Tibetan medicine is recognized today as one of the world’s most complex and sophisticated systems of medicine. Over the last 1300 years, Tibetan medical traditions have produced a vast corpus of literature analogous in complexity to the medical scholasticism of India, China, or Greece. Tibetan medical systems are practised widely today in the countries of Nepal, Bhutan, and Mongolia; in Tibetan populated areas of the People’s Republic of China; in parts of Russia (Kalmikya, Buryatia); and throughout India (Ladakh, Sikkim, and in Tibetan refugee settlements). The popularity and use of Tibetan medicine is growing in Europe, North America, and the Pacific Rim as well.

Studies on Tibetan medicine generally refer to the ‘classical’ medical system, which is largely influenced by Buddhist notions of the body and the human condition. With an emphasis on medical theory, existing historical research on Tibetan medicine stresses the influence of the Indian Ayurvedic humoral system and Chinese pulse diagnosis, and focuses on the institutionally codified body of Tibetan medical literature comprised by the Four Tantras (Choying liki) and its commentaries. Many studies of Tibetan medicine are limited by a scientifically orientated epistemology that places value in the study of medical systems only in the search for effective healing techniques. Medical anthropologists, in turn, have concentrated mostly on the impact of modernity and socio-political change among Tibetan patients on the public health system and on the institutionalization and professionalization of traditional Tibetan medicine, as exemplified in the largest Tibetan medical institutions, the Dzam rtsis khang in Lhasa (Tibet Autonomous Region) and in Dharamsala (Indian exile).

Despite a growing interest in Tibetan medicine, the pluralistic diversity of Tibetan medical systems, that is their textuality, medium in institutional and localized practical forms, has received little scholarly research attention outside Tibet. By examining modern-day Bon narratives of illness and healing and the historical development of such narratives in nineteenth- to fifteenth-century Tibetan literature, this project aims to articulate the boundaries of a distinctive tradition of Bon medicine. Associated with the Bon religion, and claiming origins dating back to centuries before Tibetan Buddhism, Bon medicine is an ancient medical tradition. Taught in Bon monasteries, specific medical schools, or through oral transmission by hereditary lineages of Bon doctors, it is still practised today by Bon medical practitioners in the People’s Republic of China, and in indigenous and exile Tibetan communities in Nepal and India. Historical and anthropological research on Bon medicine will facilitate a scholarly analysis of the complexities of local medical practice and of indigenous understandings of health and illness in Bon life. By concentrating on Bon communities in the effort to understand how Bon medicine is defined as a tradition distinct from other forms of Tibetan medicine, this project will also contribute to the larger question of the medical and religious disciplinary boundaries are drawn in Tibet both historically and today.

Narratives of illness and healing

Drawing on methodologies of history of medicine and medical anthropology, this project will analyse ‘story-like’ narrative descriptions of individual experiences of illness and relief from illness in Tibetan Bon literature and practice. In such narratives, notions of self, society, and culture are negotiated and made meaningful. These narratives – crucial components of medical education, medical theory and practice, and the healing process – will support an analysis of cultural constructions of illness and healing, and of the relations between medicine and culture. In addition, the analysis will help clarify the relationship between centralized and localized medical practices, written and oral histories, and test and performance. There are compelling reasons to use narrative as an organisational framework for the study of medicine. In the last few decades, many sociologists and philosophers of science have challenged the approach of logical empiricism, its ontological privileging of scientific knowledge, and the perceived reliability of natural science traditions. They place some have embraced an understanding of the social and historical contingency of all types of knowledge, including scientific knowledge. The ontological concept of disease, for example, has evolved from being a natural state of the world to a human social construction. In the last century, many sociologists and philosophers of science have challenged the approach of logical empiricism, its ontological privileging of scientific knowledge, and the perceived reliability of natural science traditions. They place some have embraced an understanding of the social and historical contingency of all types of knowledge, including scientific knowledge. The ontological concept of disease, for example, has evolved from being a natural state of the world to a human social construction.

Bon medicine will facilitate a scholarly analysis of the complexities of local medical practice and of indigenous understandings of health and illness in Bon life and in Tibetan communities. In the effort to understand how Bon medicine is defined as a tradition distinct from other forms of Tibetan medicine, this project will also contribute to the larger question of the medical and religious disciplinary boundaries are drawn in Tibet both historically and today.

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Research & Reports

What Is Bon Medicine?
Analysing Narratives of Illness and Healing

By Mona Schrempf and Frances Garret

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Drawing on methodologies of history of medicine and medical anthropology, this project will analyse ‘story-like’ narrative descriptions of individual experiences of illness and relief from illness in Tibetan Bon literature and practice. In such narratives, notions of self, society, and culture are negotiated and made meaningful. These narratives – crucial components of medical education, medical theory and practice, and the healing process – will support an analysis of cultural constructions of illness and healing, and of the relations between medicine and culture. In addition, the analysis will help clarify the relationship between centralized and localized medical practices, written and oral histories, and test and performance. There are compelling reasons to use narrative as an organisational framework for the study of medicine. In the last few decades, many sociologists and philosophers of science have challenged the approach of logical empiricism, its ontological privileging of scientific knowledge, and the perceived reliability of natural science traditions. They place some have embraced an understanding of the social and historical contingency of all types of knowledge, including scientific knowledge. The ontological concept of disease, for example, has evolved from being a natural state of the world to a human social construction. In the last century, many sociologists and philosophers of science have challenged the approach of logical empiricism, its ontological privileging of scientific knowledge, and the perceived reliability of natural science traditions. They place some have embraced an understanding of the social and historical contingency of all types of knowledge, including scientific knowledge. The ontological concept of disease, for example, has evolved from being a natural state of the world to a human social construction.

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