CHAPTER 4

Institutions as (Im)Potent Modes of Education

This chapter explores the changing dynamics of contemporary Tibetan medical education by introducing three recently established Sowa Rigpa schools in Kathmandu, which Jan van der Valk visited in 2019 and 2022. Each presents a unique pathway toward the professionalization and institutionalization of Sowa Rigpa: the first is government-supported, the second emphasizes lineage and tantric transmissions, and the third is strongly shaped by monastic patronage. Building on the pioneering work of Sienna Craig (2005, 2007, 2008, 2012) on the identity politics of amchis organizing and lobbying for government recognition in Nepal, our aim is to gain further insight into the ambivalence, risks, and uncertainties generated by the drive for standardized curricula and certification. We analyze the impact of emerging educational configurations on the transmission of both *menjor* skills and ritual practices traditionally associated with medicine. Inspired by Laurent Pordié and Calum Blaikie's (2014) application of Ingoldian concepts to Sowa Rigpa medicine making, we argue that the learning context of each school is characterized by a different taskscape—a mutually interlocking ensemble of activities (Ingold 1993) in which students must acquire skill in order to qualify as competent practitioners.

Pordié and Blaikie (2014) show how the reconfiguration of amchi taskscapes in contemporary Ladakh is deeply embedded in social, political, and economic processes and dynamic "currents of tradition," a concept borrowed from Volker Scheid (2007). They observe a general shift from enskilment to formal education, leading to a widening gap between rural and urban amchis. Enskilment centers on hands-on training as part of extensive master–disciple relationships, leading to self-sufficient practitioners who have gradually acquired the skills to produce a considerable range of their own medicines, often by hand, using simple tools such as grinding stones. This apprenticeship mode of transmission is very different from formal education, which occurs in colleges that foreground textual and theoretical knowledge. Graduates from these "state-led, market-driven and performance-based

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institutional settings" (Pordié and Blaikie 2014, 365) hold a diploma certificate, having passed oral and written examinations. After a clinical internship period they become professional clinicians geared toward working in the public health system, and are expected to purchase ready-made formulas from larger pharmacies.

In something of a contrast to the Sowa Rigpa landscape in Ladakh, Blaikie and Craig (2022) point to the continued prevalence in Kathmandu of what they call the "clinic+pharmacy" cottage industry mode, in which a single amchi acts as a physician–pharmacist overseeing production on a relatively small scale. This chapter raises questions about how amchi taskscapes in Kathmandu might be changing in light of the increasingly evident divide between clinic and pharmacy in the wake of educational institutionalization. It thus complements the fine-grained descriptions of artisanal apprenticeship in Chapter 2.

We start by providing some brief context on the professionalization and institutionalization of Tibetan medical education before introducing key places, organizations, and people involved in efforts to secure national recognition of Sowa Rigpa in Nepal. The main body of the chapter introduces the three schools, their educational programs, and some of their teachers and students. First, we visit the Sowa Rigpa International College (SRIC), which has established a state-certified degree program in affiliation with Lumbini University. We then move on to the Traditional Buddhist Sorig Institute (TBSI),[68] where we meet its founding teacher Amchi Urgian Kalzang, who voices a strong critique of modernized education.[69] Finally, we arrive at the School of Four Medical Sciences of Early Tradition, known locally as the Sorig Bumzhi School (SBS), which offers an example of how classroom and lineage-based education can come together. The chapter concludes with reflections on what institutionalized *menjor* practices might mean for the future of Sowa Rigpa professionals and the making of potent medicines.

Professionalization of Sowa Rigpa education

Professionalism and professionalization are longstanding topics in the sociology of work. Neo-Weberian critiques have defined professionalization as "the process to pursue, develop, and maintain the closure of the occupational group in

68 TBSI is now known as Samye Sowa Rigpa School of Traditional Tibetan Medicine, but the original name is retained here for temporal consistency.

69 Takkinen's (2021) doctoral dissertation devotes entire chapters to SRIC (208–51) and TBSI (252–90). These provide excellent context that we will not recapitulate, as well as astute reflections on several issues that we refer to where relevant.

order to maintain practitioners' own occupational self-interests in terms of their salary, status and power as well as the monopoly protection of the occupational jurisdiction" (Evetts 2013, 782). This often coincides with the solidification of state authority, integration into a capitalist market economy, and—in the case of Tibetan medical education—increased biomedical influence. In their foundational work on the rise of nonorthodox medicine in Britain from the late 1960s onward, Sarah Cant and Ursula Sharma (1999, 77) note how the establishment of professional institutions—including practitioner associations and colleges often spearheaded by charismatic individuals—fomented a shift from apprenticeships and cottage industries to "what might be seen as the rationalization of complementary medicine."

In addition to Craig's aforementioned works and Blaikie's research on the Ladakhi Sowa Rigpa cottage industry (2009, 2013, 2018), these processes have received attention in anthropological studies on Tibetan medicine by Florian Besch, Craig Janes, and Martin Saxer. Besch (2006, 2007) provides valuable insights into the highly localized yet interconnected transitions that have occurred with monetization in the Trans-Himalayan periphery of Spiti (see also Besch and Guérin 2022). Janes (1995) documents a broad shift from more pluralistic healing structures in early modern Tibet to secular and scientific bureaucratic institutions under centralized PRC government control. Saxer (2013, 22–58) further traces the creation of a Tibetan medical industry "from pharmacy to factory" in the PRC between 1995 and 2005, highlighting issues of (in)compatibility and creative adaptation in the wake of GMP implementation (see also Cuomu 2022).

While these contemporary transformations are significant, the institutionalization of professional medicine has longer roots in Tibet (Gyatso 2004). It goes back at least to the establishment of the first officially sanctioned medical houses (*sman grong*) and the title of "official physician" or *lamenpa* in the thirteenth and fourteenth centuries of Mongol–Sakya hegemony (Hofer 2018, McGrath 2023), and culminated during the Ganden Podrang government period (1642–1959) (Van Vleet 2015, 2018). Medical academies installed by the Lhasa government—Chagpori in the late seventeenth century, Mentsikhang in the early twentieth—operated alongside privately tutored lineage physicians, medical houses, monastic training centers, and small academies in a heterogeneous semi-professional sector embedded in a broader therapeutic landscape of tantric practitioners, mediums, and astrologers, among others (Hofer 2018).

The three Kathmandu schools in this chapter reflect this historical heterogeneity. Large Tibetan medical institutions in Lhasa, Xining, and in exile continue to act as exemplars, often setting the agenda, as reflected in India's recognition of Sowa Rigpa in 2010 (Blaikie 2016, Kloos 2016). At the time of writing, national recognition has not been achieved in Nepal, but it is a work in progress in which the first of the three schools discussed here, SRIC, has played a central role (see

Takkinen 2021, 174–207). However, Kathmandu also differs in many ways from Ladakh, Lhasa, and Dharamsala. As Nepal's multiethnic capital, shaped by Hindu caste hierarchies and geopolitical tensions between India and the PRC, it holds a special position as a refuge for Tibetans and Tibetan monastic institutions that were not initially given space to flourish in the Geluk-dominated Dharamsala area where the Fourteenth Dalai Lama took residence more than sixty years ago. This includes the Nyingma-Kagyü and Bön sects that fund the other two medical schools covered here, TBSI and SBS.

Arriving in Kathmandu

The great white stupa of Boudha, situated in the northeastern outskirts of Kathmandu, has long been a crossroads for long distance trade and Buddhist pilgrimage. It is said by Tibetans to fulfill the sincere wishes of anyone who lays eyes on it. Nowadays, the surrounding area boasts the Kathmandu Valley's characteristic melting pot of Newari tantric Buddhists and Hindus, as well as Tamang, Sherpa, and Gurung Buddhists from the uplands who have settled here or come down for the winter. Since the second half of the twentieth century, an influx of Tibetan refugees has led to the construction of dozens of monastic institutions in Boudha, coinciding with rapid urbanization and booming international tourism.[70] Arriving in Boudha in 2019, I (Jan van der Valk) joined the steady clockwise stream of people on the *kora* (*skor ra*), circumambulating the stupa while watching devotees bow and touch the small Licchavi-style stupas and brass statues enshrined in the prayer-wheel-lined wall around the dome. In the multi-storied buildings encircling the stupa alone, three Sowa Rigpa clinics with multilingual signboards (Tibetan, English, Nepali, Chinese) were attracting the attention of passersby.[71]

During my five-week stay in Kathmandu, I found ten active Sowa Rigpa clinics within twenty minutes walking distance of the Boudha stupa and several more near the Swayambhu stupa and in the old heart of the capital. Sowa Rigpa has centuries-old roots in Nepal's Himalayan region as the dominant scholarly medical tradition (e.g., Lama, Ghimire, and Aumeeruddy-Thomas 2001, Millard 2005). However, this profusion of urban clinics catering to an international clientele is a more recent phenomenon. Kunphen proudly introduces itself as "Nepal['s] first Tibetan Medical Center" on its website. Located in Chhetrapati (and now with a branch clinic in Boudha), Kunphen's clinic and medicine factory were

70 On tourism and pilgrimage sites, see, e.g., Dowman 2022, Howard 2016.

71 Van der Valk, fieldnotes, August 20, 2019.

the first to obtain government registration in 1973, facilitated by the founder Dr. Kunsang's successful treatment of the late King Tribhuvan and his excellent reputation and connections. This gave Kunphen a quasi-legal status under the Ministry of Health as a clinic that was neither designated "Tibetan" nor placed under the direct control of ayurvedic or biomedical authorities. Several other amchis followed suit over the years. Kunphen was thus the pioneer of the Sowa Rigpa cottage industry production that prevails in Nepal due in part to the lack of state recognition, regulation, and investment, but also to discourses about the advantages of small-scale artisanal production (Blaikie and Craig 2022, 254–55).

Whenever I entered the dispensary and waiting room of Kunphen's Boudha branch, there would be several patients sitting on benches while two young women in white lab coats counted pills to fulfill the doctor's prescription. While this may seem unremarkable, it points to a key concern of this chapter: the ongoing professionalization of Sowa Rigpa practice and the divisions of labor it brings. Dispensing staff in Kathmandu's Sowa Rigpa clinics are almost exclusively women without formal Sowa Rigpa training. This reflects a broader feminization of medical professions (Riska 2010, 345–48), which generally manifests in the relegation of subordinated occupations such as nursing and midwifery to women, but in this context also in the increasing number of female Sowa Rigpa practitioners and students.[72]

Of the twenty Kathmandu amchis I interviewed in August–September 2019, eleven were active clinicians not making their own medicines of whom four were or had been teaching at SRIC. The other nine were pharmacists, two of them clinician-pharmacists involved in teaching. Seven of the nine adhered to the clinic+pharmacy model; the other two were senior male practitioners who had graduated from Chagpori Tibetan Medical Institute (CTMI) in Darjeeling, India, and specialized in the production of medicines and herbal products, respectively, while only rarely seeing patients. Notably, only one of the five female amchis I interviewed was involved in *menjor*: Dr. Sonam Pelmo, a Bhutanese who had studied at Sarnath's Central Institute of Higher Tibetan Studies (CIHTS) and was supervising several pharmacy workers at the Himalayan Indigenous Medicine section of Boudha's NGO-funded integrative Shechen Monastery clinic (Blaikie and Craig 2022, 260–62), as well as guest teaching at SRIC.

72 On the complexities surrounding the increased representation of female traditional physicians in Asia since the 1980s, see: on Chinese Medicine, Zhan 2009, 145–73; on Ayurveda, Abraham 2020, Cameron 2010; on Sowa Rigpa, Fjeld and Hofer 2011, Hofer 2015, Tashi Tsering 2005.

Besides urban clinics, pharmacies, and herbal product manufacturers, two other types of institutions have come to shape Sowa Rigpa in Nepal: practitioner associations and medical schools. Since its inception in 1998, the Himalayan Amchi Association (HAA) has been one of the main drivers of professionalization. Its mission is "to revitalize Tibetan medicine as a means of providing sustainable, culturally appropriate healthcare in remote, agropastoral communities in Nepal" and "to garner financial support and professional recognition from the Nepali government and international donors, and to conserve natural resources on which *amchi* depend" (Craig 2005, 417). In the broader context of Nepal's checkered political climate, HAA's success in lobbying for state recognition has been limited due to a complex interplay of personal and regional interests, including the dominance of practitioners from the rural districts of Mustang and Dolpo (Craig 2007, 2008, 2012). HAA has relied on strategic essentialisms, representing its members as marginalized citizens and practitioners of ethnomedicine, and speaking to agendas of biodiversity conservation, development, medical pluralism, and the preservation of Indigenous knowledge, thereby reconstructing tradition through a teleology of cultural and ecological decline. But, as Craig (2008, 72) puts it, "*amchi* are never just *amchi*." In the process of making this term legible to the Nepali state, a plethora of internal differences have been condensed into a single professional marker that silences, among other things, the considerable heterogeneity of medical training, experience, and expertise that arise within and across places, religious affiliations, lineages, and economies.

SRIC was established in 2016 along similar lines to HAA, albeit drawing on an expanded set of social actors. When I spoke to its founding director Dr. Tenjing Dharke and board member Tashi Phuntsok on a rainy September morning in 2019, they emerged as the driving force behind government recognition in Nepal at that time.[73] According to his business card, Dr. Dharke was not only director of SRIC but also: chairman of the Sowa Rigpa Association Nepal (SRAN), a register of practitioners that provides certificates to amchi members; vice president of Sorig Khang International Nepal (SKIN), an NGO under the guidance of Dr. Nida Chenagtsang, who was involved in the establishment of SRIC;[74] and head of his

73 Dr. Tenjing Dharke, interview with Van der Valk and Tashi Phuntsok (who assisted with translation), Kathmandu. September 1, 2019.

74 Nida Chenagtsang is a lineage holder of the Rebkong Ngakpa tradition and graduate of Lhasa Tibetan Medical University (1996). Invited by Chögyal Namkhai Norbu (1938–2018) to teach Sowa Rigpa in Italy, he built an international following through various organizations and projects. On frictions arising through the founding of SRIC, which left some lineage practitioners feeling increasingly marginalized, see Craig and Gerke 2016, 110–14; Takkinen 2021, 195–205.

own clinic in Swayambhu—Phende Himalayan Sorig Center—which has several branches. Dr. Dharke hails from Mustang. His root guru Tashi Choesang Bista is the father of the two co-founders of the Lo Kunphen Mentsikhang and School in Mustang, who have played key roles in HAA over the years (see Bista and Bista 2005, Craig 2012). Given HAA's limited success and lack of permanent presence in Kathmandu, Dr. Dharke had taken the lead in (1) successfully establishing a state-certified education program through SRIC in affiliation with Lumbini University and (2) lobbying for government positions for amchi graduates from SRIC similar to those established for Ayurveda graduates.

Backed by a small elite of successful Kathmandu amchis, as well as funding and increased visibility through SKIN, Dr. Dharke's aim was to establish a Sowa Rigpa Council recognized under the Ministry of Health. He explained that gaining recognition required more "evidence" in the form of English-language books on Tibetan medicinal plant surveys, references to classical texts, and practitioner biographies. His goal was to document Sowa Rigpa in Nepal and its scientific nature to convince Brahmin government officials that it is "not some kind of shamanism, like *jhākri*." The Minister of Education had offered to integrate Sowa Rigpa into the Department of Ayurveda and Alternative Medicine, but this was not deemed satisfactory. Dr. Dharke and his entourage wanted Sowa Rigpa to be framed as an independent medical tradition with roots in Nepal. After all, the Medicine Buddha is an emanation of the historical Buddha Siddhartha Gautama, who was born in Lumbinī—in contrast to the arguably more foreign Indian tradition of Ayurveda. Until a Sowa Rigpa Council is established, SRIC's graduates will not receive official licenses to practice. This was one reason for setting up SRAN: issuing a signed "letter of honor" in lieu of a formal certificate would provide protection to those graduates and other amchis working in Nepal (Takkinen 2021, 186–95).

Sowa Rigpa International College (SRIC): An institution with a political agenda

SRIC is located near the Boudhanath stupa, in the relatively green and quiet Jorpati suburban municipality. I visited a few days after speaking with Dr. Dharke. At the entrance to the reception area, the blue-on-white logo caught my eye (fig. 60). It looked familiar, and I later realized why: its color scheme and circular layout with two branches match those of the World Health Organization (WHO) logo, while the shield in the center depicting a European-style book is a recurring theme in university coats of arms. Together with an added globe, this clearly shows SRIC's international aspirations.

Figure 60 The SRIC logo, signaling global aspirations, features prominently at the entrance to the main school building. Kathmandu, September 2019. Photo J. van der Valk (CC-BY-SA 4.0).

Penpa Lhamo, the institute's secretary who doubled as a Tibetan language teacher, enthusiastically gave me a tour of the college. It consisted of two rented buildings, one housing the two classrooms, a library, and a large assembly hall, and the other a women's dormitory. Female students were in the majority; the few young men mostly stayed in the college building. The college enforced strict rules to maintain a disciplined learning environment, with a daily schedule that included five hours of classes. It had previously rented a third building for foreign students, because "they might like some more freedom," Penpa Lhamo explained.[75] But only one foreign student remained: a Finnish mother of three who had just started her fourth year. SRIC remained "international" because all teaching was officially in English, as promoted by SKIN and required by Lumbini University for accreditation. But Dr. Sonam Pelmo, who taught one module a week at SRIC on the *Four Tantras*, later told me that although her curriculum and slides were in English, she was teaching in Tibetan "because the students [have to] understand anyway."[76]

There were three batches of students who were in their fourth, third, and second year of the program, respectively. In total there were forty students and little space for more. The 5.5-year program consisted of 4.5 years of coursework and a one-year internship and led to a Bachelor of Sowa Rigpa Medicine & Surgery awarded by Lumbini Buddhist University, deemed equivalent to the traditional

75 Penpa Lhamo, conversation with Van der Valk, Kathmandu, September 3, 2019.

76 Dr. Sonam Pelmo, interview with Van der Valk, Kathmandu, September 3, 2019. For an outline of the SRIC curriculum, see Takkinen 2021, 323–25.

kachupa degree.[77] In 2018, the college organized a herbal excursion of about a month for third- and fourth-year students. This turned out to be expensive and was not offered annually. The herbs that the students collected were stored in plastic buckets with lids in a small medicine room containing materia medica samples for teaching purposes. There was no on-site clinic nor funds to hire an amchi; I was told that there would not be enough patients for a full-time position.

There was at least one biomedical module per semester, taught by members of Nepal's Medical Council in their spare time. Penpa Lhamo explained that it had been included so as "not to be behind others when working in an international environment." There were also teachers for Buddhism and astrology. The main Sowa Rigpa teacher was Dr. Tenzin Jinpa, a monk and Men-Tsee-Khang (MTK) graduate of 1992 who obtained an advanced *menrampa* (*sman rams pa*) degree in 2009. The college strongly relied on local amchis as guest lecturers. They had been educated at various institutions including MTK in Dharamsala, CIHTS, and CTMI. The secretary presented this as an advantage: "This way, the students are introduced to a variety of perspectives and teaching methods." Each hour-long lecture was followed by a fifteen-minute break; one started at 7 a.m. due to the availability of some guest lecturers who needed to be in their clinics during office hours: "We want to get the best," Penpa Lhamo explained.

Younger institutionally trained amchis working in Kathmandu generally agreed that they had received insufficient training to make their own medicines. MTK-trained doctors who were not selected for pharmacy internships generally relied on pills and products made by others and acknowledged their lack of *menjor* expertise. One of SRIC's guest lecturers, a doctor who saw patients at the nearby MTK Jorpati branch, had explicitly requested not to teach *menjor* subjects. Dr. Tenzin Choezom, a full-time lecturer who occasionally saw patients at Kunphen's Boudha branch clinic, was teaching pacifying medicines (*zhi byed kyi sman*) and pharmacological chapters from the *Subsequent Tantra* when we met after my tour of the college.[78] Born in Lhasa and schooled in Nepal, she had completed the ten-year degree program at CIHTS in Varanasi, then called the Central University for Tibetan Studies (CUTS). The first four years covered Tibetan grammar and literature, Buddhist philosophy, English, Tibetan astrology, medical history, and basic Sanskrit. Only then could she take the Sowa Rigpa entrance exams, finally earning her *kachupa* degree in 2016. Reflecting on her education, she said: "It is like making food in

77 The *kachupa* degree parallels a bachelor's degree in Sowa Rigpa and includes a complete study of the *Four Tantras* and its key commentaries. See Tidwell 2017, 21n8.

78 Dr. Tenzin Choezom, interview with Van der Valk, Kunphen branch clinic, Boudha, September 16, 2019.

a microwave or on a stove; the stove takes more time, but the food is more delicious." She interned at a biomedical hospital for two months and with the renowned Amchi Lobsang Lama at Boudha's Shelkar Clinic for six months. Perhaps due to her academic credentials and ability to speak Tibetan, Nepali, and English, the SRIC principal asked her to join the college almost immediately after her graduation.

When asked how she learned *menjor* at CUTS, Dr. Choezom replied "both in theory and practically." In the mornings they had classes and in the afternoons could go to the pharmacy to observe the workers making medicines. Sometimes they participated. Very occasionally this practical training included specialized detoxification practices, such as mercury processing. She felt confident to make medicines on her own, but not to see patients ("maybe after eight to ten years"). Neither did she have sufficient funds to start her own clinic. Comparing the Tibetan medical institutes in India, Dr. Choezom remarked:

> People say that [us] Varanasi students can explain the *Gyüzhi* [*Four Tantras*] word-by-word and have a thorough grasp of medical history, but that we have less knowledge of practical pulse reading and therapies compared to Chagpori and Men-Tsee-Khang [amchis]. In medicine making, Varanasi [students] should be better. At least those who have freshly graduated will remember.

At SRIC, there was some instruction on dosage forms such as decoctions, pills, and medicinal beer (*sman chang*). But Dr. Choezom acknowledged that there was a lack of practical training, especially on the detoxification of precious metals, which was additionally too expensive. She also identified other constraints, including a lack of time and the limited number of hours per subject, especially when combined with the mediocre language skills of students who do not come from Tibetan schools. She had to read each verse of the *Four Tantras*, break it down, explain its literal meaning, and then contextualize it using a mix of Tibetan, Nepali, and English. This left no time to engage with commentaries. She concluded that "some students only want the certificate, but a few listen very carefully and have enthusiasm." Adding that "society has become very challenging," she commented: "In Nepal, we don't have a good example from the government; people adopt the same mindset, to get everything quickly."

After my tour with the secretary and interview with Dr. Choezom, I spoke to a fourth-year student who was in between classes. She emphasized how demanding the daily program was: lectures all day and then dinner, after which many students continued their memorization until 11 p.m. There was hardly any space for "practicals," she acknowledged, aside from the herbal fieldtrip the previous year. She had barely gained any clinical experience and no significant medicine making training, but observed that "there are now many good pharmacies in Kathmandu and other places." She also noted that when amchis start to practice

Figure 61 The three highest-ranking SRIC students in the 2018 exams, each holding a Certificate of Appreciation. Kathmandu, September 2019. Photo J. van der Valk (all rights reserved).

they have no time to make their own medicines as they have so many patients, especially outside the capital, where there is a real lack of healthcare. If someone wants to learn *menjor*, the student added, they should work privately with an experienced amchi-pharmacist, as they would at the Tibetan medical colleges in India. Ultimately, she believed that the quality of education was mostly dependent on the student. In her experience, many were not really interested in Sowa Rigpa; their focus was on getting a degree and a job. But some were humble, obeyed their teachers, and had sharp minds and great dedication (fig. 61).

Comparing Tibetan medical education between Nepal and Tibet about a decade before SRIC opened its doors, Craig (2007) was already noting major shifts away from the historically prevalent master–apprentice lineage form of education, in the direction of institutionalization, classroom-based learning, standardized curricula, integration with biomedicine, and specialization. She linked these shifts to three main factors: socio-economic forces, including increasing monetization and rural outmigration (see also Childs et al. 2014); the rise of biomedicine and modern science and development discourses through the state and NGOs; and the related changes in education funding and push to seek government recognition. She also observed that college education can promote "a passive learning environment" (Craig 2007, 136) focused on certificates and jobs instead of religious or ethical rationales for becoming an amchi. Cumulatively, these factors had led to

"a crisis of confidence," where practitioners, patients, the state, and international actors viewed Tibetan medicine "through the lens of biomedical conceptions of the body, health, and disease" or construed Tibetan medical education as either an ethnicized form of vocational training that formalizes Indigenous knowledge or as something that should simulate "urban, elite biomedical education" (Craig 2007, 146–47). Revisiting this argument in her later monograph, Craig (2012) added that the way young practitioners experienced their efficacy and legitimacy hinged not just on confidence but increasingly on their employment prospects and the growing reliance on biomedical technologies.

By 2019, SRIC had surpassed the vocational level by offering an academic bachelor's degree. The Indigenous aspect had also become less marked: the college had attracted a significant number of Nepali students from non-Tibetan backgrounds, as well as some foreigners, and was explicitly marketing itself as international. Yet the mirroring of biomedicine and the modern university model had grown stronger. The resulting "hybrid" curriculum (Craig 2012, 111) is reminiscent of the "mixed" form of Ayurveda (Skt. *miśra āyurveda*) that Anthony Cerulli (2018, 2022) shows emerged through biomedically informed standardization at ayurvedic colleges in late colonial and postcolonial India. What is distinctly different in the case of SRIC—and equally for the other Tibetan medical schools we visit in this chapter—is that serious study of classical literature in its original language remains the unquestioned dominant feature of the student taskscape.

Jaakko Takkinen (2021, 208–51) examines this translocal entanglement of "traditional" Tibetan medical training and "modern" educational modes and forms of legitimation at SRIC. During fieldwork in 2018–2019, he noted that students were experiencing a disconnect between the Tibetan texts they had to memorize and their idea of becoming a capable medical practitioner, since there were relatively few opportunities to train in practical skills, whether Tibetan or biomedical. SRIC was in a difficult position, "trying to find a balance amidst pressures from the local amchi community, transnational sponsors, and institutional integrity" (250). The program needed to appear both sufficiently "traditional" (e.g., by centering memorization of the *Four Tantras* in classical Tibetan) and "modern" (by adding bioscientific modules and having a university-accredited curriculum). Its resulting syncretism was doubly challenging for non-native speakers of Tibetan and/or students not proficient in English (228–33).

SRIC has clearly reconfigured the Sowa Rigpa taskscape in Kathmandu, aligning with a shift from enskilment to education that firmly pushes learning-by-doing—and *menjor* in particular—to the margins. Following Pordié and Blaikie (2014, 361), it seems that these liminal institutional spaces generate hybrid forms of learning in which students "can sometimes end up squeezed from both sides, lacking abilities and lineage, technical skills and social legitimacy."

"Very traditional style": The Traditional Buddhist Sorig Institute (TBSI)

TBSI is situated in the grounds of Riwoché Monastery in Boudha, just a few steps away from Orgyen Menla Clinic. It was conceived by Kyabgön Phakchok Rinpoche (b. 1981), head of the Taklung Kagyü tradition and lineage holder of the *Chokling Tersar* (*Mchog gling gter gsar*) Nyingma revelatory collection, as well as current Vajra Master of Boudha's Ka-Nying Shedrub Ling Monastery. The latter houses the Rangjung Yeshe Institute and was co-founded by Phakchok Rinpoche's grandfather, father, and uncle, all eminent Kagyü and Nyingma lineage holders. Although Phakchok Rinpoche was funding TBSI, partaking in monthly rituals with its students, and awarding course certificates, the institute remained largely autonomous and was operated exclusively by its only teacher, Amchi Urgian Kalzang, when I first visited in 2019. When I returned in September 2022, I was informed that Amchi Urgian had sadly passed away the year before due to COVID-19, sacrificing his own health for that of his patients.

In what follows, we take tours of the medical clinic and institute with Amchi Urgian and hear about the link between his learning and teaching, as well as his views on the current state of Sowa Rigpa education. We then meet one of his senior students, Amchi Jigme Dagpa, who offers further insights into the lineage-based mode of learning that underpins the Sowa Rigpa taskscape at TBSI.

Orgyen Menla Clinic

Approaching the clinic via the main road just north of Boudha, near Ramhiti Chowk, I spotted a blue signpost bearing its name (in English and Tibetan) that read: "Here we treat all kinds of diseases through the way of Buddhist herbal medicine & no side effect." Massage, bloodletting, moxibustion, compresses, herbal baths, and ointments were all listed. When I entered the consultation room at around 10 a.m., some elderly patients were chatting while Amchi Urgian questioned one of them and read their pulse. Four students sat around a desk listening, pulse reading, sometimes asking questions, and dispensing the prescribed medicines. Amchi-la's wife Pema ensured everything ran smoothly while serving tea. A range of packaged products was for sale on a shelf: herbal teas, at least four types of incense, several plant-based oils and extracts in small bottles, a beauty cream, and medicinal butter (fig. 62).

Over-the-counter goods have become ubiquitous in Boudha's clinics, but the exact products on offer and especially their ingredients vary considerably, as is also the case elsewhere (Gerke 2012b). Amchi Urgian proudly stated that one of

Figure 62 Amchi Urgian Kalzang shows research assistant Khandro Lhamo Yangchen products at his medical clinic: hair oil and a dark-colored Three Fruits Medicinal Butter. Kathmandu, September 2019. Photo J. van der Valk (all rights reserved).

his teas for high blood pressure—Trakja Silzer (*khrag ja bsil zer*, "Moonbeam Blood Tea")—is not mentioned in the *Four Tantras* but formulated according to his own experience. It listed seven ingredients, followed by "etc." I asked about the medicinal butter, which looked unusual because it was almost black. He explained that he had added some extra ingredients in decoction form to improve its potency. The medicine shelf, lined with nearly one hundred blue-labeled plastic jars, equally showed hallmarks of artisanship. When I remarked that a large proportion of the formulas were in powder form, Amchi Urgian clarified:

> We should not go against the teachings of the Medicine Buddha. He instructed powder formulas in the powder chapter [of the *Four Tantras*] and pills in the pill chapter for a reason. This is best followed, otherwise it is an offense to the Buddha. Pills are easier to store and to take and are therefore preferred by many clinics in modern times. Pills look good on the outside but inside the materials may have already deteriorated. Powders degenerate faster, but that is okay because you can notice immediately and throw them away if necessary. They also have a different effect.[79]

79 Amchi Urgian Kalzang, interview with Van der Valk, Orgyen Menla Clinic, Kathmandu, September 10, 2019.

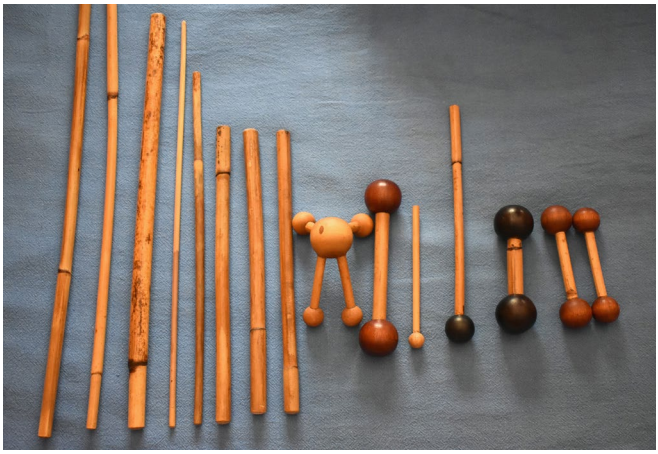

Figure 63
Amchi Urgian Kalzang's set of *yukchö* sticks. Kathmandu, September 2019. Photo J. van der Valk (CC-BY-SA 4.0).

Figure 64
Cauterization instruments crafted by Amchi Urgian Kalzang and his students. Kathmandu, September 2019. Photo J. van der Valk (CC-BY-SA 4.0).

The powder versus pill debate holds a prominent place in discussions among amchis and their patients about authenticity, potency, and efficacy. Noted early on by Besch in Spiti (2006, 147–51), it is analyzed extensively by Blaikie based on fieldwork in Ladakh (2013, 443–44; 2014, 308–13; 2019, 159–62). It ties in with traditional medical and pharmacological sensibilities (e.g., powders are stronger and act faster than pills, additional ingredients can be added to personalize formulas), practical considerations (pills are more labor intensive, machines could negatively affect the medicines), and climatic factors (pills have a longer shelf life in humid areas). But what has driven the debate—and especially the critique of mass-produced pills and, indirectly, of the practitioners who prescribe them—is the ongoing shift from powders to pills spurred by biomedical rationales,

cosmopolitan demands, and the move toward mechanization and large-scale production.

In the therapy room, Amchi Urgian showed us bamboo sticks of different sizes for *yukchö* (*dbyug bcos*; stick therapy), fitted with ball-shaped appendages made from different types of wood (fig. 63). There were also intricately carved gold- and silver-tipped cauterization instruments (fig. 64) that he and his students had made after many trials—an astounding example of their ethos of artisanal dexterity and amchi self-reliance. Amchi Urgian emphasized that he only practiced therapies from the *Four Tantras*, not Ayurveda or Chinese acupuncture. He feared that authorities might (quite rightly) crack down on amchis who were giving acupuncture without Chinese medicine training—or penicillin injections without a biomedical degree. But he also offered a more fundamental rationale: "Why mix things up? This only damages and degrades Sowa Rigpa, which is excellent in its own right."

"Why mix things up?"

Walking from the clinic to the institute, we passed the TBSI logo painted on the wall of one of its buildings: a white skull cup filled with three large myrobalan fruits resting on a blue lotus and backed by a halo of multicolored rays. Amchi Urgian showed us four rooms used for medicine making: a raw materials store with pill-making machines (used for large external orders), another storage room with a fridge to keep high-altitude herbs from spoiling and preserve their cooling potency, a room lined with shelves of materia medica samples for teaching, and a shack made of corrugated iron that sheltered a grinding machine and a large, low brick oven covered with mud (fig. 65). Some bright yellow barberry wood (*skyer pa*) had just been processed into a highly concentrated extract or *khenda* (see Chapter 3) used as an ingredient in eyedrops. Amchi Urgian laughingly said that the fireplace was "very traditional style," but promptly added that it was essential for certain detoxification procedures.

Over lunch, Amchi Urgian explained that he taught his students the way he had learned from his teachers. His main teacher was Demchok Amchi Lobsang Tsering, officially ranked the second-best amchi in Ngari (western Tibet) before he fled across the Changtang highlands to Ladakh, where he studied with a yogi for twelve years. Amchi Urgian stayed with Amchi Lobsang for nine years before his twenties. He also spent two years with Amchi Pema Gyaltsen, who "had only little medicine" but was an expert in venesection and moxibustion, and three years with Venerable Amchi Lama Rigzin in Nee (see Chapter 5), where he received instruction on the *Yutok Nyingtik* cycle. Hailing from a *ngakpa*

Figure 65 The mudbrick oven used for specific processing and extraction procedures at TBSI. Kathmandu, September 2019. Photo J. van der Valk (CC-BY-SA 4.0).

(*sngags pa*) lineage,[80] Amchi Urgian's main spiritual practice consisted of Dudjom Rinpoche's (1904–1987) revealed treasure teachings known as *Dudjom Tersar* (*Bdud 'joms gter gsar*).

Students at TBSI were pursuing a ten-year training program that covered the elements foundational to Amchi Urgian's enskilment as an amchi. After the first five years, which focused mainly on theory and memorization, they would reach the *kachupa* level but not be awarded a formal degree. They would then immediately resume their studies for a *menrampa* degree.[81] The aim was for students to memorize around eighty percent of the *Four Tantras* and all of the allegorical medicine trees (*sdong 'grems*) in a slightly simplified form, similar to the requirements at MTK, CTMI, and CIHTS, as well as the principal schools in Tibetan regions in the PRC. "After years you can forget your memorization, but not these trees; they are the backbone," Amchi Urgian clarified.

80 A *ngakpa* is a non-monastic tantric specialist, often from a family lineage.

81 The requirements for a *menrampa* degree vary widely across institutions. At MTK in Dharamsala, ten years of clinical practice after the *kachupa* degree are required before the first tier of the *menrampa* examination can be taken. Each tier also covers extensive commentarial literature on which TBSI students do not get examined.

In contrast to the limited practicals offered at SRIC, at TBSI apprenticeship in *menjor* and clinical practice were integral to Amchi Urgian's teaching. The first year consisted almost exclusively of theory and memorization, but from the second year onward all students went on annual one-month herbal identification and collection excursions, learning each plant's exact taste and regional differences. Funded by Phakchok Rinpoche and guided by Amchi Urgian, they visited several places in Nepal (including Dolpo and Mustang), and even Ladakh and Kalimpong in India. Besides high-altitude medicinal plants, they studied and were examined each year on ingredients from lower elevations, called *trokmen* (*khrog sman*), purchased from the market. They also made medicines and attended consultations in the clinic from early on in their studies, and the last two years of the program included a yearlong clinical internship.

Just as dharma and medicine were entangled in Amchi Urgian's own learning, his students at TBSI were being as thoroughly trained in religious ritual as they were in medicine (Takkinen 2021, 283). Amchi Urgian (along with many other contemporary practitioners) presented the *Yutok Nyingtik* tantric cycle as the spiritual heart of Sowa Rigpa. TBSI students had to complete a six-month *Yutok Nyingtik* foundation retreat in their final year, which needed to be replenished yearly through minimum one-week retreats. But they completed the preliminary practices (*sngon 'gro*) within the first three years of their education. They also participated in monthly rituals. On Medicine Buddha Day and Dākinī Day, which fall on the eighth and twenty-fifth days of the Tibetan calendar, respectively, they went to the nearby Ka-Nying Shedrup Ling monastery to join Phakchok Rinpoche and his monks for the ritual ceremonies. The tenth day (*tshe bcu*) ritual was performed in the shrine room of the school.[82]

Amchi Urgian was a staunch traditionalist and critical of what Pordié (2008) refers to as "neo-traditionalism" in contemporary Tibetan medicine, which is marked by syncretism and diversification, biomedical proximity, and deterritorialization, creating a bricolage of "old" and "new" practices. Launching into a harsh critique of larger Sowa Rigpa teaching institutions, Amchi Urgian argued that: "They are pushing out batch after batch of students who have not memorized the *Oral Instruction Tantra*, have barely any clinical experience, no ability to perform *turma* (*thur ma*, minor surgical procedures), venesection, moxa, and so on, who have limited herbal identification skills, and don't know how to make medicines." He was especially critical of what he described as "twenty-ninth day soup" (*nyi shu dgu thug pa*), comparing the curricula of institutions like SRIC to the noodle

82 For a more detailed discussion on these and other aspects of the integration of dharma and medicine in Amchi Urgian's teaching, see Takkinen 2021, 174–283.

soup or *tukpa* (*thug pa*) traditionally consumed on New Year's Eve, which contains an unusually large number of ingredients. "Actually, the better *tukpa* is the simple one you have every day." He acknowledged that modern education, science, and technology have their benefits, but argued that Sowa Rigpa did not need them. Similarly, there was no need to innovate to defend Sowa Rigpa: "How would scientists be more of an authority than the Medicine Buddha himself?" Concluding with a cynical take on "the so-called development of Sowa Rigpa nowadays," he said: "[It] is all external: buildings and certificates. It is all about money, earning fixed posts, fame, and politics. This focus on the superficial is contrary to the dharma. They say Sowa Rigpa is developing, I say it is going down!"

At the heart of Amchi Urgian's aversion to hybridity—to "mixing things up"—were lineage-based notions of purity and transmission. As a Nyingma practitioner whose clinic is named after Padmasambhava's manifestation as a healer, he was evidently serious about the merging of medicine and dharma. Sowa Rigpa undoubtedly has a unique medical mentality (Gyatso 2015) and numerous aspects that could be labeled "of a non-religious and technical medical nature" (Pordié 2007, 94). But it is equally clear that Buddhism can be much more than a historical cultural matrix, supportive paradigm, or soteriological moral framework for some amchis. There was an element of exaggeration in the heat of Amchi Urgian's argument, but it struck a sensitive chord. At his school there were hardly any barriers between the classroom (an outdoor space), clinic, pharmacy, and shrine room. This neatly corresponds to the master–disciple mode of transmission laid out by Pordié and Blaikie (2014), which not only foregrounds *menjor* skills, but also embeds all transmission within a Buddhist matrix of empowerment (*dbang*) and oral transmission (*lung*), with a strong focus on practical instruction or *tri* (*khrid*) enriched by closely guarded pith instructions or *men-ngak*.

"Like a father and his sons": Lineage-based transmission

When I met Jigme Dagpa in 2022, he still remembered his very first day at TBSI: September 19, 2011.[83] He was only fifteen years old at the time. By the time Amchi Urgian passed away in 2021, Amchi Jigme had finished nine years of study and was in his final internship year, making him one of Amchi Urgian's most senior students. Our conversation highlighted how the program at TBSI prepared students to become lineage holders.

83 Amchi Jigme Dagpa, interview with Van der Valk, TBSI, Kathmandu, September 3, 2022.

As we have seen, students started collecting herbs and attending clinic early on. After their first five years, Amchi Jigme explained, they had to start making medicines on their own. Once proficient at this, they began seeing patients independently in the institute clinic on rotation. They also started teaching certain topics to junior students as a crucial part of their training. This meant that he and other senior students were able to transmit Amchi Urgian's teachings to the junior students, while a new teacher from Ladakh, Amchi Tashi Tsering, instructed the *menrampa* students in their seventh and eighth years and provided further guidance on practical aspects of medicine making. In terms of clinical practice, the young age of several of Amchi Urgian's highly trained disciples had caused trust issues among both local and international patients. New patients in particular doubted if these young amchi could really offer effective treatment. Amchi Jigme admitted that this was very painful, but once they had achieved positive results, the problem quickly resolved, at least on an individual level.

Like his teacher, Amchi Jigme felt that the *Yutok Nyingtik* preliminaries and associated monthly and yearly practices carried out at TBSI made it "special" compared to other schools. He recalled that TBSI students were invited to SRIC in 2019 "to do *puja* there" (see fig. 66), because the SRIC students were unable to perform a *Yutok Nyingtik* offering feast themselves at the time.[84] When I asked if such ritual practices had an impact on the potency of medicines, he humbly responded: "Because of dharma, there is a little difference. You cannot see it, but it is different from others. For patients also. Same ingredients, but [there is a] different power and benefit. Some patients even said they feel some blessing when taking our medicines."

By "dharma" Amchi Jigme was primarily referring to the medicine accomplishment or *mendrup* (*sman sgrub*) ritual, which imbues the compounded medicines with additional healing power and requires continuous repetition of Yutok's mantra, day and night (we return to a fuller discussion of *mendrup* rituals in Chapter 5). They used to complete this within one day, but in 2022 had started practicing a seven-day major practice session (*sgrub chen*), and the plan was to conduct a full nine-day ritual from the following year. Some formulas also require extraordinary spiritually charged ingredients such as *dütsi chömen*, which Amchi Urgian would obtain from high lamas. Finally, they also added supplementary ingredients to various medicines, especially for difficult cases such as cancer. Amchi Jigme explained that this knowledge can only be transmitted through

84 Dr. Nida is well-known for his *Yutok Nyingtik* teachings, but they only appear on the SRIC curriculum in the last semester of the final year (see https://sorigcollege.org/curriculum/). When I was there in 2019, the most senior class was in its fourth year.

Figure 66
Amchi Urgian Kalzang’s TBSI students lead the performance of the first *Yutok Nyingtik* offering feast held at SRIC: one beats the drum and two bring various *torma*; three other students are playing different types of ritual horn and trumpet off camera. Kathmandu, September 8, 2019. Photo J. van der Valk (all rights reserved).

men-ngak from lineage or *gyüpa* (*rgyud pa*) amchis,[85] requiring an intimate relationship between teacher and student:

> Nowadays in schools, the teacher comes, teaches, and goes. … You cannot get *men-ngak* from the teacher, because there is no relation. The teacher is not that kind to the students, even the students don’t have respect. The teacher cannot give everyone *men-ngak*, only those who are very close to him. Nowadays many teachers don’t [even] have *men-ngak*, so there is nothing left to give. …

85 Other types of *men-ngak* include bloodletting techniques, herb collection and grinding details, and processing steps such as boiling certain ingredients in milk.

> We studied with him for nine years. Our class was like a father and his sons, and he also learned from a *gyüpa*.

The student taskscape at TBSI is rich and varied. It includes extensive memorization and text-based medical teachings, but also foundational practices for advanced tantric practice as well as monthly and yearly rituals embedded in tantric transmissions. It is experiential and accumulative in that students are exposed to the clinic, wild herbs, market ingredients, and medicine making early on, while gradually being pushed to work independently. As senior students also become teachers, they further hone their skills while starting to share the responsibility of transmission. In this sense, each TBSI student is trained to be a lineage holder. Artisanal expertise plays a central role in this enskilment process, not only in terms of *menjor* techniques, but equally with regard to ritual crafts such as making *torma* and playing ritual instruments—and even the metalworking skills required to craft therapeutic instruments. As Amchi Jigme stated, it is the deep personal relationship between teacher and student that lies at the heart of *gyüpa* education, an intimacy that allows for long-term and often more rural and artisanal modes of skilled practice.

The Sorig Bumzhi School (SBS): Ancient medicine, modern education?

SBS sits somewhere between the international setup of SRIC and the localized master–disciple training of TBSI. Housed in a new Tibetan-style building not far from Swayambhu stupa, the school is adjacent to Triten Norbutse Monastery, with which it is associated, and funded through the Yungdrung Bon Monastic Centre Society in Himachal Pradesh, India. SBS has not been directly involved in efforts to obtain Nepalese government recognition of Sowa Rigpa nor has it established a university affiliation. It was founded by the eminent monk and medical scholar Dr. Tsultrim Sangye (1940–2011), also known as Amchi Gegé, and is a branch of the Sorig Bumzhi medical school in Dhorpatan (Baglung District), which he founded in 1990 (see Millard 2005). Amchi Gegé served as SBS's first principal. Similar to Amchi Urgian's "Traditional Buddhist" School, SBS has an explicitly religious foundation as a Bönpo school that uses the *Bumzhi* or *Four Collections* as its root text rather than the *Gyüzhi* or *Four Tantras*. For Bön adherents, the *Bumzhi* was taught by Tönpa Shenrap Miwo, the legendary founder of Bön, and served as the blueprint for the *Four Tantras*.

When I visited in 2019, Amchi Sherab Jamma, who saw patients at the SBS clinic, told me that many of the twenty-five enrolled students were on an extensive

Figure 67 A hand-painted picture of the trees of health and disease at SBS, labeled for didactic purposes and dated April 1, 2018; the inscription reads "drawn by Tashi Timo." Kathmandu, September 2019. Photo J. van der Valk (CC-BY-SA 4.0).

three-month fieldtrip to the mountainous area around Dhorpatan, where they go on annual plant treks and assist in free medical camps.[86] Sonam, a senior student acting as the secretary, showed me around. SBS runs a nine-year program, similar to TBSI. Sonam had completed the five-year *kachupa* course and was working toward his *menrampa* degree. We walked down a central corridor painted a light hospital green and lined with signposted doors leading to a check-up room, dispensary, massage room, raw material storerooms, an office, and classrooms. The walls of the massage room were lined with laminated medicine tree drawings made by students (fig. 67), a recurring feature in all three schools.

In one of the classrooms, freshly collected and processed root sections of *ligadur* (*li ga dur*; *Bergenia* spp.) from Baglung were drying on the floor. The raw material storerooms contained a series of neatly stored single ingredients in plastic buckets with lids and metal containers, which they found preserved the plants better. Several small batches of common medicinal powder formulas that had just been compounded lay in stainless steel bowls with paper labels.

86 Amchi Sherab Jamma, interview with Van der Valk, SBS, September 12, 2019. On Sowa Rigpa medical camps in India and Nepal see Craig, Gerke, and Sheldon 2020, Kloos 2019.

Compounding starts in the storage room, where the ingredients are weighed and large materials are crushed with an iron mortar and pestle. The ingredients are then moved to a separate room upstairs, which has two grinding machines that can grind 1 kilogram of materials in twenty minutes, proceeding through several rounds with decreasing mesh sizes.

Back in the reception area, I received a copy of the *Bumzhi* in two volumes (first published under Amchi Gegé in Dhorpatan in 1998) and the brand-new first issue of a magazine named *Chebu Trishé* (*Dpyad bu khri shes*). This annual magazine, published by SBS, "aims to provide a platform for young students to share their knowledge of ancient Tibetan herbal medicine and other related material." The preface stresses that SBS

> also organizes special classes for students to learn about western medicine from qualified doctors and biologists. Students are provided with the opportunity to participate in conferences and seminars related to Tibetan herbal medicine and western medicine. The Sorig School, alongside teaching traditional Tibetan medicine, also provides modern education to the students.

The contents of the first few laminated pages of the magazine are revealing as to the sources of SBS's legitimacy: (1) a photograph of a scroll painting or *tangka* depicting the assembly of thirty-three deities surrounding Tönpa Shenrap as the Medicine Buddha, (2) a photograph of Ven. Khenpo Tenpa Yundrung Rinpoche (abbot of Triten Norbutse), (3) a signed and stamped letter in Nepali from Hon. Upendra Yadav (Deputy Prime Minister and Minister of Health and Population), (4) a letter from the Dhorpatan municipal government (also in Nepali), (5) a message from Norziling Tibetan Settlement office (under the exile Central Tibetan Administration), (6) and words of auspiciousness and praise from the Dharamsala-based Central Council of Tibetan Medicine (CCTM). Although SBS was not offering a state-sanctioned university degree program, it clearly valued obtaining at least nominal support from both Nepali and exile Tibetan governments. This was further attested to by the framed certificates hanging on the school's walls of Amchi Gegé's CCTM registration as a Tibetan Medical Practitioner in 2006, and his receipt of the Indigenous Healing Knowledge 2009 Lifetime Achievement Award from the Nepal Tourism Board and the Spa & Wellness Association of Nepal. Notwithstanding the clear importance of external recognition, the SBS diploma confirms that ultimate authority rests in Menri Trizin Rinpoche, the spiritual head of Yungdrung Bön, together with the heads of the Bön academic and medical institutions. This is also reflected in the ritual accomplishment of the medicine made at the school, which is effected through a Bön version of the Medicine Buddha practice text. I was unable to confirm the extent to which religious healing techniques involving astrology, divination, and

ransom rituals were being taught and used at SBS, but I expect that they were considerably less prevalent than they were at Amchi Gegé's medical school and clinic in Dhorpatan when Collin Millard carried out fieldwork there in 1996 (see Millard 2005). Nonetheless, beneath the surface of NGO funding and walls covered with certificates and awards, learning Sowa Rigpa at SBS appeared to be strongly based on rigorous study alongside extensive practical medical and ritual work within an established lineage. Although there were formal classrooms, the clinic and the pharmacy were nearby, and SBS's rural connections not only supplied herbs but also important opportunities for students to gain practical experience. The educational taskscape at SBS offered significant space for *menjor*, but the extensive institutional backing of the school by the Bön establishment in exile had also facilitated a shift to larger and more mechanized modes of production.

Discussion

This rough sketch of the state of Sowa Rigpa education in Kathmandu through three very different institutions foregrounds a number of issues that emerged in previous chapters: the importance of material expertise in the craft of medicine making (Chapter 1), the key role of the teacher–student relationship in learning processes (Chapter 2), and the continued centrality of classical textual mastery in Sowa Rigpa theorization (Chapter 3). It also speaks to another thread woven into the fabric of this monograph: the Tibeto-Himalayan nexus of medicine and ritual. Institutional modes of Sowa Rigpa education that still honor lineage-based transmission tend to be backed by institutions invested in cultivating religious and ritual forms of legitimacy and healing potency. As highlighted in the introduction, this confluence of power has a long history. Contemporary schools like TBSI and SBS that operate through monastic patronage bear some similarities to early modern Tibetan Buddhist monastic medical colleges (*gso rig grwa tshang*) (see Van Vleet 2015). At the same time, this chapter shows how becoming a practitioner and learning to make medicine (or not!) is today shaped by a complex interplay of ongoing professionalization, government recognition, transnational influences, contested biomedical dominance, and commercial incentives for mass-produced health products. In more thoroughly modernized university-based educational settings such as SRIC, the taskscape of students training to be full-time clinical professionals constitutes a break with the self-sufficient cottage producers that remain prominent across the Kathmandu Valley. After a decade of training at TBSI or SBS, graduates should be able to make their own medicines (if they can amass the necessary funds), whereas SRIC students would only be able to do so if they undertook a private internship with a senior amchi-pharmacist.

In Nepal, there would seem to be irreconcilable differences between an institutionally trained amchi elite who carry the title of "Dr." and push for government recognition on the one hand, and traditionalist amchis who espouse the ideals of lineage, spiritual cultivation, and artisanship on the other. But at a deeper level, their discourses are interconnected. Tibetan medical transmission patterns have always been in flux, with a variety of institutions as crucial components of this dynamic picture. Pordié and Blaikie (2014) make the fruitful suggestion of thinking about these different modes of education as partially overlapping streams marked by both continuity and rupture, rather than as mutually exclusive. Secularized educational structures can undoubtedly fundamentally change how practitioners-in-becoming perceive the world and their place within it. But ideologically and pedagogically more traditionalist institutions such as TBSI are equally the product of transnational forces. This is evidenced by Phakchok Rinpoche's global network and the funds he raises (see Takkinen 2021, 260–63).

It is important to keep in mind that we have only presented snapshots of the three schools. TBSI, SBS, and especially SRIC are very young institutions, implying that there is a lot of room for change, transformation, and growth. Much will depend on individual directors, teachers, and students. How each school's graduates will fare in these uncertain times both nationally and abroad remains to be seen. We might be witnessing "a renaissance of Tibetan medical education and practice" (Craig 2007, 149), emerging from shifting social ecologies but still ultimately grounded in praxis-based frameworks of legitimacy (see Craig 2012). Or it might even be the dawn of a radical new movement that reflects the fundamentally cosmopolitan nature of Sowa Rigpa. We concur with Cerulli (2022, 27–30) that Asian medical traditions are intrinsically plural by virtue of their multiple textual codifications, interpretations, and practical applications. As Van der Valk (2025) points out in his analysis of globalized Sowa Rigpa during the COVID-19 pandemic, this epistemological pluralism is not fully captured by east/west or tradition/modernity binaries. Notions of "pure" or "mixed" traditions can also be misleading. We need to acknowledge the "interplay of multiple modernities and cosmopolitanisms" (Cerulli 2022, 28) and think beyond endlessly politicized ideals of purity. Yet, hybridity was the sworn enemy of Amchi Urgian, an eminent lineage practitioner with extensive textual and practical expertise but no modern scientific education. From his integrated Tibetan medico-ritual perspective, biomedical knowledge was eroding the integrity and alterity of Sowa Rigpa as he knew it, challenging the sufficiency of its coherence and rigor. Would he have been a better Sowa Rigpa teacher or practitioner had he studied physiology and anatomy at a university? Or do the universalist assumptions lurking behind this question prove the point that integrating biomedical knowledge into Sowa Rigpa destroys its viability as a truly alternative scientific practice?

Instead of attempting to answer these tantalizing questions and falling back into binaries, we would like to end with a simpler suggestion. Beyond the controversies of scientific alterity and the cultural politics of authenticity, Amchi Urgian's frustrations may well have been fueled by the inability of rigidly applied modern education models to honor two cornerstones in his crafting of potency: the centrality of artisanal craft-based teaching and learning; and the interpenetration of medicine and religion in healing practices. Modes of education are crucial to the way potency is understood and the ability of practitioners to manipulate its various dimensions. The shift away from practical enskilment in medicine making lies at the core of the widening gap in Kathmandu between the taskscapes of *gyüpa* amchis and cottage industry physician-pharmacists on the one hand, and a new generation of clinical professionals with the title of "Dr." on the other. What is really at stake when medicines become ready-made monetized commodities prescribed by licensed physicians? It is well beyond the scope of this book to fully answer this key question, which also still plagues biomedicine. But what should be clear from this chapter is that potency lies at the heart of this issue in Sowa Rigpa.