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The Human Body in Asian Texts and Images



## Zeitschrift für Medizinethnologie Journal of Medical Anthropology



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EKKEHARD SCHRÖDER (auch V.i.S.d.P.)

e-mail: ee.schroeder@t-online.de (Korrespondenzadresse)

**Postadresse / Office:** AGEM-Curare

c/o E. Schröder, Spindelstr. 3, 14482 Potsdam, Germany

e-mail: info@agem-ethnomedizin.de

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### The Authors in *Curare* 39(2016)1:

- VINCANNE ADAMS, Prof, PhD, social and medical anthropologist (San Francisco) Vincanne.Adams@ucsf.edu – p. 97
- YOU SANG BAIK, PhD, philologist (Seoul) baikys@khu.ac.kr – p. 75
- MICHAEL BALK, Dr Phil, indologist, tibetologist (Berlin) Michael.Balk@sbb.spk-berlin.de – p. 88
- NATALIA BOLSOKHOEVA, PhD, philologist (Ulan-Ude) n.bolsokhoeva@gmail.com – p. 6
- WÜNG SEOK CHA, Prof. PhD, medical history (Seoul) chawung@khu.ac.kr – p. 75
- THERESIA HOFER, PhD, social and medical anthropologist (Oxford) resi.hofer@gmail.com – p. 99
- HYUK SANG JUNG, PhD, anatomical research (Seoul) jhs@khu.ac.kr – p. 75
- DONG RYUL KIM, PhD, medical history (Seoul) yule.kim31@gmail.com – p. 75
- TAE WOO KIM, PhD, medical anthropologist (Seoul) tkim77@khu.ac.kr – p. 75
- STEPHAN KLOOS, PhD, social and medical anthropologist (Vienna) Stephan.Kloos@oeaw.ac.at – p. 95
- KLAUS-DIETER MATHES, Prof Dr Phil, indologist, tibetologist (Vienna) klaus-dieter.mathes@univie.ac.at – p. 3
- RUDOLF PFISTER, PhD, sinologist, medical history (Basel) rodoX@gmx.net – p. 56
- FLORIAN PLOBERGER, Dr med, tibetologist, physician (Vienna) mail@florianploberger.com – p. 33
- KATHARINA SABERNIG\*, Dr med, ethnomedicine (MA), medical history (Vienna) katharina.sabernig@meduniwien.ac.at – p. 4, 22
- ISABELLA WÜRTHNER, PhD candidate, tibetologist (Munich) Isabella.Wuerthner@gmx.net – p. 42

\* Member of AGEM, the editor of the journal *Curare*

## **Tibetan Medicine Committee Inaugural Conference. World Federation of Chinese Medicine Societies, Xining, Qinghai (China), August 7–9, 2015**

STEPHAN KLOOS

In 2014, the World Federation of Chinese Medicine Societies (WFCMS) decided, upon the initiative of Dr. JIGME PHUNTSOG (Qinghai Jiumei Tibetan Medicine Co.), to establish a Tibetan Medicine Committee in order to play a leadership role in standardizing and globalizing Tibetan medicine. Sponsored by Dr. Jigme Phuntsog and organized by Dr. RINCHEN DHONDUP, the Committee's inaugural meeting and first annual international conference took place from August 7–9, 2015, in Xining.

The WFCMS is an international non-profit organization, which aims to promote TCM and "Chinese minority medicines" globally. Comprised of 239 member organizations from 65 countries and regions, its main activities include organizing international academic exchange, fostering cooperation between Chinese and other medicines, and, most significantly, the standardization of Chinese medicines in collaboration with international bodies like WHO and ISO, in order to facilitate their inclusion into the health care systems of other countries. Given that the WFCMS's agenda is to promote (traditional) Chinese medicine industries worldwide, the recent development of a lucrative transnational Tibetan medicine industry in China and elsewhere made the inclusion of Tibetan medicine in the WFCMS a logical step.

The Inaugural Ceremony and First Annual Academic Conference of the Special Committee of Tibetan Medicine of the WFCMS successfully achieved its objectives. It was attended by WFCMS Vice-Chairman and General Secretary Lizheng Ji, IASTAM President Geoffrey Samuel, 40 invited speakers, and over 450 participants, most of whom were Tibetans, but also included over 40 Chinese, some 15 foreigners and 10 members of other minority nationalities. Thus, on the first evening, the Tibetan Medicine Committee was formally inaugurated with the appointment of its Chairman JIGME PHUNTSOG, General Secretary RINCHEN DHONDUP, and 25 Vice-Chairpersons from Tibet, China, and the West (VINCANNE ADAMS, SIENNA CRAIG, and MONA SCHREMPF), as well as the election of 53 Ex-

ecutive Committee Members including more than a dozen international scholars of Tibetan medicine.

A major aim of the conference, and indeed of the Committee, was to be as inclusive and international as possible, which was not only evidenced by the participation and election of numerous foreign Tibetan medicine scholars, but also by the wide participation of doctors from over 50 Tibetan medical and Chinese academic institutions. This diverse and high-level turnout was directly related to the third main objective, namely to foster academic exchange. The approximately 40 presentations delivered over the course of the two day conference were mostly of high quality, particularly the Tibetan-language presentations. Question and answer sessions were generally lively and surprisingly critical. While everyone agreed that Tibetan medicine needed to be further developed and promoted, opinions diverged on both technical issues as well as the larger aims and consequences involved.

An inevitable challenge in any multi-lingual international conference is ensuring meaningful exchange not just among members of the same language or professional group, but also between such groups. In this case, the larger number of Tibetan presenters, who were mainly Tibetan medical professionals, was grouped together on one panel, while the comparatively smaller group of foreign and Chinese presenters shared the second panel. This arrangement had the benefit of enabling high quality exchange especially among Tibetan professionals, who did not have to waste time explaining and translating the basics of Tibetan medicine to non-professionals. It also afforded interesting insights for the Western participants regarding Chinese research (mostly phytochemical) and Chinese perspectives on Tibetan medicine (invariably pursuing a Chinese state agenda in classifying Tibetan medicine as an integral but subordinate part of the TCM family). At the same time, Chinese participants were exposed to perspectives and developments beyond China's disciplinary and national boundaries. Exchange between the Tibetan and

the Chinese/foreign panel, however, was limited to informal conversations during breaks, while a few individuals with sufficient language skills were also able to follow papers in the other hall. Even so, every participant I spoke to—Tibetan, Chinese, foreign—came away academically enriched and impressed by the high standard of the presentations, the conference organization, and Tibetan medicine in general.

If Tibetan medicine's inclusion into the World Federation of Chinese Medicine Societies marked its increasing official recognition as a cultural, scholarly, and economic resource, then the inclusion of several papers—most notably by Dr. NIDA CHENAGTSANG and GEOFFREY SAMUEL—on Tibetan medicine's religious aspects indicated a growing acceptance of the fullness of its textual and practical traditions by the Chinese state. Indeed, foreigners familiar with the Chinese context of Tibetan medicine were struck by the ease with which ostensibly Buddhist topics—until recently carefully excluded from Tibetan medical practice and discourse in China—were discussed.

At the same time, any mention of exile Tibetan medical institutions in India, by far the largest and most important centers of Tibetan medical scholarship, training, and pharmaceutical production outside China, remained firmly off limits for reasons of “political sensitivity.” This, coupled with the impossibility of inviting Tibetan experts from India, and an absence of representatives from Mongolia (Traditional Mongolian Medicine, though also classifiable as Sowa Rigpa, is considered a different minority medicine in China), Bhutan, or Buryatia, was perhaps the greatest limitation of an otherwise fairly

inclusive, comprehensive, and international conference. It served as a reminder of the political dimensions that inevitably shape the development and scholarship of medicine, be it traditional or modern, in Tibet or elsewhere.

However, India—which had officially recognized Sowa Rigpa as part of its national health care system in 2010—was by no means absent. Besides several foreign presentations based on data from India, the Director of the National Research Institute for Sowa Rigpa in Leh, Dr. PADMA GYURMET, gave an overview of the status and scope of research and the development of Sowa Rigpa in India, focusing on practitioners and institutions with Indian citizenship. The Government of India also considered the event important enough to depute the Third Secretary of the Indian Embassy in Beijing, GINCE KURUVILLA MATTAM, to Xining. No doubt owing to India's plans for developing its own globally relevant Sowa Rigpa industry, both he and Dr. PADMA GYURMET displayed a keen interest in the advances of the Tibetan medicine industry in China.

Against the background of the impressive development of Tibetan medicine as an important part of China's—and indeed Asia's—booming knowledge industry, the conference in Xining was another indication of the growing recognition and importance of traditional Asian medicines in the national and global health arena. While it will take some years and several more conferences before it is possible to evaluate the actual relevance and impact of the newly founded WFCMS Tibetan Medicine Committee, its inaugural conference in Xining in August 2015 was certainly a promising beginning.



**Stephan Kloos**, PhD 2010 UC San Francisco & Berkeley, Mag. Phil. 2002 University of Vienna, Medical Anthropologist, Principal Investigator of the ERC Starting Grant Project RATIMED 2014-19 ([www.ratimed.net](http://www.ratimed.net)), Group Leader at the Institute for Social Anthropology of the Austrian Academy of Sciences, has carried out research projects on Tibetan medicine for some 15 years. He has written numerous publications at the interface between medical anthropology, science studies, and postcolonial theory and history. Stephan is IASTAM Council Member, WFCMS Executive Committee Member, and member of Nomad RSI Research Unit, AAA, EASA, SMA, and SCA.

For more information,  
please see [www.stephankloos.org](http://www.stephankloos.org).  
e-mail: [Stephan.Kloos@oeaw.ac.at](mailto:Stephan.Kloos@oeaw.ac.at)

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