Alternative pharmaceuticals: The technoscientific becomings of Tibetan medicines in-between India and Switzerland


Abstract

This doctoral dissertation forges and explores connections, flows and frictions between two seemingly unrelated manufacturers of Tibetan medicines: Men-Tsee-Khang, the Tibetan Medical and Astrological Institute in Dharamsala (Himachal Pradesh, India), and PADMA AG in Wetzikon (Zürich, Switzerland). Adopting a translocal, multispecies approach by positioning plant-medicines as the central actors in this ethnography, I trace how four plants - aru, ruta, tserngön and bongnak - become part of medicine in and between these two establishments of Sowa Rigpa of similar age and output volume, situated in highly diverse contexts at a stereotypical 'periphery' and 'core' of Western technoscience respectively. Inspired by Science and Technology Studies and by Pordié and Gaudillière's (2014a) ‘reformulation regime’ of industrial Ayurvedic proprietary products, I analyse the on-going material, technoscientific, and regulatory reformulations of Tibetan materia medica as they are actualised in contemporary recipes based on classical texts.

In this thesis, I describe how both PADMA and Men-Tsee-Khang refer to Tibetan medical texts yet also rely on botanical taxonomy for plant identification. Both face the uncertainties of sourcing raw materials in bulk from growers and traders on the Indian market, skilfully mass-produce pills by means of machines for grinding, mixing, sieving and packaging, and depend on in-house laboratory analyses and each-other's expertise in the construction of hybrid 'qualities'. They are also forced to interact with technomedical conceptions of drug safety and toxicity, and with European medicine and food registration legislation to varying degrees. I argue that in performing this series of technoscientific reformulations, Tibetan medicines are becoming 'alternative pharmaceuticals': liminal, paradoxical yet politically subversive things oscillating betwixt and between tradition and modernity, orthodoxy and innovation, East and West. Men-Tsee-Khang and PADMA could thus be interpreted as two possible instantiations of a quasi-industrial techno-Sowa Rigpa, but only if one distinguishes 'Big' from 'Small Alternative' Pharma, and never without leaving crucial contradictions and identity politics behind.

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Tibetan medicine spread from Tibet to Mongolia, northern China, Siberia and many areas of Central Asia, going all the way over to the Caspian Sea. Tibetan medicine, as well as many other aspects of Tibetan culture, formed what would be analogous to Latin culture in Medieval Europe. Its influence spread all the way from the Caspian Sea to the Pacific, and from Siberia to the Himalayas. It was a major civilization. In Unesco applications, the neighbors are trying to formally tie Tibetan medicine, an ancient practice with a growing commercial value, to their national patrimonies. The two countries' latest struggle is over which one will be able to formally tie the ancient practice of Tibetan medicine to its national patrimony. The prize: international cachet and the possibility of significant commercial rewards. In March, China filed paperwork asking the United Nations Educational, Scientific and Cultural Organization to recognize medicinal bathing, one of many practices of sowa rigpa, the Tibetan name for this type of medicine, as part of its “intangible cultural heritage.” Unesco's website indicates that the request will be considered next year. Alternative medicine is a treatment that is used in place of a conventional medical treatment. For example, if your physician prescribed you a blood pressure medication and you opted instead to overhaul your diet completely in hopes of reducing your blood pressure, this could be an example of an alternative medicine. Pros: Often, alternative medicine is considered “natural.” Most people who opt for alternative medicine are choosing these treatments because they are seeking a more natural approach to healing their chronic conditions.