralization of the Tibetan state in the seventeenth century was favourable to the creation of institutional structure (Pordie 2010:95). This appears to have prepared the ground for professionalization of medicine in the next century. It has been argued that this led to transformation, not mere change, in the nature of Tibetan medicine. During the 20th-century, notes one recent

² The non-uniformity of terms can be seen in various works, examples being Calum Blaikie et. al., "Coproducing Efficacious Medicines Collaborative Event Ethnography with Himalayan and Tibetan Sowa Rigpa Practitioners", *Current Anthropology*, Vol. 56, No. 2 (April 2015), pp. 178-204 Retrieved from: <http://www.jstor.org/stable/10.1086/680464> Accessed: 21-04-2016; Laurent Pordié, "Buddhism in the Everyday Medical Practice of the Ladakhi "Amchi"", *Indian Anthropologist*, Vol. 37, No. 1,(Jan-June 2007), pp. 93-116 Retrieved from: <http://www.jstor.org/stable/41920030> Accessed: 12-06-2015

work, Tibetan medicine was co-opted into the state bureaucracy, and has since acceded to institutional modernity through transformations in theory, practice, and methods for training physicians (Janes 1995:6). It led to the collapse of the traditionally pluralistic Tibetan health system, and made contemporary Tibetan medicine a font of ethnic revitalization and resistance to the modernization policies of the Chinese state (Janes 1995:6). A similar process was witnessed in Colonial Assam where medicine became a site to register resistance against colonization (Bordoloi 1996:98). The contemporary practice of Tibetan medicine has been described by a recent study thus:

In practice, Tibetan medicine is differentiated from religion, as is borne out by the constitution of the medical field as an entity largely independent of the religious. It is precisely this differentiation between sectors, together with a relative porosity of their borders, which makes it possible to employ or set aside religion according to wish and purpose, without imperiling (sic) the practice of medicine itself... Conversely, the religious heritage can be eliminated when it is a matter of verifying the therapeutic validity of the medicine according to universal biological standards... The practitioners and students of Tibetan medicine have therefore reconstructed their medicine in a political language in line with the expectations of the Chinese government. (Pordie 2010:96)

Thus, the Tibetan medicine or the Buddhist Medicine in Tibet suffered Chinese colonisation-effects and medicine became one of the fronts of resistance against what Tibetans consider colonization of Tibet by an imperialistic China. However, a native viewpoint argues that the spread of foreign healing sciences in Tibet began with the spread of Buddhism (Yonten 1991:27). According to it, the systems of healing science in Tibet from third century BCE to eighth century CE were classified into three categories—those of China, India, and the system that originated from upper Tibet. It was subsequently declared under the royal decree that every Tibetan physician should have a thorough knowledge of all the three basic systems (Yonten 1991:28). While emphasizing on pure ethnic roots of Tibetan medicine, this view nevertheless gives credence to the composite nature of their medicine in general.

The geographical spread of the originating sources of influence on Tibetan medical science is indeed vast. But amongst all of them, the influence from India is considered more profound. Buddhism from India is considered to have moulded the distinctive civilization of, among other countries, Tibet also (Basham 2001: 485). In most accounts of Chinese medical history, one reads of the transmission of Indian medicine to China in the early medieval period via Buddhism (Salguero 2009:183). That Indian medicine reached China through Buddhism is stressed in another recent work (Deshpande 2008: 41-58). But the exclusive influence of Indian

medicine on Tibetan medical science has been refuted by many. It has, argues a practicing Monpa theologian and academic, “greater percentage of difference than similarities” with the Ayurveda system of India (Thupten (Sakya) 2013:153). Both Thupten (Sakya) (2013) and Garret (2007) makes a point divergent from the one made by Walsh (1910: 1218) that the Tibetan system of anatomy and of medicine was derived from India. The negation of similarities with *Ayurvedic* system probably reflects an extension of the quest for separate *ethnicity* of the Tibetans and their medical tradition in line with their political resistance against Chinese colonization of Tibet.

Contemporary research on ethno-medical practices in Arunachal Pradesh is partly driven by the global emergence of ethnopharmacology. The Asian debates centred on intellectual property rights and local knowledge, and the social hijacking of clinical evaluation in India has spiraled academic research on tracing the ‘pre- Colonial’ roots of such traditions. Situating the body of ethnographic knowledge generated through such research in historical timeline vis-à-vis pre- and post-colonial frames offers both an opportunity and challenge in the context of the Monpa. The institutional source of the Monpa medicine itself underwent colonizing influences (from China) in Tibet while in India (Arunachal Pradesh) they remained a tradition largely outside (British) colonial influence.

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