BLUE BUDDHA:
TIBETAN MEDICINE IN CONTEMPORARY RUSSIA
(ST PETERSBURG AND MOSCOW)

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Abstract

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This thesis focuses on the socio-cultural and anthropological aspects of Tibetan medicine in contemporary Russia and investigates how Tibetan medicine is practised, consumed and represented in two major Russian cities, Moscow and St Petersburg. It is the first case-study of such kind in the context of Russian culture, as the anthropological aspects of Tibetan medicine in contemporary Russia have not yet been the subject of a systematic research. Up till now, scholarly publications on Tibetan medicine in Russia have dealt either with the translation and textual analysis of ancient Tibetan medical treatises or with the history of the first appearance of Tibetan medicine in Buriatia, the traditionally Buddhist region of Russia, and St Petersburg / Petrograd, paying little attention to contemporary developments and, most importantly, ignoring how Tibetan practitioners and their patients are making sense of Tibetan medicine. Based on twenty-four interviews with practitioners and consumers of Tibetan medicine in the two Russian capitals, my research fills in this lacuna by looking at personal experiences, perceptions and accounts of my interviewees and exploring how they adapt Tibetan medicine to their skills, beliefs and ideas. My approach to sources is informed by Iurii Lotman’s theory of intercultural communication. Although this theory was developed by Lotman for the analyses of the processes of cultural reception of literary texts, it is also relevant, with some modifications, for the analysis of the process of reception of non-textual cultural forms. The analysis of data collected from interviews with doctors and patients and the textual analysis of media, cinematic and literary sources has revealed two dominant trends and representational techniques. The first trend amounts to representing Tibetan medicine as unique and exotic, while the second trend amounts to the conceiving of Tibetan medicine as Russia’s indigenous tradition, a part of Russian history, which had been subverted and suppressed in the Soviet period, yet rediscovered post-1991. Thus, we see here a co-existence of the inter-cultural dialogue between Russian culture and an exotic ‘other’ and the intra-cultural dialogue with a recently rediscovered part of ‘self’. Both trends, which, at first glance, might appear to stand in contradiction to each other, sometimes coexist within a single explanatory narrative. The thesis also focuses on inter-cultural interactions between doctors and patients. It is argued that these interactions take place in the context of a noteworthy sociological and cultural phenomenon that the thesis calls ‘mutual counter-adaptation’. Mutual counter-adaptation is the key mechanism used, consciously or spontaneously, by Tibetan doctors and their patients in order to facilitate the process of understanding between the parties involved in an inter-cultural dialogue around Tibetan medicine. The thesis finally reveals how this mutual counter-adaptation takes place within a wider Russian cultural and media environment which exploits a set of specific symbols and images in order to make Tibetan medicine comprehensible and attractive to the wider Russian public.
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I hereby declare that no portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

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In memory of my grandmothers,

Maria and Aleksandra
Introduction

Tibetan medicine is one of the forms of alternative medical systems originating from Asia and representing an old and well-established healing tradition going back to the first half of the seventh century AD. Nowadays, Tibetan medicine\(^1\) is practiced not only in its indigenous areas, that is, in Tibet, Central Asia, and adjacent regions as well as in the Tibetan refugee communities in Dharamsala (India), but, due to globalisation, also worldwide, in the United States of America and many European countries, where practitioners trained in Tibetan medicine – both native Tibetans and non-Tibetans\(^2\) – establish small private clinics offering both healing and training.\(^3\) Russia is not an exception to this: since perestroika, which had started political and economic liberalisation, it has become possible to practice Tibetan medicine freely, by individual practicing doctors, in private clinics and in specially designated centres of ‘alternative medicine’. However, there is one important difference between the two types of development that we observe in Western and Eastern Europe.

The rapid expansion of Tibetan medicine in the West and its successful contest with other forms of alternative medical systems is partly due to its promotion by a large community of Tibetan refugees as well as to Western nostalgia for holistic, spiritual healing. According to C. Janes, “Tibetan medicine is to some degree unique among Asian medicines in the degree to which it has been able to engage both popular ideas about ‘holistic healing’ and emerging interests among Western upper and middle classes in non-Western spiritualities. … It is in this new religious context that Tibetan cultural institutions - Buddhism and medicine - have found enthusiastic adherents.”\(^4\)

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1 Tibetan medical tradition encompasses a variety of religious practices, such as meditation, a number of rituals, talisman wearing, and astrological calculation as well as ‘proper’ medical practices that include disease diagnosing, prescribing medicine and applying external treatment with ointments, massage, moxibustion, and cupping. The Tibetan medical system also includes several exercises and changes in the dietary habits aiming at improving patient’s general physical state.

2 Non-Tibetans make up a small group within this community.

3 For instance, in Germany, United Kingdom, Switzerland, and the Netherlands.

By contrast, Russia has two regions, Buriatia and Kalmykia, where, historically, the majority of the population have been Buddhist and, accordingly, Tibetan medicine is considered an ‘indigenous’ tradition constituting part of the local national heritage. In that sense, the role and place of Tibetan medicine in Russia is different from those in the West. To put it differently, in Russia Tibetan medicine is constructed and represented ambivalently, depending on the needs, agenda and perceptions of practitioners and patients. On the one hand, it can be represented as an ‘exotic’, ‘alien’ holistic tradition firmly connected to ancient wisdom of the East and Buddhism. On the other hand, some practitioners (not necessarily native Buriats and Kalmyks) can represent it as ‘native’ (rodnoe, svoe) and ‘familiar’.

My thesis investigates the socio-cultural and anthropological aspects of the Tibetan medicine in contemporary Russia as it evolved during the last two decades in two major urban centres of western Russia, Moscow and St. Petersburg. It focuses on cultural representation and adaptation of Tibetan medical tradition by doctors practicing Tibetan medicine and their patients, as well as its representation in Russian popular culture through a set of key images and symbols in order to make Tibetan medicine comprehensible and attractive to the wider Russian public. It is thus the first case study investigating the processes of inter-cultural communication in a transitional society. Adaptation of Tibetan medicine takes various forms in different cultures, and images created during this process are also quite variegated. These images are supposed to serve a number of purposes, such as legitimising, adapting, and supporting, on the one hand; or criticising and rejecting Tibetan medicine, on the other. However different these purposes and goals might look, they are all closely linked to the social debates ongoing in the recipient cultures, as changes within medical systems tend to mirror political, socio-economic and cultural processes in societies. As soon as a new cultural form – for instance, a system of alternative healing, becomes part of the cultural landscape of the receiving culture, the process of its de-contextualisation, fragmentation and re-interpretation begins which is determined by local conditions in a particular country (glocalisation).

In order to make sense of the character and status of Tibetan medicine in post-Soviet Russia, we have to consider it in a broader socio-political context. The post-communist developments in Russia have encouraged the spread of all sorts of alternative healing, including Tibetan medicine. Due to political and economic liberalisation of the 1990-ies Tibetan medical practitioners have poured into Russia...
from Mongolia, India, and China, at the same time Tibetan medical tradition has been also reinvented and revitalised in Buriatia, Moscow and St. Petersburg. Accordingly, Russians have become acquainted with a range of concepts and methods from this foreign medical and religious system and practice. Perestroika in Russia has given rise to both political, social, and cultural transformations and societal instability, which resulted in a strong feeling of insecurity and anxiety in society, as Soviet values were put on trial by new political trends and undermined by the revelation of new historical facts. The Russian society has been overwhelmed by unprecedented freedom of political, cultural-historic and intellectual debates. In the context of these debates the proliferation of religious and medical practices has taken place. The collapse of the Soviet state caused people of the former Soviet space to feel and experience a high degree of uncertainty about their national roots, traditions, and identity, which stimulated people to seek new spiritual authority and values. Importantly, the openness of society to external influences and traditions enabled people sometimes to seek these new roots and values outside of their own cultures. Societies in transition are not infrequently characterised by keen interest in eastern spiritualities, in attempts to find alternatives to traditional world views that have proved inadequate. It is therefore logical that Russia has been experiencing a strong interest in Eastern religions and particularly in the Tibetan form of Buddhism.

As mentioned above, Tibetan medicine is not a new phenomenon for Russian society: its history in Russia counts almost one and a half centuries. This study, accordingly, also investigates how the ways and attitudes of practicing Tibetan medicine in Russia have changed from the pre-revolutionary times till nowadays. First encounters with Tibetan medicine (in its Buriat variant) in European part of Russia date back to the nineteenth century. However, further development of this intercultural encounter was seriously hindered during the Soviet times, when practicing Tibetan medicine was officially banned and Tibetan doctors were prosecuted. Since perestroika, after years of relative isolation from the outside world, Russia has become much more open to other

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5 St. Petersburg, in particular, – as it could be regarded as the advanced post of Tibetan medicine in Russia, where the memory of the Badmaevs family is still alive.
6 On the rise of interest in Eastern spirituality in Europe, including Russia, at the turn of the twentieth century, see V. Tolz, Russia’s Own Orient: The Politics of Identity and Oriental Studies in Late Imperial and Early Soviet Russia. Oxford: Oxford University Press, 2010.
7 It should be noted that Buriatia and Kalmykia are the regions where Tibetan Buddhism used to be the traditional form of religion before 1917. It is only natural that these regions that attracted “seeking souls” both in the Soviet and pre-Soviet times furnished first specialist and (potential) Tibetan doctors after the collapse of the Soviet Union.
cultures and foreign influences. However, nowadays the market for Tibetan medicine in European Russia is more intricately structured than in the nineteenth century, when the Badmaev brothers established the first Tibetan clinic in the Russian capital. In the eighteenth and nineteenth century, Tibetan medicine was studied within Buddhist monasteries (so that Tibetan medical knowledge was not available to lay people) and practiced by Mongolian and Buriat emchi⁸ in Siberia in the regions populated by Buriat people. At the same time, European (Russian) scholars made first attempts at academic study of this exotic tradition and translation of its texts. This scholarly activity was followed by biomedical practitioners who did not have direct access to the knowledge of Tibetan medical system, relying on interlinear translations and observation of the practice of Tibetan doctors in Buriatia. There were also scholars who tried to study Tibetan medicine but it was textual knowledge and not a firsthand training. Thus, the first encounter between Tibetan medicine and Russian culture was dominated by such oppositions as ‘we/they’ and ‘own/alien’. Such an encounter led to the first attempts at comparing ‘familiar’ and ‘alien’ and accommodating the ‘new’ elements either by finding similarities between the own culture and the new tradition, or by acknowledging ‘otherness’ and trying to make sense of it through interpreting it in familiar terms.

In contemporary Russia we find a striking number of Europeans among the practitioners of Tibetan medicine. These people have gone to Buriatia or Mongolia in order to study Tibetan medicine first hand and now are back in European Russia as practicing Tibetan doctors and, in some cases, as spiritual Buddhist teachers as well. Furthermore, there are Buriats who have received both traditional Tibetan training and (European) biomedical training and now practice in the European parts of Russia. Moreover, some of them divide their time between medical work and writing popular books on Tibetan medicine, where they articulate innovative perceptions, adaptations and interpretations of the elements of the Tibetan medical tradition. These contemporary practitioners of Tibetan medicine tend to isolate certain therapeutic methods from Tibetan medicine (massage and phytotherapy, in particular) and, not infrequently, combine these with methods from biomedicine or from other alternative medical systems.⁹

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⁸ Tib. emchi or amchi [doctor, physician]. Lay Tibetan doctors are usually called emchi or amchi, which is a Mongolian loan word traditionally used to address Tibetan doctors in Tibet, Himalaya, Mongolia, Buriatia, Kalmykia and Tuva. If Tibetan doctor is also an ordained monk then he is called emchi-lama or amchi-lama [doctor-spiritual teacher].

⁹ This may also be done to overcome legislation difficulties and certification.
Another important group of practitioners includes native Tibetan and Mongolian doctors who immigrated to Russia on the invitation of numerous Buddhist centres to practice Tibetan medicine on their premises. These doctors (who in most cases only have traditional Tibetan medical training and no biomedical training at all) may also try to integrate biomedical components into their practice – in particular, using biomedical test results to help clarifying the pulse diagnostic or to monitor the course of healing and confirm the results of treatment.

This diverse background certainly implies intense and complex cultural interactions, which often involve a complex interplay of political agendas and ideological interests, as well as vivid and, often, quite complicated relationships between doctors practicing Tibetan medicine, who act as exponents of a foreign Asian medical tradition, and their patients, as consumers of this product.

The patient-doctor inter-cultural interaction and mutual counter-adaptation of a variety of cultural systems form another aspect of my study. Tibetan medical practice represents a culturally and religiously bound medical system which is alien to Russian cultural space.\(^{10}\) Thus, when working with patients of different cultural and religious background, doctors practicing Tibetan medicine are forced to reinterpret and/or readjust their religious and medical practices accordingly. In some cases, Tibetan doctors may even, consciously or unconsciously, free their medical discourse from religious and ritual elements. This pertains, above all, to the practitioners who are native Tibetans or Buriats and therefore are heavily reliant on the traditional Tibetan schemes and constructions. As a matter of fact, for a successful treatment, native Tibetan doctors and their patients have to establish an effective inter-cultural dialogue. For this purpose, they have to adapt not only the Tibetan medical system to the needs and perception of their patients but, almost importantly, their own attitudes and ideas to those of their patients. Likewise, patients should adapt themselves to this specific background and healing methods.

By contrast, in the cases when the doctor practicing Tibetan medicine is not an ethnic Tibetan and thus culturally belongs to the same world as his patients, this process of cultural counter-adaptation does not involve the reconciliation of the cultural worlds of the doctor and the patient. Instead the situation requires the doctor intellectually (in

\(^{10}\) Note that some doctors intertwine Tibetan medicine with Buddhist teachings. In such cases they may even employ religious rituals, astrological calculations, merit making and exorcism (in case of demon attack or spirit possession) as part of their healing practices, which, altogether, makes their practice still further from ‘European’ (biomedical) settings, familiar to their patients.
his/her imagination) to adapt Tibetan medicine so that its most common concepts can be explained to the patient in the culturally understandable terms.

Thus my study’s additional focus on ‘extra-medical’ activities into which both doctors and patients are involved is particularly important for the socio-anthropological aspect of my study. This is because the specific cultural scenery in many ways shapes the doctor-patient relationships. Let it be recalled that Tibetan practitioners and most of their patients hold different explanatory models of causes of illness and methods of healing. Successful treatment depends, partly, on the practitioner's ability to explain Tibetan medicine explanatory model in terms which make sense to the patient, in order to achieve the patient’s compliance with the treatment methods.

Scrutinising these aspects of Tibetan medicine in Russia, my thesis identifies and analyses the key mechanisms, which are used, consciously or spontaneously, by Tibetan doctors and their patients in an intercultural settings. I have identified the following three mechanisms, which are central to facilitating the process of understanding between the parties involved in an inter-cultural dialogue around Tibetan medicine:

1. Mutual counter-adaptation: doctors practicing Tibetan medicine and patients re-formulate their explanatory models in terms which make sense to both parties. This often results in using quasi-biomedical terms. Patients and practitioners may switch frameworks relatively freely, without much concern about underlying theoretical assumptions.

2. Exoticisation: This technique simplifies complexities, using existing stereotypes and producing new ones. It operates through colourful visual images and epithets.

3. Hybridization: Tibetan medicine is de-contextualised and fragmented; some elements of its concepts and modalities are recombined with other Asian medical practices, such as acupuncture and soo-jok, or with other forms of alternative systems and even with biomedicine, according to the beliefs and experiences of doctors.

**Literature review**

Tibetan medicine has long attracted interest of scholars of Tibet; this interest has, in fact, increased in recent years. However, in spite of this growing attention to Tibetan medicine and the appearance of several important studies of Tibetan medical
tradition, as well as the publication of philological studies on and translations of Tibetan medical texts, there are significant gaps in the coverage of the subject. In particular, anthropological and ethnographical research on Tibetan medicine is still in its infancy and, almost exclusively, concentrates on the study of Tibetan doctors in indigenous areas (Nepal, China, India), on their transmission and practicing of Tibetan medicine and on how they cope with influences and pressures associated with modernity. A surprisingly small number of studies deal with the adaptation of Tibetan medicine in the context of European (Western) cultures. Thus the present thesis will contribute to filling the gap in the research of anthropological aspects of Tibetan medicine concentrating on its cultural representations in and adaptation to contemporary Russian society.

Russian publications on the history of Tibetan medicine are, almost without exception, dedicated to the development of Tibetan medical schools and lineages in the ancient Tibet and Mongolia; and to the reception and development of Tibetan medicine in the Imperial and Soviet Russia, focusing on Tibetan medicine in Buriatia. Other publications mainly deal with the study and translation of Tibetan and Buriat medical treatises, and identification of medicinal herbs used in Tibetan medicine.

The first important study on this topic is Ocherki Tibetskoi Meditsiny (Outline of Tibetan Medicine) by E. G. Bazaron. This study opens with a survey of the history of Tibetan medicine, starting with its beginnings in Tibet and its introduction and development in the Buriat region of Russia in the eighteenth and the nineteenth centuries. Bazaron also dwells upon methodological problems in the study of Tibetan medical treatises. See E. Finckh, Foundations of Tibetan Medicine. Vol. 1. London: Watkins, 1978.

11 Dr Yeshi Donden, a personal physician of the Dalai Lama for many years, published an English translation of the rGyud-bZhi adapted for the understanding of European readers. See Yeshi Donden, Health Through Balance. Ithaca, N.Y.: Snow Lion Publications, 1986. Elisabeth Finckh is a naturopath from Hamburg; her study (originally published in German in two volumes) provides an abridged version of the rGyud-bZhi (Four Tantras), the fundamental Tibetan work on the Tibetan medicine, and a list of other important Tibetan medical treatises. See E. Finckh, Foundations of Tibetan Medicine. Vol. 1. London: Watkins, 1978.


medical texts, concerning appropriate translation of technical Tibetan medical terms and the identification of diseases.

In a number of articles dedicated to the history of Tibetan medicine, Buriat scholar Natalia Bolsokhoeva focuses on the history of the introduction of Tibetan medicine in the Trans-Baikal region, studying the establishment of the first medical schools in the nineteenth century and their development until the beginning of the twentieth century. She also investigates the history of first medical handbooks and collections of medicinal prescriptions, and studies biographies and activities of several well-known Buriat emchi-lamas (lamas-doctors), providing interesting data on their cooperation with Russian scientists and biomedical doctors. However Bolsokhoeva’s publications do not offer comprehensive overview of the history of Tibetan medicine in the Trans-Baikal region.

D. B. Dashiev, in the article titled Tibetskaia Meditsina v Buriatii (Tibetan Medicine in Buriatia), pays particular attention to the socio-cultural and historical context of the development of Tibetan medicine in Transbaikalia and the problem of adaptation of Tibetan medicine to new conditions. He emphasises the geographical and cultural remoteness of Buriatia from Tibet, on the one hand, and the existence of well-established historical and cultural relations between the Buriats and the Mongols, on the other. He further argues that, for these reasons, Mongolian branch of Tibetan medicine, already well-established in Mongolia by the seventeenth century, had made essential impact on the development of the Tibetan medical tradition in Buriatia.

Ts.-Kh. V. Ochirova published a biography of the head of the Atsagat medical School D. Endonov, Buriat doctor and scholar of the beginning of the twentieth century. On the basis of the archival documents from the Museum of the history of Buriatia, she outlines his life and medical works. Of particular interest are the archival

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documents testifying to the cooperation of D. Endonov with Soviet biomedical doctors in Saratov in 1930-1931.

Ch. Ts. Garmaeva in her PhD thesis (kandidatskaia dissertatsiia) *Istoriografiia Istorii Tibetskoi Meditsiny* (The Historiography of Studies of Tibetan Medicine) pays a special attention to the Russian academic tradition of the study of Tibetan medicine.\(^\text{18}\) She emphasises the importance of the interdisciplinary and practical approach to the study of Tibetan medicine peculiar to Russian scholars and attributes it to the fact that Russian scholars throughout their research have been able to consult emchi-lamas in Buriatia and Kalmykia. One of the chapters in her thesis summarises the most important Russian scholarly publications on the theory and practice of Tibetan medicine.

Popular books on the history of Tibetan medicine by Tat’iana Grekova, a Russian scholar of the history of medicine in Russia in general, and of Tibetan medicine, in particular, *Tibetskaia Meditsina v Rossii: Istoria v Litsakh i Sud’bach* (Tibetan Medicine in Russia: Historical Biographies and Portraits) and *Tibetskii Lekar’ Kremlevskikh Vozhdei* (The Tibetan Healer of the Kremlin Leaders) are extensively based on documents from various archival collections in Moscow, St Petersburg, and Irkutsk.\(^\text{19}\) These studies provide a valuable historical account of the history of Tibetan medicine in the European part of Russia from the middle of the nineteenth till the middle of the twentieth century. Both studies by Grekova mainly focus on the lives and activities of members of the Badmaevs medical dynasty: brothers Aleksandr and Petr Badmaev, who introduced Tibetan medicine in St Petersburg and practiced it there until the Bolshevik revolution of 1917, and their nephew Nikolai Badmaev, who studied Tibetan under the guidance of his uncle Petr and practiced it in Soviet Russia (Petrograd/Leningrad) until his arrest and death in 1938.

The most relevant among other publications on the history of the Badmaevs family are the two books by a scholar from Irkutsk, professor Iurii Kuz’min, *Tainy Doktora P.A. Badmaeva* (Doctor P.A. Badmaev’s Secrets) and *Vostochnye Proekty Doktora Badmaeva* (Eastern Projects of Doctor Badmaev), which are based on the study

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of archival materials and memoirs of Badmaev’s contemporaries and relatives\textsuperscript{20}, and two books by Boris Gusev, Petr Badmaev’s grandson, who collected his family’s documents and memoirs about his famous grandfather.\textsuperscript{21}

The recently published book by Lygzhima Aiusheeva, based on her PhD thesis, offers the most comprehensive overview of the history of Tibetan medicine at the end of the seventeenth and in the second half of the twentieth centuries in Russia, first and foremost in the Trans-Baikal region.\textsuperscript{22} Her research is based on archival materials and investigates the transmission and professionalisation of Tibetan medical knowledge and practice in Buriatia. Aiusheeva also presents a survey of the history of scientific research of Tibetan medicine by Soviet scholars and the role that their studies played in the revival of the practice of Tibetan medicine in the post-Soviet period.

**Methodology**

This thesis adopts a number of methodological approaches aimed at making sense of data from a wide range of sources. One of the methodological strengths of my project lies in its interdisciplinary nature: it combines an ethnographic study of doctors and patients with discourse analysis and deconstruction of data from collected interviews, media and literary sources. Iuri Lotman's theory of intercultural dialogue is extensively applied throughout my thesis, providing a wider methodological context in which my data (obtained from interviews and published sources) are analysed and interpreted, thus being grounded and placed in a larger cultural and social setting.\textsuperscript{23}

When collecting the ethnographic materials constituting the basis for my research in an explorative way, I use semi-structured interviews with doctors and patients with discourse analysis and deconstruction of data from collected interviews, media and literary sources. Iuri Lotman's theory of intercultural dialogue is extensively applied throughout my thesis, providing a wider methodological context in which my data (obtained from interviews and published sources) are analysed and interpreted, thus being grounded and placed in a larger cultural and social setting.\textsuperscript{23}

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patients. Semi-structured interviews with open-ended questions allow flexibility but, at the same time, they ensure comparability of the collected data, yet without the risk that unexpected results, findings and categories going beyond the scope of existing theoretical constructions would be lost. In this way, I have been able to explore a number of predetermined themes and issues, yet giving my interviewees space to add their own thoughts and ideas and thus discovering and pursuing new lines of enquiry.\footnote{On the usefulness of semi-structured interviews see, M. David and C. D. Sutton, \textit{Social Research the Basics}. London: Sage Publications, 2004, 87-88. See also W. L. Neuman, \textit{Social Research Methods: Qualitative and Quantitative Approaches}. Boston: Pearson Education, 2003. For further methodological considerations, see, for instance, C. Pope and N. Mays, \textit{Qualitative Research in Health Care}. London: BMJ Books, 2000; U. Flick, \textit{An Introduction to Qualitative Research}. London: Sage Publications, 2006; N. K. Denzin and Y. S. Lincoln (eds.), \textit{Handbook of Qualitative Research}. 2nd ed. London: Sage Publications, 2000.}

Semi-structured interviews are particularly useful for a study of foreign cultures and inter-cultural communication, since the flexible character of such interviews enables us to get a better understanding of the interviewees’ ideas and thoughts and explain how they make sense of the cultural and social world they live in.\footnote{See A. McKee, \textit{Textual Analysis: a Beginner's Guide}. London: Sage Publications, 2005.}

\textbf{Ethnographic research of Tibetan medicine through interviews with practitioners and patients}

For the reasons of feasibility, my research was limited to two major Russian cities, Moscow and Saint Petersburg. This choice is due to the fact that the two cities attract most of alternative (in our case, Tibetan) healers, both practicing individually and as employees of small privately owned clinics. My study involves face-to-face semi-structured interviews with both doctors practicing Tibetan medicine and their patients. All interviews were tape-recorded; afterwards I listened to the interviews several times making notes in order to locate and transcribe relevant excerpts from them. I have interviewed nine doctors (four females and five males) and fifteen patients (nine females and six males), which makes twenty four interviews in total. Analysis of qualitative data obtained from semi-structured interviews is time-consuming and therefore, in order to be able to explore in detail how doctors and patients are making sense of Tibetan medicine, and to avoid the danger of being overwhelmed by the vast amount of collected data, I had to confine myself to a relatively small number of interviews. Thus, the small sample size allowed me to concentrate on a detailed examination of my interviewees’ particular experiences, personal perceptions and accounts of Tibetan medicine.
There is no universal recommendation on the appropriate sample size for a qualitative study; rather, the sample size depends on the scope of a particular study, for instance, for simple questions or very detailed studies, the sample size might be in single figures. Thus, case studies, involving thick description and in-depth analysis of collected data, are often conducted on small sample sizes, because detailed analysis of each transcript is quite time-consuming. Moreover, the size of a sample crucially depends on the subject of research; for example, if the subject of a study encompasses a relatively small social group (as in my case, the group of Tibetan doctors and their patients in Moscow and St Petersburg), this unavoidably suggests that the sample will be small as well. There are case studies that used data collected from one, four, nine or more interviewees. The small number of informants and, accordingly, small sample size, is compensated in such cases by the own personal or professional experience of a researcher as well as by his/her knowledge of secondary literature. Generally, five or six interviewees have been recommended as a reasonable sample size for qualitative research.

Since the aim of the qualitative research is to understand the perception of complex cultural phenomena and human behaviour within a particular group or society, the findings obtained in such studies could seldom be generalisable, however, the results could be transferable. Thus, the study of one particular cultural phenomenon at a particular time and place (for instance, cultural representation and perception of Tibetan medicine among its users and practitioners in Moscow and St Petersburg) could not claim to generalise this phenomenon across the world or even nationwide. However the findings of my study could be used in a broader context, as future researchers will probably be able to make generalisations about cultural representation of Tibetan medicine on a nationwide scale, using findings of my research as well as of similar case-studies in other regions of Russia.

In addition to the data obtained from the interviews, I also relied on my own personal experience as a patient of a Tibetan doctor and experience of my family members’ as well as on my observations of interactions between doctors and patients.


which I made during my work as an interpreter of a Tibetan doctor for over two years in 1997-1999. During my work as an interpreter I took notes of my observations of doctor-patient interactions which I used when working on my thesis. Moreover, I continued to perform occasional interpreting for the Tibetan doctor during this ten year period. The position of a person involved into the doctor-patient relation has both advantages and short-comings and, in a sense, is not free from potential contradictions. On the one hand, possessing first-hand knowledge as a former patient and an interpreter to Tibetan doctor allows me to contribute additional personal insights to my research and analysis of my data. On the other hand, I am aware of a danger of adding and developing some preconceived ideas. However, no research is value-free – this is a price a scholar must pay for the opportunity of being involved into the processes which constitute the basis of his/her own research.

For my interviews I selected doctors who had different cultural and social backgrounds, studied Tibetan medicine in different places and practiced it in different settings. Russia offers now a particularly large variety of types in that respect. Generally speaking, Tibetan medicine is represented in contemporary Russia by three different groups of practitioners: (i) ‘traditional’ Tibetan doctors originating from Tibet, Nepal, and Central Asia, who studied Tibetan medicine in their home-countries; (ii) Tibetan doctors of Russian and Burjat/Kalmyk origins, who received Tibetan medical knowledge in Burjatia in datsans,29 privately or in the Burjat centre of Eastern medicines; and (iii) ‘eclectic’ doctors (who actively combine Tibetan medicine with biomedicine or with other alternative medical systems). Most of them are affiliated with large multi-branch clinics, such as Naran and Tibet, and, before they were retrained to become Tibetan practitioners, had received standard biomedical education. However, there are also individually practicing doctors of that kind.

For my research, I selected doctors in two ways: (i) through my personal contacts in the field (from my previous job as an interpreter of a Tibetan practitioner from Nepal) and (ii) from the Yellow Pages and Internet. All patients, both male and female, who suffered from chronic, non-life-threatening diseases, were selected with the help of the doctors participating in my research. My investigation did not involve children or terminally ill people. Thus, I have selected doctors for interviews mainly in

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29 Datsan (Tib. gra tsang) is the term used for Buddhist university monasteries in Mongolia and Burjatia. Most of datsans has three colleges: philosophical, medical, and tantric. Some datsans also have astrological and iconographic colleges. In the past, monks were allowed to continue their education at other colleges only after they graduated from the philosophical college.
accordance with my personal experience in the field, while patients have been chosen mostly on the basis of the doctors’ professional advice and assistance. There are several good methodological reasons for preferring such non-random choice of informants to random selection. This approach is largely motivated by the qualitative character of my study. Anthropologists who carry out qualitative research are well aware of the fact that people may greatly differ in their ability to observe and interpret objects and phenomena. Specifically, some informants will be better than others as they will be able to provide ‘richer’ material for analysis. Accordingly, choosing the ‘right’ informants who will be able to provide high quality data is particularly important for qualitative studies which use small sample sizes. 30

I emphasised the confidential character of the interviews and did not encounter any difficulties during the recruitment process among the doctors. All doctors I approached using my personal contacts or information on Internet were willing to participate and agreed to be tape-recorded at once. Moreover, all interviewed doctors were willing that their real names were disclosed in my study. From their delicate hints I could understand that the doctors assumed that participating in research on Tibetan medicine in contemporary Russia would be a good additional indirect advertisement, promoting their services and practice. The only problem I had when recruiting doctors was finding time for the interviews: all of them had busy schedules, which is not surprising, since the income of doctors depends on the number of patients they treat; as a result, doctors suffer from a constant lack of time. All doctors were interviewed at their working spaces (offices, clinics or private flats) after their office hours. However, during the interviews with the doctors, I was confronted with unforeseen difficulties, as it turned out that their open attitude changed in some cases to the opposite, as in the case with the head of the Naran clinic. She was reluctant to answer some of my questions, especially those related to her educational backgrounds and therapy methods. To the best of my ability, I tried to alleviate any suspicion by explaining that I was not aiming to inspect her or her doctors or check their levels of knowledge. Another problem was a complicated nature of the relationship between doctors: all doctors who practice Tibetan medicine in Russia either know each other personally or at least have heard about each other. Since the market for this kind of services is still developing, the competition between doctors for patients and their desire to achieve higher rank in the medical

hierarchy is extremely high. For instance, the two clinics Naran and Tibet are not only rivals but also bitter foes. Suffice it to mention the Naran’s claims (which eventually led to a court pursuit) that methods used in the clinic Tibet were borrowed without permission from Naran.31 No wonder that, in some cases, doctors even suspected that I was trying to get information from them in order to open my own clinic of Tibetan medicine afterwards. I think I managed to convince them that I had no such intention. It goes without saying that doctors from different institutions do not engage in any form of cooperation, meetings, networking or exchange of experience in difficult situations. They do not form any professional associations to help each other with the legitimisation of their practice, certification of medicines that they use or regulation of the professional training and practice. Each of the interviewed doctors claimed him/herself to be the best as compared to other Tibetan practitioners, possessing knowledge and experience unmatched by other doctors. Doctors at times boasted about their success in healing cases and ‘miracle’ recoveries of their patients from such incurable diseases as cancer, although they immediately admitted that, typically, Tibetan medicine is unable to cure terminal illnesses. When mentioning fellow practitioners of Tibetan medicine, they would often call them half-educated or even charlatans.

In turn, patients, when approached directly by me, without any mediation of their doctors, initially often refused to be interviewed, saying they were unsure if they would be of any interest or help to my research. If the initial approach was made by the doctor, however, patients were usually willing to be interviewed. None of them showed any suspicion of my intensions, as was the case with some doctors. At the end, all the interviewed patients were open to a dialogue. I have interviewed most of my patients at their homes, making an appointment after an introductory telephone conversation. In each home I was met with a very warm reception and hospitality; all of my interviewees invited me to share dinner with them or treated me with tea and home-made cakes. At the end of each interview we exchanged e-mails and telephones and interviewees invited me to visit them again. They also showed interest in the results of my research and expressed willingness to read my thesis once it was completed. During the interview they often questioned me about my attitude to Tibetan medicine.

31 Interview with Svetlana (head of the ‘Naran’ clinic) conducted in July 2009 and with Dmitrii (founder of the ‘Tibet’ clinic) conducted in July 2009. Both of them mentioned this dispute in their interviews.
The patients were mainly concerned with my relation to the doctor who treated them. Some of the patients thought that I might report back to the doctor the information which I gathered from them and that this could affect their relationship with the doctor and the success of their treatment. Once they were told that information I was looking for would be treated confidentially and was intended for my thesis and not for doctors, they expressed readiness to provide their real names. Some of the patients were also shy to speak about their medical problems with me outside the doctor’s room, but, since I explained to them that I did not intend to gather that kind of information, there was no problem with that.

Initially, I also planned to use participant observation in order to test whether interviewed doctors actually did what they claimed to do during therapy sessions. Originally, I intended to perform systematic observations of interactions between doctors and patients during the first and subsequent consultations. However, only two doctors agreed to allow me into the room during the diagnostic procedure and subsequent visits of their patients; patients were also not always happy with the idea of my presence. Since my presence caused certain awkwardness of a number of patients and the uneasiness or even an outright opposition of doctors, I decided to abandon this idea. Instead, I used my own personal experience in order to supply the required information.

I would like to stress that all interviews were conducted in accordance with the University of Manchester ethic research requirements. All interviewees were adults and agreed to be interviewed and tape-recorded prior to the talk. They were also aware of the possibility to stop interview at any time without explaining the reasons for that. When conducting interviews with patients, I avoided asking questions about their health problems and personal circumstances. Though all of my interviewees did not object for their real names to be used when quoting their words in the thesis, I anonymised my data in order to protect the privacy of my interviewees and to comply with the confidentiality requirements set out by the University of Manchester. Thus, when describing my interviewees I do not use their real names and only provide general information about them which does not reveal their identity.
Iurii Lotman’s theory of the intercultural communication

As Iurii Lotman’s theory of inter-cultural communication underpins a lot of my analysis throughout the thesis, in this section I will summarise those parts of the theory which I have found particularly useful for my research.

As soon as a new cultural form – for instance, a system of alternative healing – becomes part of the cultural landscape of a receiving culture, the process of its glocalisation begins, which involves de-contextualisation, fragmentation and re-interpretation depending on local conditions in recipient’s culture. Lotman developed a scheme consisting of five components in order to describe the process of ‘reception’ between the participants in a cultural dialogue. Although this theory was developed by Lotman for analysing the processes of reception of literary texts, it could also be relevant, with some modifications, for our understanding of the ‘reception’ of new medical ideas (in our case, of Tibetan medicine).32

According to Lotman, during the first stage, ‘new ideas’ which come into the recipient’s culture from the outside keep their 'strangeness', both in linguistic perspective and in the semiotic sense. At the second stage, the process of mutual counter-adaptation begins. Both systems - the 'imported' cultural system and the 'home' culture - restructure each other, which results in the creation of adaptive patterns. During the first stage, the dominant psychological impulse is to break with the past, to idealise the 'new', i.e. the imported worldview, and to abandon the original tradition. At the second stage, however, the tendency is to interpret the 'new' imported ideas as an organic continuation of the old original views. The third stage is characterised by the process of extraction from the imported ideas of a higher content, which can be separated from the national culture of the ‘transmitting’ society. The idea takes hold that 'over there', in the ‘transmitting’ culture, these concepts were realised in an 'untrue', confused or distorted, form and that 'here', in the heart of the receiving culture, they will find their ‘true’, ‘natural’ realisation. At the fourth stage, the imported ideas are entirely dissolved in the receiving culture, while the culture itself changes to a state of activity and begins rapidly to produce new texts and/or concepts based on cultural codes. In the distant past, these concepts and codes were stimulated by invasions from outside, but now they have undergone many asymmetrical changes, and completely transformed.

into a new and original structural model. The final, fifth, stage starts when the receiving culture becomes the general centre of the semiosphere and changes into a transmitting, issuing forth a flood of texts and/or ideas directed to other, peripheral areas of the semiosphere.

Before moving on to discussing the process of adaptation of Tibetan medicine in contemporary Russian culture within the framework of Lotman’s theory, I would like to point out a few relevant issues. First, this fivefold cycle of the intercultural exchange is not always completely realised, due to historical and social conditions. Second, in order to facilitate a cultural dialogue, the receiving culture might create inside itself the image of the ‘carrier’ of ‘foreign’ culture. This ideal image is produced as an opposition to dominant cultural codes of the recipient’s culture and, in fact, does not properly reflect the ‘foreign’ cultural codes. Another mechanism of cultural contact is a search for prototypes of ‘foreign’ cultural elements of transmitting culture among the familiar or ‘native’ cultural codes of the receiving culture. For instance, in search for prototypes or links with the familiar tradition(s), doctors or patients may compare healing techniques used by Tibetan practitioners with Russian traditional medical approaches of folk healers, who also use herbal remedies and spells, or compare Buddhist meditation and mantra-recitations with Christian meditation and praying.

It should also be noted that Lotman's fivefold cycle is rather schematic, and, in reality, the circulation of cultural ideas moves constantly in all directions. This is particularly common in the case of Tibetan medicine – as a fluid and living tradition that has been constantly changing in Tibet, being revised and reinterpreted through its history. In contemporary settings, Tibetan medicine keeps developing and changing, being influenced by ideas and concepts from outside. At the same time, it is also appreciated, conceptualised and changed in the recipient societies, being involved in intercultural dialogues. As a result, some of the images are created by Tibetan doctors themselves and the Tibetan community in exile in order to facilitate the processes of adaptation of Tibetan medicine at a global level. Some others may be created by (cultures of) the recipient societies in the attempt to make sense of the Tibetan medicine and to familiarise themselves with the new concepts and methods originating from it. Thus Tibetan medicine could often be imagined in contradictory ways, for instance, as a ‘scientific’ system, capable of changing to march with the times and being purged of its traditional ‘supernatural’ and religious elements, which are considered unscientific and outdated. At the same time and in the same culture (and sometimes even by the same
person), it can be regarded as a ‘uniform’ and ‘spiritual’ holistic tradition, immune to influences from the outside world, which came down to us from ancient times in an unchanged form.

**Structure of the thesis**

In addition to this introductory chapter and the conclusions, the thesis consists of four analytical chapters. The first chapter, ‘A History of Tibetan medicine in Russia’, provides an historical account of the introduction and development of Tibetan medicine, firstly (from the seventeenth century onwards), in the Trans-Baikal region, and, later (from the late nineteenth century onwards), in the European part of Russia, mainly St Petersburg, focusing on the historical background within which specific events pertaining to the modern development of Tibetan medicine in Russia can be understood. Specific details and events peculiar to the development Tibetan Medicine are placed within the explanatory framework of imperial and, later, Soviet policies towards Buddhism and Tibetan medicine (influenced by Buddhism and associated with it nowadays) and towards the two nationalities, Buriats and Kalmyks, who practiced this medical system traditionally as part of their cultural and religious heritage.

Chapter two, ‘Practitioners of Tibetan medicine in Moscow and in St. Petersburg’, is based on interviews conducted in Moscow and St Petersburg during 2007-2009 as well my observations of doctor-patient interactions which I made during my work as an interpreter of a Tibetan doctor for over two years in 1997-1999. The chapter explores the ways in which the image of Tibetan medicine is created and modified by Tibetan practitioners of both Asian (Tibetan, Buriat) and European (Russian) origins in Moscow and St. Petersburg. The chapter analyses the setting in which doctors work, comparing and contrasting doctors according to (i) their educational backgrounds and training in Tibetan medicine, (ii) the ways of diagnosing patients and healing methods (both external and internal), and (iii) their relationship with their patients and between each other. The chapter addresses the following questions: (i) How do Tibetan practitioners represent themselves? (ii) What role does Buddhism play in their healing methods? (iii) How do Tibetan practitioners interpret Tibetan medicine in an attempt to adapt it to understanding and needs of their patients
(mutual cultural counter-adaptation)? (iv) Which creative changes and hybridisation does Tibetan medicine undergo as a result?

Chapter three focuses on patients of doctors practicing Tibetan medicine. It is based on materials gathered from the interviews conducted in Moscow and St Petersburg during 2007-2009. It also relies on my own personal experience as a patient and a former interpreter of a Tibetan doctor. The chapter concentrates on the following questions: Why do patients choose to seek alternative health care, in general, and how do they make their choice in favour of Tibetan medicine and a certain Tibetan doctor, in particular? How is Tibetan medicine linked to other beliefs and wider worldviews of the patients? What kind of relationships have patients developed with their doctors in the course of treatment? How well do patients understand the healing modalities used by Tibetan doctors? Is it important for patients to understand how Tibetan healing practices work? Are doctors able and willing to understand diagnosis of their patients in biomedical terms?

The fourth chapter studies how Tibetan medicine is represented and adapted in the context of the Russian cultural environment. It offers insights into how the image of Tibetan medicine in contemporary Russia is constructed among the general public by popular books about Tibetan medicine, newspapers, television documentaries, films and Internet. The main focus is placed on the intercultural dialogue between the recipient’s (Russian) culture and Tibetan medicine and the analysis of symbols and images that are exploited in order to make Tibetan medicine comprehensible, as well as appealing to the Russian public. The chapter also examines attempts that are made to promote and publicise Tibetan medicine by linking it to the key debates about a broad interpretation of Russian history within the context of post-communist Russian nation-building.

In the conclusion the thesis recapitulates the main issues peculiar to the ethnographic, anthropological, sociological and cultural aspects of the Tibetan medicine in contemporary Russia which have been analysed throughout the course of my doctoral research.
Chapter One. A History of Tibetan medicine in Russia

Introduction

This chapter provides an historical account of the introduction and development of Tibetan medicine in the Trans-Baikal region and in the European part of Russia, mainly St Petersburg, focusing on the historical background within which specific events pertaining to contemporary development of Tibetan medicine in Russia can be understood. The chapter consists of five parts and is based on a thorough review of existing literature and on my analysis of its findings; the goal of this chapter is not to introduce the results of original research but to set the historical context in order to help the reader understand recent developments and ongoing processes in the appropriation of Tibetan medicine in contemporary Russia. The history of Tibetan medicine in Buriatia and its introduction to and later development in the European parts of Russia was always closely connected with and strongly influenced by the Imperial and, later, Soviet policies towards Buddhism (Tibetan medicine was introduced to Buriat regions as part of the Buddhist tradition and for most of the time remained under the influence of Buddhism and also continues to be associated with it nowadays) and towards the two nationalities, Buriats and Kalmyks, who practised this medical system traditionally as part of their cultural and religious heritage.

Part one offers a brief description of the Tibetan medical system, its origins in Tibet in the seventh century, conceptions of the human body according to Tibetan medicine, and the treatment methods used by Tibetan doctors. The discussion of the basic principles of Tibetan medicine and how doctors have been trained historically is

33 In this chapter I do not discuss the development of Tibetan medicine in Kalmykia. First of all, since Tibetan medicine in Kalmykia did not develop sufficiently to influence the introduction and development of Tibetan medicine in the European part of Russia in the nineteenth century. Moreover, during the Soviet period, the Kalmyk tradition of Tibetan medicine was completely destroyed, together with Buddhism, which, furthermore, was aggravated in the years of the genocide of Kalmyk people organized by Stalin. Therefore, unlike the Buriat school of Tibetan medicine that has been influencing the development of Tibetan medicine in Russia from the nineteenth century onwards, the newly emerging tradition of Tibetan medicine in Kalmykia is entirely confined to this region, without any essential impact on the developments in St. Petersburg and Moscow.

34 The following books among others were used for the present chapter. Kuz’min, Tainy Doktora P.A. Badmaeva; Gusev, Krestnik Imperatora, Tsellitel’, Diplomat; Gusev, Doktor Badmaev: Tibetskaia Meditsina, Tsarskii Dvor, Sovetskaia Vlast’.

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essential for the reader to understand my analysis of the current Tibetan medical practices.

In the second part the first accounts of the Tibetan medical system, written by European and Russian explorers in the eighteenth and the nineteenth centuries, are discussed. These accounts were unsystematic, scattered as they were in the ethnographic and travel notes of Russian and European travellers to Tibet, the Mongolian steppe and the Trans-Baikal region. Nevertheless, they contained valuable information about medical books, medicinal plants, diagnostic and treatment methods, being the first documents that formed an opinion about and an image of Tibetan medicine, initially among scholars and later the general public.

In the three remaining parts, which cover the history of Tibetan medicine in the Buriat regions and in the European parts of Russia (focusing on St. Petersburg), the material is organised chronologically. The division of the material into three periods: (i) from the seventeenth century up to the 1917 revolutions, (ii) from 1917 up to 1953, and (iii) from 1953 up to 1991, allows to present Tibetan medicine in contemporary Russia in its historical context and to place specific details and events peculiar to its development within the explanatory framework of Imperial and, later, Soviet policies towards religions (Buddhism) and towards non-Russian nationalities (Buriats and Kalmyks).

Part three covers the period from the seventeenth century up to the 1917 revolutions. During this period Tibetan medicine was adapted by the Buriats to their local conditions and needs, which resulted in the formation of the Buriat school of Tibetan medicine.\(^\text{35}\) As I will argue in the second chapter of my thesis, these adaptation processes and the formation of the Buriat school of Tibetan medicine contributed to the integration and de-exoticisation of Tibetan medicine (according to Lotman’s scheme of intercultural dialogue) observed in today’s Russia. At the beginning of the nineteenth century, the Russian public learned about Tibetan medicine from the accounts of explorers of the Trans-Baikal region, while in the second half of the nineteenth century, Russians received a chance to experience the healing potential of Tibetan medicine in action, in the Tibetan clinic of brothers Aleksandr and Petr Badmaev, Tibetan doctors.

\(^{35}\) Bolsokhoeva, Tibetan Medical Schools of the Aga Area.
from Buriatia. Their clinic, established around 1862 in St Petersburg, was the first of its kind in Europe.  

Part four encompasses the period from 1917 up to 1953. During this period the history of Tibetan medicine was closely related to the Bolshevik and Soviet policies towards religions. Immediately after the Bolshevik October revolution of 1917, Tibetan medicine was allowed in Buriatia. However in the late 1920-ies the campaign against Buddhism began and, simultaneously and quite naturally, Tibetan medicine, closely associated with Buddhism, became the target of attacks. In Leningrad, all studies, both theoretical and practical, of Tibetan medicine were also stopped. However, during the Second World War and in the immediate aftermath, the Soviet policy towards religions liberalised, and Buriats were allowed to open two datsans. As a result of these changes, academic studies of Tibetan medicine were also allowed, but mainly in the field of pharmacology, while the practice of Tibetan medicine remained officially banned.

Part five deals with the history of Tibetan medicine from 1953 up to 1991. The practice and transmission of Buddhism and, along with it, of the Tibetan medical tradition, became unofficially possible in Buriatia, as an older generation of monks and emchi-lamas had returned from labour camps. Around some of these lamas, small groups of students, mainly of non-Buriat origin, formed. Some of the students, upon returning home from Buriatia, started to (unofficially) practise Tibetan medicine. This secured preservation of the Buriat Tibetan medical tradition and contributed to its dissemination to the European parts of Russia. However, religious activities outside of those officially allowed in the two datsans were not tolerated. The same was true for Tibetan medicine. It was unofficially practised on a very modest scale. As for scholarly studies of Tibetan medicine, the main research was done in Buriatia, within the Siberian branch of the Soviet Academy of Sciences. With the help of old emchi-lamas, who were invited to the Academy as consultants, scholars continued the study of medicinal plants used in Tibetan medicine and prepared translations of several Tibetan medical treatises. Considerable changes of the policy towards Buddhism and Tibetan medicine started only in the mid-1980s.

There is no exact date for when Aleksandr opened his private Tibetan medical practice on Suvorovskii prospect in St. Petersburg. However, it is established that from 1870 his younger brother Zhamsaran (later baptised as Petr) helped him there and in 1873, after Aleksandr’s death, he inherited the practice.  

See page 10, note 8.  

See, for instance, A. F. Gammerman, Obzor Lekarstvennykh Rastenii Vostochnoi Meditsiny [Overview of Medical Plants in Oriental Medicine]. Kandidatskaia Dissertatsiia, Leningradskii Khimiko-Farmatsevticheskii Institut, 1941; V. E. Nazarov-Rygdylon, Osnovnye Printsipy Tibetskoi Farmakologii
The origins of the Tibetan medical system

Before talking about the history of Tibetan medicine in Russia and its role today, it is necessary to define the origins of Tibetan medicine and some of its underlying principles, such as the conception of the human body, treatment methods, and the training of Tibetan doctors.

Little is known about the medical traditions of Tibetans before the 7th cent. AD; some scholars suggest that among the earliest medical practices were healing rituals, elementary surgical procedures and unsystematic use of herbal remedies. The recorded history of Tibetan medicine begins with the reign of Songtsen Gampo, the seventh-century Tibetan king who was married to two princesses, one from China and another from Nepal. During his reign Tibetan society was cosmopolitan and open to foreign influences. It is said that he invited doctors from India, China and a region to the West of Tibet (it is still not entirely clear whether the third doctor was representative of Unani or Greek medicine or of both) to translate their medical texts and to teach medicine in Tibet. The practice of inviting doctors who belonged to various medical traditions to work together in Tibet continued after Songtsen Gampo. It is said that in the early periods of development of Tibetan medicine international conferences encouraged and supported by the Tibetan royal family were held regularly. Thus the Tibetan medical system is a result of adapting medical traditions from India, China, and possibly Greece and Persia to local Tibetan needs and blending them over the centuries into a coherent whole. The evidence of these foreign influences is still traceable in rGyud-bZhi (Four Tantras), the main Tibetan medical text. It will not be fair, however, to say that Four

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40 It was most probably composed at the end of the twelfth century by the famous Tibetan doctor G.yu thog yon tan mgon po and during the course of the thirteenth century it gradually replaced the earlier
Tantras is a mere compilation of various medical traditions. For example, the Tibetan understanding of the relations between three humors (wind, bile, phlegm) and three poisons (lust, anger, ignorance) is unique to Tibetan medicine and is due to its strong connection with Buddhism. The idea of three humors points to the Indian influence, whereas the classification of all diseases as either hot or cold can be regarded as a Chinese influence. Occasional inclusion of blood in the list of humors as the fourth component, and the practice of bloodletting and urine analysis, are clear examples of a Greek influence, according to some scholars.41

Links between Tibetan medicine and Buddhism were inherited from Indian culture and were quite strong from the start. According to Frances Garrett, a historian in the field of Tibetan Buddhism and culture, Indian medical tradition belonged to an ascetic religious movement, part of which later developed into Buddhism. In Mahayana Buddhism, monastic rules prescribed monks to heal sick people, firstly, because the aim of Buddhism is the eventual relief from all suffering and, secondly, because unhealthy body and mind were perceived as a hindrance to the spiritual development towards enlightenment. Thus slowly medical knowledge became part of the standard curriculum in monasteries.42

Due to the connection between medical tradition and religion in Tibet, Tibetan medicine has been developing within the framework of different Buddhist schools (Nying-ma, Sas-kya and dGe-lugs-pa). This resulted in the emergence of different schools of Tibetan medicine. However, as was mentioned above, rGyud-bZhi was the main manual for all students of Tibetan medicine irrespective of the particular school of Buddhism to which they belonged. This was possible because traditionally each medical school used their own commentaries on rGyud-bZhi, such practice allowed to interpret medical ideas expressed in rGyud-bZhi in conformity with different Buddhist schools.

rGyud-bZhi has a well-structured and concise organisation; it was created specifically for learning by heart. The condensed character of its contents facilitates medical literature thus becoming the main Tibetan medical text. See for example Bolsokhoeva, Introduction to the Studies of Tibetan Medical Sources; M. Taube, Beiträge zur Geschichte der Medizinischen Literatur Tibets. Sankt Augustin: VGH Wissenschaftsverlag, 1981.


memorisation but does not allow elaborate explanations of the topics it discusses. Some of the topics are presented by a mere listing of the most important questions, without going into any further detail at all. Such concise texts were common practice in Tibet, many of the Buddhist sutras or key philosophical treatises were composed in a compact form since they were also intended to be learned by heart. As mentioned above, students studying them would normally have written commentaries at their disposal and would also receive oral explanations from their teachers in conformity with their monastic and teachers’ lineages.

_rGyud-bZhi_ consists of four volumes: _Root tantra_ summarises all the elements of the medical science in their logical relation to each other. In order to help grasping the medical system in general it is compared with a tree. The text describes three roots which altogether have nine stems and 47 branches with 224 leaves and two flowers, health and longevity. The stems indicate the nine sections of medical science: 1) ‘normal’ body not changed by illness; 2) ‘changes’ in the body caused by illness; 3) examination of tongue and urine; 4) pulse diagnosis; 5) questioning about causes of illness, pains and habits; 6) diet; 7) lifestyle; 8) drugs; 9) treatment. The branches supply general information about each section and the leaves elaborate the details. _Explanatory tantra_ covers the conceptions of the body (its physiology and pathology), as well as medical ethics and therapeutic techniques. _Instructional tantra_ is the longest and describes diseases and their symptoms, diagnosis and treatment. _Subsequent tantra_ describes practical aspects of diagnosis (examination of pulse and urine) and the preparation of medicines. The condensed character of the text, which is unintelligible without an accompanying verse by verse commentary, and the common omission of words and even of whole sentences in places where the author believed they could be derived from context or previous sentences, makes its translation into foreign languages extremely difficult. Needless to say such a task will require from translators not only an excellent knowledge of Tibetan but also of Tibetan medical tradition. Thus it is not surprising that early translations and renderings of _rGyud-bZhi_ were full of mistakes and often a complete misunderstanding of important Tibetan medical concepts, which led to underestimation of Tibetan medicine in the eyes of many of its first explorers. Further in this chapter some of the translations of _rGyud-bZhi_ into Russian will be discussed.

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Conceptions of the human body in Tibetan medicine

As mentioned earlier, according to Tibetan medicine the human body consists of three humors - wind, bile, and phlegm, which regulate both physical and mental health, when they are in balance, the person is healthy. Any fluctuation of the balance leads to either physical or mental disease. This balance could be kept by observing certain lifestyle, which implies adherence to a particular behaviour and diet in different climate zones and during various seasons. Thus treatment in Tibetan medicine quite often depends on patient’s readiness to make adjustments in their lifestyles.44

Each of the three humors has particular functions: 1) wind (Tib. rlung) controls mental activity, vitality, breathing, reproduction, and physical movement; 2) bile, heat energy, (Tib. mkhris-pa) controls temperature, appetite, digestion, skin and joint health; 3) phlegm (Tib. bad-kan) regulates sleep, joint mobility, digestion, and excretion.45

Other factors that cause imbalance in the three humors are the three mental poisons: lust, anger, and ignorance. Lust which is characterised by attachment, greed, pride and craving causes imbalance of the wind. Anger which is aversion and ill-will towards other people causes disturbance of the bile. Ignorance which is identified as someone’s reluctance or inability to understand the true nature of things causes the disorders of the phlegm. The importance among healing methods of correct lifestyle and diet allows contemporary practitioners of Tibetan medicine to escape difficulties with licensing of their services and to practise it in Russia (and elsewhere in Europe) not as a medical system but as a new form of general consulting service on healthy lifestyle and diet or in combination with Buddhism as part of pastoral care.

Treatment methods

Tibetan doctors diagnose their patients by reading of the pulse; examination of the urine; observation of the patient’s tongue, skin and eyes; and by questioning patients about their complaints and their habits. It is even believed that a competent Tibetan doctor is able to diagnose correctly by taking the patient’s pulse only. However, 44 There are popular books of Tibetan physical exercises, healthy recipes and diet recommendations according to different constitution types: wind, bile, and phlegm. See for example, A. Koloskov (ed.), Gymnastika Tibetskikh Monakhov [Gymnastics of Tibetan Monks] (Al’manakh Zhurnala Fizkul’tura i Sport; 8). Moscow: Fizkul’tura i Sport, 2010. Contemporary practitioners often argue that, by taking climate zones and seasons into account when diagnosing and prescribing medicine, they make Tibetan medicine suitable to anyone.

nowadays, and this is not only the case in Russia, many Tibetan doctors heavily rely on
data from traditional biomedical tests, such as ultrasound, x-rays, MR-imaging and
blood tests, as means of both diagnosis and control over the process of healing and its
results. As it has already been mentioned, illness is defined to be caused by disturbance
of the balance between the three humors: wind, bile and phlegm. To restore the balance
Tibetan doctors will first of all recommend their patients dietary and behavioural
adjustments; and later, if needed, they will prescribe medicines internally and/or
externally; and in some cases advise patients to hold special religious rituals. Another
method of treatment is meditation, which could be used to control depression, tension
and some other psychological problems. In the past Tibetan doctors prepared medicines
themselves but modern Tibetan doctors, with rare exception, prescribe already prepared
medicines in the form of small, firm balls and occasionally powders and ointments.
Medicines are made from various parts of herbs and plants, fruits, minerals and parts of
animals. Such complex multi-component composition of Tibetan medicines, as well as
the use of minerals (which include such poisonous substances as mercury) alongside
herbal ingredients and animal parts, complicates and slows down the process of
External therapies include
moxibustion, massage, cupping, bloodletting, and gold-needle therapy.\footnote{Gold plated needles are used for burning of the various biologically active points on the patient’s body to provide therapeutic effect. This treatment method is different from moxibustion, which uses special moxa sticks for prolonged heating of the same points.} Religious
rituals are held either by the doctors themselves (among my interviewees only Tsering
does this) and/or the patient, but more frequently by monks in monasteries for a small
fee. These include prayers and special purification ceremonies.

As Tibetan doctors claim, in contrast to biomedicine there is no single Tibetan
medicine that will cure a certain disease in all patients. To different patients, even if
they seem to have similar complaints, a Tibetan doctor will, in most cases, prescribe
different medicines. In other words, as it is argued by many Tibetan practitioners in
Russia, the treatment is much personalised. However, this is not entirely true for Tibetan
medicine nowadays, as with the introduction of mass production of Tibetan medicines
in India, Nepal and China to satisfy demand for medicine of Tibetan clinics in these countries, as well as of clinics, private doctors and patients around the world, it has become a common practice to have specific medicine for specific complaints, while doctors seldom now prepare medicines themselves individually for each of their patients.  

Normally, pills should be taken three times a day (in the morning, at noon, and in the evening); ideally patient should observe the same routine daily. For each part of the day there is an appropriate medicine. The choice of the medicines and their combination depends on the patients and their complexion and not the disease. Tibetan medicine boasts to work well for many chronic diseases; however, patients are always warned at the beginning of treatment that they can not expect quick results. Tibetan pills work slowly unlike those used in biomedicine, and patients should be ready to take medicine and observe the doctor’s other prescriptions, such as diet and lifestyle, for a long period of time before positive results could be seen.

Training of Tibetan doctors

In *Four Tantras* there is a special chapter on the doctor’s ethics and motivation. It focuses extensively on compassion. Normally, before students were allowed to start the study of Tibetan medicine, they were supposed to complete a traditional Buddhist monastic education. To become a fully qualified Tibetan doctor one should have ideally studied seven years, including two years of apprenticeship with an experienced doctor. The first four years were spent studying Tibetan medical texts, which included a lot of memorisation. One month each year students spent collecting herbs in the Himalayas and preparing pills afterwards. In the fifth year future doctors took oral and written exams on the *Four Tantras* and other medical treatises. During the last two years of their training, students spent their time at a branch clinic of the Tibetan Medical and Astrological Institute, where they received practical experience in pulse reading, urine analysis, various therapeutic procedures and prescription of the correct medicines.  

However, the close ties between Buddhism and Tibetan medicine have loosened over time. Profound knowledge of Buddhist teachings is not compulsory anymore; instead,

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48 A small number of Buriat doctors continue to collect, dry and grind medicinal herbs, and to prepare their own medical compounds according to their patients individual needs. However, as will be demonstrated in the chapter two, most of the doctors practicing in St. Petersburg and Moscow buy commercially produced Tibetan medicines.

many students prefer to study biomedicine, in addition to studying the Tibetan medical system. Nowadays, the length of study has considerably shortened, and Tibetan medicine is also often taught outside Buddhist monasteries, which enables lay people to enrol in the classes.\textsuperscript{50}

**Studies of Tibetan medicine in Europe and Russia**

The first studies of Tibetan medicine in Europe and Russia in the eighteenth century were conducted by members of religious, commercial and military missions and were included in the lengthy accounts of their adventures in the ‘Forbidden land’\textsuperscript{51} and its bordering territories. These accounts stimulated public interest and were published either in the abridged form in various journals or as separate books. Translation of the accounts published abroad into Russian began to be made in the nineteenth century and became available in a cheap format affordable to a wider audience. Some of these accounts were extremely positive, encouraging scholars and European doctors to study Tibetan medicine further in greater detail, as they believed that such a study would open new perspectives for European medicine, while some others were quite negative. Such a difference in the evaluation of the importance of Tibetan medicine for the European medicine could be explained by many factors, the most important being the nature of encounters with Tibetan doctors themselves during such exploratory journeys. The level of knowledge of Tibetan doctors and the treatment methods and medicines that they had at their disposal varied considerably from one individual to another and from region to region. Their expertise heavily depended on their training and social status. Thus, for instance, it might considerably vary depending on whether a doctor had completed the full course of studies at one of the renowned monastic centres\textsuperscript{52} or received reduced private training in the form of apprenticeship to an older doctor. The last form of training was common for the so-called travelling doctors, who serviced local

\textsuperscript{50} Nowadays, the students who study Tibetan medicine in Buriatia cover only parts of *rGyud-bZhi* and, moreover, read it in Russian or Mongolian translations. One of the interviewed doctors (see chapter two) claimed that they have partly studied *rGyud-bZhi* in Tibetan. However, most of the interviewed doctors (both ethnic Buriats and ethnic Russians) do not know Tibetan, Mongolian or Buriat and therefore can only use the Russian translation of *rGyud-bZhi* made by Dandar Dashiev in 1988.

\textsuperscript{51} Till recently, Tibet and particularly Lhasa, its capital, was geographically and politically difficult to reach for outsiders. Only a limited number of Europeans could visit it since 1624, when two Jesuit monks reached this country for the first time. Unsurprisingly, Tibet was sometimes called the ‘Forbidden land’ by European travelers and explorers. This inaccessibility created an aura of mystery around Tibet and contributed to romanticising its image which still prevails today.

\textsuperscript{52} In Se-rwa, dGa-'ldan or 'Bras-spungs.
communities; such doctors were also common in Buriatia in the nineteenth century. Not only they were often lacking proper training but also were poor, thus being unable to properly supply their medicine chest, which they were carrying with them. Another important factor was the ability of a European doctor to grasp new knowledge and information and their personal attitude towards ‘Eastern’ cultures and religions.53

In 1716, an Italian Jesuit monk, Ippolit Desideri, arrived in Lhasa and stayed there until 1720 with short interruptions. After he learned Tibetan, he was allowed to stay in the Se-rwa monastery (one of the three biggest monastic universities in Tibet, see note 48) and was able to study Buddhism and participate in the philosophical debates (*rtsod pa*)54 with Buddhist lamas. He was the first European to produce a general description of the Tibetan medical system.55

The next description was done by Johann Georg Gmelin, a German natural philosopher and botanist from Württemberg, who was invited to Russia in 1727, and took part in the Russian exploration of Siberia and the Ural Mountains, during the ‘Great Northern Expedition’ of 1732-1743 organised by the Russian Imperial Academy of Sciences and sponsored by the Russian Admiralty. Gmelin composed his first account of the Tibetan medical system as it was practised among the Buriats, which included lengthy descriptions of medical books, medicines and medical tools. In 1751, these observations were published in German as part of his multi-volume work *Reise durch Sibirien von dem Jahr 1733 bis 1743* [Travels through Siberia from 1733 to 1743]. The account also included a detailed description of the surgical operation conducted by an unidentified Buriat lama, whom Gmelin met on the river Onon, to remove a corneal spot from the eye of his patient and the description of the preparation of several medicinal powders to cure eye diseases. The emchi-lama showed him his books, medicaments and medical instruments. Gmelin also described and identified many of the Siberian medicinal plants.56 The Gmelin’s account of the eye surgery which he witnessed sometime during the ‘Great Northern Expedition’ in the Trans-Baikal

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54 Face-to-face public philosophical debates often lasting for many hours are traditionally used by Tibetan Buddhist monks to examine students’ knowledge of Buddhist philosophy and to develop general reasoning skills and logic. See for example K. Liberman, *Dialectical Practice in Tibetan Philosophical Culture: An Ethnomethodological Inquiry into Formal Reasoning.* Lanham, Md.: Rowman & Littlefield Publishers, 2004.
region was known to and repeatedly reproduced by several Russian scholars studying the history of Tibetan medicine in Buriatia in order to support their argument that, already at the beginning of the eighteenth century, there existed a well developed tradition of Tibetan medicine in Buriatia. Gmelin’s account was also used as evidence for the claim that qualified doctors of Tibetan medicine were capable of using the full range of Tibetan medicines and treatment methods, being fairly popular among the local population.

In 1783 the British East India Company sent to Tibet a mission in order to improve the situation in the region. The mission was headed by Captain Samuel Turner. It also included Robert Saunders, a doctor and a botanist, and lieutenant Samuel Davis, an artist, whose task was to prepare a survey of the region. After several months of delay in Bhutan, the mission was allowed to proceed into Tibet. Saunders provided remarkably accurate descriptions of the Tibetan medical practices which he witnessed during this journey. His account offers valuable material for historians of medicine and contains information on various treatment methods, such as hot baths, cupping or blood-lettings, as well as methods for choosing lucky and unlucky days for particular therapeutic interventions. He also described pulse checking procedures and the amazing process of preparation of mercury to make it safe for using in complex medicinal compounds. From his journey Saunders brought a collection of samples of seventy medicines, which unfortunately was never properly described.

Brothers Schlagintweit were other travellers who visited Tibet in 1835, became interested in Tibetan medicine and, in 1866, published a description of several treatment procedures used by Tibetan doctors. Évariste Régis Huc and Joseph Gabet, French missionaries, who travelled in Tibet in 1844-1846, stayed in Lhasa (in the Gum-bum monastery) for five months, but then they were expelled from Tibet by the Chinese authorities. Their work *A Journey through Tartary, Tibet, and China during the Years*...
1844, 1845 and 1846 provided some valuable information on Tibetan medicine and described lamas’ training expeditions to the mountains to collect medicinal herbs.61

In 1835, Csoma de Körös, a Hungarian scholar and one of the founders of Tibetological studies in Europe, published *Analysis of a Tibetan Medical Work*, which was the first English summary of *rGyud-bZhi*. The summary was prepared by a Tibetan lama and translated into English by Csoma de Körös. It was the first ever introduction to *rGyud-bZhi* in a language other than Tibetan or Mongolian.62 In 1834 he published Tibetan-English Dictionary, and the first Tibetan Grammar, which introduced European scholars to the classical Tibetan language.63 In the nineteenth century A. W. Heyde and H. A. Jaeschke, members of the Moravian mission established in Ladakh, studied the Tibetan language in order to be able to translate the Bible into Tibetan. Both of them also collected and described medical plants in South India and in Tibetan border regions. Jaeschke also produced a Tibetan grammar and a Tibetan-English dictionary, still in use today.64

European explorers travelled mainly to Tibet and its border territories, while Russian travellers explored the Siberian and Mongolian regions. When in the middle of the nineteenth century Tibet became closed to all foreigners, including missioners, explorers, diplomats and traders, Russian scholars gained advantage over their European colleagues as they were able to continue their research on Tibetan medicine in Siberia, collecting and identifying medicinal plants, interviewing Buriat emchi-lamas and witnessing their daily medical practice.65 In 1857, Father Nil, the archbishop of Iaroslavl’, who spent sixteen years in the eparchy of Irkutsk, published *Vrachebnoe iskusstvo u Zabaikal’skih lam* [The art of healing among lamas in the Trans-Baikal region]. Nil was sympathetic to Tibetan medicine and studied it with emchi-lamas. In his work he briefly summarised two first parts of *rGyud-bZhi*, which pertained to anatomy, physiology and classification of diseases.66

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64 Stewart, *Missionaries and Clergymen as Botanists in India and Pakistan*.

65 Iakovlev, *Ocherk iz Istorii Tibetskoi Meditsiny*.

66 Aiusheeva, *Tibetskaja Meditsina v Rossii*.
Nikolai Vasil’evich Kirilov (1860-1921), a Russian doctor and ethnographer, who graduated from the Medical faculty of Moscow University, had for many years been practicing as a country doctor in the Trans-Baikal region. There he became interested in Tibetan medicine and studied Tibetan and Mongolian languages and Tibetan medicine under the guidance of local emchi-lamas. With their help he translated parts (according to his own testimony, his translation reached total of one thousand pages) of several medical treatises (among which was *rGyud-bZhi*). In 1887, he spent four months in Mongolia where he collected medical literature written in Tibetan and Mongolian. Over many years Kirilov had been collecting plants which were used by Tibetan doctors, studied Tibetan medical literature which he brought from his travels, and communicated with Mongolian and Buriat emchi-lamas. He also observed the everyday medical practice of emchi-lamas and compared it with information from Tibetan medical books and regularly published all his findings.  

In 1890, another Russian doctor, Vladimir Vasil’evich Ptitsyn (1858-1908), visited Trasbaikalia and met emchi-lama Dzhadambaev, who helped him compile the list of one hundred diseases diagnosed by Tibetan doctors and of four hundred twenty nine multi-component medicines. Both Kirilov and Ptitsyn tried to study not only Tibetan medicine but also the Tibetan language in order to be able to communicate with lamas and to attempt reading and translating Tibetan medical texts. However, their evaluations of the Tibetan medical system and of certain emchi-lamas were very different. Kirilov criticised emchi-lamas’ weak knowledge of principal Tibetan medical theories and argued that their training was unsystematic, inconsistent, lacking sound theoretical base and often in conflict with the medical system as presented in Tibetan treatises. He also emphasised the importance of a scientific evaluation of Tibetan medical practices. It is interesting to note that Kirilov, in spite of his deep interest in

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68 V. V. Ptitsyn, *Etograficheskie Svedeniiia o Tibetskoi Meditsine v Zabaikal’e* (S Tibetskimi Anatomicheskimi i Khirurgicheskimi Chertezhami) [Ethnography of Tibetan Medicine in Trans-Baikal Region (Addendum Contains Anatomical and Surgical Drawings)]. St. Petersburg: Tipografia Lebedeva N. A., 1890.  
69 Aseeva and Naidakova, *Pishchevye Rasteniia v Tibetskoi Meditsine*. 

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and knowledge of Tibetan medicine, was also one of the bitterest opponents of Petr Badmaev.

Nikolai Konstantinovich Roerich (1874-1947), the renowned Russian artist and scholar, was also interested in Tibetan medicine, especially in the study of telepathy and meditation techniques used in the Tibetan medical tradition. He was acquainted with the activities of Petr Badmaev and highly appreciated his medical practice and translation efforts in the field of Tibetan medicine. In 1924-1928, Roerich, acting as a representative of all Buddhists of the West, undertook the Central Asian expedition aimed at reaching Lhasa. His goal was to establish contacts with the 13th Dalai Lama and to ask him to become the head of Buddhists in the West. The second proclaimed goal of the expedition was to search for Shambala and mahatmas. However, for a number of reasons (mainly of political character), this mission failed.

Some remarkable people took part in Roerich’s expeditions, who contributed to propagating Tibetan medicine in Russia. Thus, one of the members of the 1927-1928 expedition to Central Asia and Himalayas was Roerich’s friend, general practitioner and psychiatrist Konstantin Nikolaevich Riabinin, who studied hypnotherapy and massage in St Petersburg and Piatigorsk under the guidance of Dorzhi Badmaev (a distant relative of Petr Badmaev). He also studied Tibetan medicine. During the expedition, Riabinin continued his studies of Tibetan medicine and collected valuable materials which he planned to publish in his book O zhiznedateliakh Vostoka (On life-givers of the East). After the expedition Roerich invited Riabinin to become the head
of research on Tibetan medicine in the Urusvati Institute in the Kullu Valley, which Roerich had established. Riabinin declined this invitation and returned to Soviet Russia. He was arrested in 1930 for the first time and spent five years in prison, and in 1937 he was accused of spying for foreign intelligence services. He then spent ten years in a labour camp in Siberia. It is believed that he was able to continue his studies of Tibetan medicine there and that, while in jail, he was treating people using methods of Tibetan medicine. After his release in 1947, he returned to his native town Murom, where he worked as children’s general practitioner until his death.74

Tibetan medicine in Russia and Buriatia before 1917

Buriatia

Buriatia is the key region in the study of the history of Tibetan medicine in Russia. The Buriats are the largest ethnic minority in Siberia, populating areas around the Lake Baikal. Ethnically, linguistically and culturally they belong to the Mongolian people. The two major Buriat tribes are the Khor and the Selenga. Traditionally Buriats, similarly to the Mongolian people, led a nomadic way of life and lived in yurts.75 Tibetan medicine first reached Buriatia in the seventeenth century alongside Buddhism, and its history in Russia is closely related to the history of Buddhism. In the eighteenth-nineteenth centuries, Tibetan medicine had incorporated some elements of the Buriat pre-Buddhist folk medicine, which resulted in the formation of the Buriat school of Tibetan medicine. The Russian scholar Tat’iana Ermakova writes that Tibetan medicine was even used by Buddhist lamas from Tibet and Mongolia to lure Buriats into Buddhism.76 Tibetan medicine continued to be the dominant system of healthcare in Buriatia until the first half of the twentieth century.

The first Buriat clans migrated from Mongolia to the territories around the lake Baikal in the second half of the seventeenth century. At the same time, the Russian

75 Yurt is a Mongolian traditional circular-shaped dwelling. Its construction allows quick and easy dismantling, transportation and erection in a new place.
Empire extended its rule to the Trans-Baikal region. Buriats chose Russia as their protector from increasing political influence of China and became subjects of the Russian Empire. Slowly Buddhism started to penetrate into the Buriat culture replacing Shamanism, which had been widely practised among Buriats at that time. According to Ermakova, for the successful integration of the Buriat people into the Russian Empire it was necessary to consider and most importantly to foster, to a certain extent, their cultural and religious traditions. For these reasons, Russia took some part in the promotion of Buddhism among the Buriats to keep them under its sovereignty. The Russian authorities also supported the building of local datsans and the printing of religious books, in order to reduce the influence of Mongolia and Tibet in the religious and cultural life of Buriatia.

At the beginning of the eighteenth century, Buriats who wanted to receive Buddhist philosophical or medical training, had to travel to Tibet or Mongolia as there were no Buddhist universities on the territory of Buriatia yet. After years of study, most of them returned to their home region, so that it became possible for the younger generations of monks to study Buddhism and medicine under the guidance of these lamas, without leaving Buriatia. In 1712, one hundred and fifty Tibetan and Mongolian lamas of high rank fled from Mongolia to Buriatia. These lamas, among whom there were excellent emchis, along with local lamas, who had completed their studies abroad, played an important role in the introduction of the Tibetan monastic education in Buriatia.

In 1730, the Tsongolsky datsan (Tib. gra tsaṅ) was founded, which offered monks education at the philosophical college, following the tradition of the Tibetan Buddhist monastery Drepung, west of Lhasa. The monastic Buddhist schools in Buriatia followed traditions of different Tibetan monastic colleges, however, mainly of those that belonged to the Tibetan Mahayana tradition. In 1741, by the order of the Empress Elizaveta I, Buddhism was officially recognised as one of the religions of the Russian Empire. By 1850, thirty four monasteries were active in Buriatia and they soon became important local centres of education and culture. Most of them were associated with big universities with thousands of students. The curriculum of Buddhist colleges in Buriat

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78 Ermakova, *Buddhiiskii Mir Glazami Rossiiskikh Issledovatelei*.
dsans copied the Tibetan system of monastic education, the highest degree being geshe, equivalent to the European degree of the doctor of philosophy.

Tibetan medicine also continued to be taught privately. The quality of such non-standardised education fully depended on the professionalism and experience of private teachers and the existence of numerous poorly educated emchis was a major issue.

In 1869, Galsan Zhimba Tuguldurov (1815-1872), who was the son of Aginsk Taisha, the 5th head (shiretui) of the Aginsky datsan, and the assistant to the head of the Tsugolsky datsan, invited the Mongolian emchi-lama Chos-Menrampa in order to establish the first Buriat medical college in the Tsugolsky datsan, which was one of the big monasteries of Buriatia in Chita region. The curriculum of the Labrang monastery in Eastern Tibet served as a model. Soon after that, medical colleges were also opened in the Aginski and Atsagatski datsans. Monks studied Tibetan medicine for four to five years. At the end of their study, in accordance with the tradition of Tibetan medical colleges, they held public exams in the form of a debate over the text of the Four Tantras, which they were supposed to memorize during the first years of their education. The teaching in datsans was bilingual, and all students were required to master the Tibetan and Mongolian languages. All students were also required to take part in the collection of herbs as part of their traditional medical education. Instructors explained which seasons were appropriate for collecting various herbs and plants, and taught the methods of their drying, storing and handling. ‘Vnutrennii ustav Tsugol’skogo manba datsana’ [Inner regulations of Tsugol’sky manba (medical) datsan] has survived till nowadays and is kept in the museum for the History of Buriatia. This important historical document has not yet been properly studied. The Buriat scholar Lygzhima Aiusheeva is the first to provide a brief summary of the content of Vnutrennii ustav [Internal regulations], which was composed in Tibetan and regulated the curriculum for the teaching of Tibetan medicine in the Tsugolsky datsan.

In 1884, a medical college was established in the Aginsky Buddhist monastery, which soon became the most famous medical college in Buriatia and from which Sultim (Aleksandr Aleksandrovich) Badmaev graduated with a degree in Buddhist

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79 Taisha is a head of a Buriat clan.
80 However, after the death of Chos-Menrampa teaching of Tibetan medicine was interrupted until 1899, when one of Chos-Menrampa’s students, emchi-lama Darma Biliktuev, re-established teaching of Tibetan medicine in the Chita region. See Bolsokhoeva, Medical Faculties of Buriat Buddhist Monasteries.
81 Ibid.
82 Aiusheeva, Tibetskaya Meditsina v Rossii.
philosophy. In 1913, a medical college was also established in the Atsagatsky datsan, by Agvan Dorzhiev (1853-1938), one of the tutors and political advisors of the XIIIth Dalai Lama, a Buriat scholar and a politician, who played an important role in developing Russian- and later Soviet-Tibet relations. This college played an important role in the history of Tibetan medicine in Russia after the 1917, when emchi-lama Iroltuev and Dorzhiev established a new reformed medical school there. Thus at the turn of the twentieth century, partly due to the support from the Russian authorities, medical faculties existed in more than ten monasteries.

After the teaching of Tibetan medicine had been established in Buriat medical colleges, Tibetan medicine started a long process of adaptation to local conditions and to the needs of Buriat patients. Although Tibetan medicine had originated in Tibet, by the time it reached Buriatia it was also well established in Mongolia; in that way, Buriats acquainted themselves with Tibetan medicine from two sources. According to Dandar Dashiev, a Buriat scholar and member of the department for Research of Biologically Active Substances of the Siberian branch of the Academy of Sciences, the biggest problem with which the Buriat emchis were confronted at the turn of the nineteenth century was the lack of many traditional Tibetan herbs and plants in the local flora. Some, though not all, of the required ingredients could be imported. The import of lacking herbs was not only expensive but encountered administrative problems, since the Russian authorities did not encourage economic or cultural contacts with Tibet and Mongolia. For that reason, Buriat emchis started to substitute Tibetan herbs in

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83 He was trained as a Tibetan doctor privately, since he graduated from Aginsky datsan before the medical college was opened there.

84 Dorzhiev was born in Buriatia and studied in the Aginsk datsan. In 1868, he left Buriatia in order to continue his studies first in Urga, the capital of Mongolia, and then in Tibet in Drepung monastic university near Lhasa. There Dorzhiev became at first a tutor and a debating partner of the XIIIth Dalai Lama (1876-1933) and in the course of time his close friend and political advisor.

85 In 1891, Tsar Nikolai II met emchi-lama Iroltuev during his travel to the Far East. In 1895, Iroltuev was invited to St. Petersburg to treat Nikolai’s children and was decorated with two orders for this. In 1895-1911, Iroltuev was the head of the Buddhist Church.

86 The Buriat copy of the famous set of the illustrated Tibetan medical Atlas was kept in the Atsgatsky Datsan until 1936. It consists of seventy seven coloured paintings which serve as visual aids to Sangye Gyamtso’s commentary on rGyud-hZhi. This set which became later known as the ‘Atlas of Tibetan medicine’, contains illustrations and short explanatory notes (placed at the bottom of each page) of embryology, anatomy, physiology, material medica, methods of diagnosis, therapy, etc. Medical plants, found in Tibet, were copied from samples gathered in different parts of Tibet. The set was published and translated into Russian under the title ‘Atlas Tibetskoi meditsiny’ in 1994. Two years earlier in 1992 it was also published in London under the title of ‘Tibetan Medical Paintings’. Since the Atlas summarised the main Tibetan medical ideas according to rGyud-hZhi, it was widely used as teaching aids to help students memorise this text. The most complete set of the Atlas, with only one plate missing, is held in the museum of local history in Ulan-Ude. For the English translation, see I. Parfionovitch, Gyurme Dorje and F. Meyer (eds.), Tibetan Medical Paintings: Illustrations to the “Blue Beryl” Treatise of Sangye Gyamtso (1653–1705). 2 vols. New York: Serindia Publications, 1992.
traditional Tibetan recipes with local plants, which were readily available and cheaper than imported herbs. Dashiev argues that, gradually in the course of the nineteenth century, about 80 per cent of the Tibetan ingredients were substituted with local herbs. Buriat medical recipes soon gained good reputation. Martin Saxer, a German anthropologist, the author of the film *Journeys with Tibetan medicine*, argues that it might have been the Buriat medical experience that shaped the opinion (wide-spread in the West) that Tibetan medicine has unlimited potential to adapt to local conditions anywhere in the world.

In order to make Tibetan medicine available to those Buriats who did not know the Tibetan language well enough to study medical texts written in Tibetan, some eminent Buriat emchi-lamas translated the main medical texts from Tibetan into Mongolian. In particular, many important medical texts and their commentaries were translated from Tibetan and printed in Buriat datsans. The founding of medical colleges in datsans and the printing of the main texts and their translations played an important role in the propagation and adaptation of the Tibetan medicine in the Trans-Baikal region. However, the Buriat emchi-lamas not only studied the medical tradition of Tibetan doctors. Since they tried to adapt Tibetan medicine to their local needs, they also composed their own medical treatises in Tibetan, mainly books of medical prescriptions in which local herbs were used as substitutes to Tibetan and Chinese herbs. Though these books of medical prescriptions (known as Tib. sbyor) represent the simplified form of medical literature, they contain important empirical data and were widely used by Buriat emchis. In the second half of the nineteenth century, in almost every datsan, which included medical schools among their faculties, Buriat emchi-lamas compiled their own prescription books, the most famous of which were ‘sbyor’ composed by emchi-lamas of the Aginsky datsan, and the prescription book of emchi-lama Iroltuev. Another important work composed by Buriat lamas was a Tibetan-Mongolian dictionary of medical terms by Galsan Zhimba Tuguldur, which was extremely helpful for translators of Tibetan medical texts from Tibetan into Mongolian.

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87 Dashiev, Experiences with Comparative Studies of Tibetan Medical Formulae.
88 Saxer, *Journeys with Tibetan Medicine*.
89 Nowadays, they are used by researchers who try to study the compounds in order to start their commercial production.
90 Dashiev, Experiences with Comparative Studies of Tibetan Medical Formulae.
The traditional code of the common law of the Buriat people regulated the practice of Tibetan medicine in the Trans-Baikal region. This document contains interesting historical evidence on the prices for medicines and services of Tibetan doctors during that time; it also features a list of diseases and remedies available for them. The document testifies that not only Buriats but also the ethnic Russian population in the Trans-Baikal region turned to Buriat emchi-lamas for medical help.91

St. Petersburg

Tibetan medicine in Russia was not confined to Buriatia. In the first quarter of the nineteenth century Tibetan medicine made its way to St. Petersburg. Joseph Reman (1779-1831), who was a doctor for the Iurii Aleksandrovich Golovkin’s mission to China (1805-1807)92, met Tibetan doctor Tsultim Tseden in Buriatia on his way to China, and later invited him to the Imperial Medical Surgical Academy in St. Petersburg, one of the leading medical institutions of Russia. Rehmann hoped that, after graduating from the Medical Academy, Tsultim would work on translations of Tibetan medical treatises into Russian. However, the untimely death of Tsultim broke Rehmann’s plan to introduce Tibetan medicine to doctors and the public in European Russia. In 1811, Rehmann published Beschreibung einer Thibetanischen Handapotheke [Description of a Tibetan mobile apothecary], where he, in collaboration with the botanist I. I. Redovskii, identified more than half of the samples from the collection of sixty Tibetan medical plants which he bought in Maimachan on the Russian-Chinese border. However, without help from qualified emchi-lamas Rehmann was unable to supplement his descriptions of Tibetan medical plants with information on their practical use in Tibetan medicine.93

91 Aiusheeva, Tibetskaia Meditsina v Rossii.
92 Iurii Golovkin was a Russian diplomat and the head of the Russian mission to China. Among members of the mission was orientalist Julius Klaproth. The official goal of the mission was to inform the Chinese authorities about the accession to the throne of Emperor Alexander I. However, true agenda was to receive permission for the Russian ships to enter Canton, to agree on the opening of Russian consulate in Beijing, to permit Russian-Chinese trade on the North-Western border, and to receive permission for the Russian mission to enter Tibet. For a number of reasons, the mission turned out to be unsuccessful on all points. One of the reasons of this failure was the fact that, when Golovkin’s mission had arrived to Urga, Golovkin was asked to rehearse the prostrations, which he was supposed to perform in front of Chinese Emperor while in Beijing. Golovkin refused to do this. A. Ia. Vyshinskii and S. A. Lozovskii, Diplomatisches Słownik [A Diplomatic Dictionary]. Moscow: Gosudarstvennoe Izdatel’stvo Politicheskoi Literatury, 1948. Stable URL: http://dic.academic.ru/dic.nsf/dic_diplomatic/404/%D0%93%D0%9E%D0%9B%D0%9E%D0%92%D0%A%98%D0%9B%D0%90 Accessed: 12/02/2011 14:27.
It should be emphasized that for all Europeans, with the exception of Russians, knowledge of Tibetan medicine remained purely theoretical before Vladimir Badmaev brought it from Petrograd to Poland after the 1917 Bolshevik revolution. In 1936, he established a private Tibetan clinic in Warsaw, and this event is often referred to as the beginning of the ‘Western Odyssey’ of the Tibetan medicine.

From the late nineteenth century up to 1937, the history of Tibetan medicine in the European part of Russia was dominated by Tibetan doctors from the Buriat family of Badmaevs. The Russian public received a chance to experience the healing powers of Tibetan medicine first hand, when Sultim Badmaev, a Buriat emchi lama, opened his clinic in St Petersburg. In 1857, Sultim Badmaev was invited by the Governor-General of Eastern Siberia Nikolai Nikolaevich Murav’ev-Amurskii to St. Petersburg, after he successfully terminated a typhoid epidemic in Eastern Siberia by means of Tibetan medicine. Soon after Sultim came to the capital and was introduced to the Tsar and his family, he decided to get baptised into Orthodox Christianity and received the name of Aleksandr after his godfather, the Tsar Aleksandr II. Aleksandr Badmaev was allowed to practise Tibetan medicine on a probationary basis in the Nikolayevsky military hospital where he received the most difficult patients with tuberculosis and cancer. After successfully completing his probation in 1861, Aleksandr received a paid post as a government employee of a medical practitioner among the Buriats and was promoted to Collegiate Registrar, the ninth grade of the civil ranks, which gave him the right of personal nobility (dvorianstvo). Besides, he was entitled to wear a uniform of military doctors and to receive a pension upon retirement. Soon after 1862, Aleksandr Badmaev also opened his own private Tibetan clinic and the first Tibetan pharmacy in St. Petersburg and became well known to the Russian public. In 1864, Aleksandr Badmaev was allowed to study surgery at the St. Petersburg Medical Academy and to teach Mongolian as a lector at the Oriental department of the St. Petersburg University. Such a favourable reception in St. Petersburg and quick career of a Buriat

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94 Vladimir, nephew of Petr Badmaev, was brought by his uncle to St. Petersburg around 1896 to study Tibetan medicine as an apprentice in his clinic on Poklonnaya Gora in St. Petersburg. Following the example of his uncle Petr, Vladimir studied European medicine at the Royal Military Medical Academy. After the Bolshevik revolution of 1917, Vladimir Badmaev emigrated to Poland, where he established his own Tibetan medical practice. He died in Poland in 1961. For further details see V. Badmaev, The Continuation of the Badmaev Family Tradition in its 5th Generation. Ayurveda 7 (2000): 44-54; Saxer, Journeys with Tibetan Medicine.

95 For the most thorough account of the history of the Badmaev family see Grekova, Tibetskaia Meditsina v Rossii; Grekova, Tibetskii Lekar’ ’Kremslavskikh Vozhd.’

96 Aiusheeva, Tibetskaia Meditsina v Rossii.
emchi-lama, whose knowledge of the Russian language was limited, is not surprising, however, since the Russian Empire needed loyal people in Buriatia. In the late nineteenth century, Russian authorities also pursued policy of Russification among its non-Russian subjects; therefore, Badmaev’s baptism and marriage to a Russian woman were most welcome. At the same time, Badmaev was highly respected by his fellow Buriats, therefore being able to influence decisions of his fellow countrymen while his baptism and employment as a Russian civil servant and as a private Tibetan practitioner in the capital of the Russian Empire was supposed to serve as an example of the new opportunities that the Empire offered to its subjects.

In 1862, Aleksandr Badmaev organised for his younger brother Zhamtsaran to be enrolled in the Irkutsk Gymnasium, from which he graduated with a Gold medal. In 1870, Aleksandr invited his brother to St. Petersburg. Zhamtsaran also decided to get baptised and received a new name of Petr, under which he would become famous as a Tibetan doctor not only in Russia but also in Europe. Even nowadays Tibetan medicine in Russia is still closely associated with Petr Badmaev, and his figure dominates Tibetan medicine in popular imagination and determines attitude towards Tibetan medicine in general as chapter four will show. On arriving in St. Petersburg Petr started to help his brother in his clinic and study Tibetan medicine under his guidance. He also enrolled into the Royal Military Medical Academy (from which he graduated, after an interruption of his studies, without official qualifications since he failed to pass the final exams) and into the Oriental Faculty of St. Petersburg University, the department of Chinese-Manchurian-Mongolian languages (from which he successfully graduated in 1875).97

In 1873, Aleksandr died and Petr Badmaev inherited his Tibetan medical practice and apothecary. Petr stayed in St. Petersburg, but maintained close contacts with his homeland, which was the source of herbs and minerals for his pharmacy, and, most importantly, a source of talented young Buriats for whom Petr organized a private school in St. Petersburg and another in Urga, which he subsidized with his own money.98 Petr Badmaev was not only a Tibetan doctor but also a diplomat. Using his connections among high-ranking officials, many of whom were his patients, as well as

97 Grekova, *Tibetskaia Meditsina v Rossii*.
98 These schools aimed at preparing professional cadres for Buriatia. Gombozhab Tsybikov was one of the graduates of Urga school. He has also received for one year a scholarship from Badmaev to study in St. Petersburg Oriental Faculty. However, Tsybikov lost the scholarship when he declined Badmaev’s request to get baptized.
his good relationships with the Tsar Nikolai II (who was his godfather), Badmaev received permission to collect money by subscription which he needed in order to organise a journey to Tibet, for collecting materials for the translation of *rGyud-bZhi* into Russian. However, Badmaev had other ambitious plans with regard to the Far East which he hoped to realise with this journey.

It was the time of the ‘Big Game’, the time of rivalry between the British and Russian Empires over influence in Central and East Asia. Petr Badmayev set aside his medical activities for some time and became involved in politics. In his letter to the Tsar Nikolai he suggested that Russia should attempt to peacefully annex Mongolia and Tibet. Tat’iana Grekova, in her book *Tibetskaia meditsina v Rossii* writes about this period in the life of Petr Badmaev in great details, drawing on archive materials to support her account. At the beginning, Badmaev received financial support from the Tsar and, after organising a trading house in the Chita region, he became involved in a variety of business, educational and diplomatic activities, all of which ended after the financial support was suspended as a result of the accusations of misusing funds. After this Badmaev returned to St. Petersburg and dedicated most of his time to Tibetan medical practice and the translation of *rGyud-bZhi*.

In 1860, after a petition written by Aleksandr Badmaev, Russian authorities allowed the translation of *rGyud-bZhi* from Mongolian into Russian. The translation was conducted by Konstantin Federovich Golstunskii, who was assisted by emchi-lama from Buriatia. However, it was never finished due to financial problems. In 1898, Petr Badmaev publishes his first free translation of the first two parts of *rGyud-bZhi*. In the first publication, as well as later in the second one (which was published in 1903), he tried to emphasise practical, rather than esoteric, elements of Tibetan medicine, thus eliminating all religious and exotic elements from his translation. He tried to show to European (Russian) doctors and the general public that the Tibetan medical system was based on logic and could be confirmed by scientific research. In the second edition of 1903, titled *Glavnoe rukovodstvo po vrachebnoi nauke Tibeta: Chzhud-shi*, he made

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some corrections and additions and attempted to comment on the Tibetan medical system from the viewpoint of the European medicine of that time.\(^{100}\)

Badmaev’s publication provoked intensive debates. Critics accused Badmaev of being a charlatan, who performed experiments on his patients by giving them poisonous powders and exercising his hypnotic powers over them. They also questioned the reliability of pulse diagnosis and did not accept the concept of the three humors, which disbalance cause diseases. Grekova provides a detailed account of the polemics between Badmaev and his main opponents and illustrates it with extracts from newspapers of the time.\(^{101}\)

Among Badmaev’s most serious opponents was the above-mentioned doctor Kirilov. According to Lygzhima Aiusheeva, the negative assessment of Tibetan medicine by Kirilov could be explained by the fact that he could not understand the allegorical language characteristic of the Tibetan medical literature and understood the texts he was studying literally. Besides he was from the very beginning convinced that European allopathic medicine was more efficient and thus superior to any other medical traditions and tried to find examples to support his position.\(^{102}\)

Already in the time of Badmaev, several important questions of ethical nature pertaining to the legalisation of Tibetan medicine in Russia were raised; most of these questions are still relevant nowadays. One of the topics of heated discussions around Badmaev and his practice was whether a patient had the right to consult a doctor belonging to a different medical tradition and, moreover, to receive a treatment from him in case he had already been receiving treatment from another doctor.\(^{103}\) Another problem was that Badmaev prepared his medicines in his private apothecary instead of sending his patients to existing pharmacies, thus depriving them of their possible income.\(^{104}\) Demands were also made that Badmaev should make the ingredients of his medicines known to the public. The case appeared to be a major issue also for allopathic doctors and ended in a wide discussion in the media about whether medical practitioners

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\(^{100}\) In 1901, the Kalmyk lama Dambo Ul’ianov published the first part of Tibetan medical treatise ‘Vandurya-onbo’. And in 1908, the well-known scholar of Mongolian, Aleksei Pozdneev published his Russian translation of the first two parts of rGyud-bZhi from Mongolian.

\(^{101}\) Grekova, Tibetskaiia Meditsina v Rossi.\(^{102}\)

\(^{102}\) Aiusheeva, Tibetskaiia Meditsina v Rossi.

\(^{103}\) This issue remains the subject of debate until today; some doctors, mostly biomedical, but also Tibetan, object to combining two medical systems by their patients.

\(^{104}\) Tat’iana Grekova follows Badmaev’s suit with pharmacist Dr. Kraindel. Dr. Kraindel’s unfavourable attitude to Badmaev personally and his medical activities in general played a tragic role in the fate of the Tibetan branch of the Institute of experimental medicine in 1939.
should have the right to prepare drugs themselves. Some of the allopathic doctors took
Badmaev’s side.

Using his connections in Buriatia, Petr Badmaev made several attempts to find the
official acceptance and legalisation of Tibetan medicine in the European part of Russia,
which proved unsuccessful, however. Acting under Badmaev’s guidance, Tibetan
practitioners from Buriatia and Kalmykia sent a petition to the Medical Council in St.
Petersburg in which they asked for the recognition of Tibetan medicine in Russia. They
suggested that rights and duties of Tibetan doctors as well as their educational
requirements should be defined in one legal document, which should also regulate how
to deal with charlatans. However, the Medical Council decided that Tibetan medicine
could not be officially recognised as Buriat national medicine and the Russian
authorities could not support the establishment of Tibetan medical schools in Buriatia
since Tibetan medicine, in their view, did not meet the standards of modern
scientifically proven medicine. After the petition was rejected and Badmaev’s practice
in St. Petersburg was under the threat of being closed down, he published a booklet in
which he described the current state of affairs of Tibetan medical science in Russia.105
Badmaev continued to struggle for the recognition of Tibetan medicine until his death in
1920.

From 1917 to 1953

Buriatia

The October revolution of 1917 and the establishment of the Soviet regime
marked the beginning of a new period. For a short time in the 1920s, practicing
Buddhism and Tibetan medicine was permitted, and Soviet authorities supported
research in this field. This became possible mainly because, at first, the Bolshevik
government followed a policy which encouraged the national self-consciousness of the
non-Russian population of the former empire. This policy promoted and supported the
national culture, language and national heritage of the non-Russians.106 Furthermore,
until 1923, the Bolshevik government was not even certain whether they would be able

105 P. A. Badmaev, Otvet na Neosnovatel’nye Napadki Chlenov Meditsinskogo Soveta na Vrachebnuiu
Nauku Tibeta [My Response to the Unfounded Attacks on Tibetan Medical Science by the Members of
to retain control over Siberia without support of the local population, particularly in eastern Siberia, where resistance to the new regime was quite strong. Secondly, Tibetan medicine and Buddhism were tolerated by the Bolshevik government due to the Buddhist Reform movement (*Obnovlenchestvo*), which positively received the Communist Revolution, using it as an opportunity to revamp the existing monastic system. The forum of Tibetan doctors organized in 1926 supported free access to the monastic medical schools, now open to everybody, including women and lay people. In the early 1930s, Tibetan medical colleges were still opened in several datsans, for instance in the Aginsky, Atsagatskii and Gusinoozerskii datsans. Private emchi-lamas were also allowed to practise Tibetan medicine and, according to NKVD records, their services were popular among the local population.

In 1918, shortly before his death, Iroltuev, famous emchi-lama and influential figure in the Buddhist circles, handed over his property to the Atsagat medical college and nominated Agvan Dorzhiev as executor of his last will. In particular, he wanted Dorzhiev to develop and reform the existing medical school. For political reasons, Dorzhiev decided that it would be appropriate to reform the medical college of the Atsagat datsan, and in 1921 he opened there a medical school of a new type, which was assigned an important role in promoting the development of Tibetan medicine within the framework of the Buddhist New-reform movement. At the beginning, the new school was looked upon favourably by the Soviet government and was officially recognised. This was due to the fact that Soviet medical services in Buriatia were still in a rudimentary state, and emchi-lamas were often the only source of medical help for the Buriat people. Besides, the National Commissariat of Health Care [Narkomzdrav], in collaboration with the Saratov Institute for the Study of Upper Respiratory Diseases, was going to include Tibetan medicine in its research agenda. In 1927, Narkomzdrav also contacted the newly established Institute of Buddhist Culture at the USSR Academy of Sciences in Leningrad, asking their help with research on Tibetan medicine and in finding skilled and well-educated emchi-lamas to collaborate with.

After the Atsagat medical school had received official status, Dorzhiev decided to separate it from the Atsagat datsan in order to stop it being associated with a religious institution. In addition to the existing buildings, a small in-patient clinic was built which

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107 Let it be recalled that the Trans-Baikal region - the centre of Tibetan medicine – makes up a part of it.
108 Aiusheeva, *Tibetskaiia Meditsina v Rossii*.
109 In 1895-1911, Iroltuev was the head of the Buddhist Church.
110 Grekova, *Tibetskaiia Meditsina v Rossii*. 
was used to accommodate patients from remote areas and local patients with acute chronic diseases. The clinic offered treatments with herbs and balneal baths for nervous, skin, joint, gynaecological and rheumatic diseases and soon grew very popular with the local population. In 1930-1934, scientific cooperation between the Atsagat medical school and the Saratov Institute of Upper Respiratory Diseases was finally established and proved to be very fruitful. The head of the Atsagat clinic emchi-lama Dondok Endonov (Munkuev) regularly visited the Saratov Institute where he treated patients with hearing disorders and cancer of the larynx and collaborated with Soviet scientists in their research on the formulas of Tibetan medicines. Collaboration between emchi-lamas and Soviet scholars quickly expanded to other Institutes. In 1931, researchers from the Botanical institute of the USSR Academy of Sciences in Leningrad visited the Atsagat medical school in order to add new samples to their collection of Tibetan medical herbs and other raw materials, which was started by Adel Fedorovna Gammerman, one of the founders of the Soviet pharmacognosy, in 1928. The Russian Orientalist B.V. Semichov, with the help of Atsagat emchi-lamas, supplied new samples of herbs and minerals to the collection and provided their Tibetan names. The collected data helped the next generations of scholars to continue studies of Tibetan medicine in the 1960s, after several decades of interruption. The Atsagat School established the closest contacts with the Leningrad State Institute of Experimental Medicine (VIEM) [Leningradskii Vsesoiuznyi Institut Eksperimental’noi Meditsiny]. In 1933 and 1934 VIEM organised two expeditions to Atsagat with support from Dorzhiev. They collected four hundred herbal samples and one hundred and fifty samples of minerals and animal materials. The collaboration was for mutual benefit: while Soviet doctors learned a lot about Tibetan medicine, emchi-lamas were interested in studying the fundamentals of allopathic medicine and in bringing together elements of both medical traditions.

However, already during the second expedition of VIEM, the situation around the Atsagat medical school and Tibetan medicine in general was taking a turn to the worse. The following developments should be understood within the context of the

111 Grekova, *Tibetskaia Meditsina v Rossii*. In 1917, the ‘Emperor’s Institute of Experimental Medicine’, founded in 1890, was renamed the ‘Institute of Experimental Medicine’. In 1932, it became the ‘National Institute of Experimental Medicine’. It was renamed twice after this, since 1991, it has been known as the ‘Institute of Experimental Medicine of the Russian Academy of Sciences’. Nikolai Badmaev, who was the nephew of Petr Badmaev and continued to practise the Tibetan medicine in St. Petersburg after his death in 1920, became the head of the Department of Oriental medicine, which aimed mainly at the study of Tibetan medicine, of the Institute of Experimental Medicine. In 1938, Nikolai Badmaev was arrested and executed; the Oriental department was closed shortly after his arrest.
Soviet campaign against Buddhism, in general, and lamas, in particular, which began in 1930. This turn of events was a reflection of the change in Soviet nationality policy, as the Soviet government now assumed that the approach towards the non-Russians in the 1920s was strengthening, rather than disarming, nationalistic sentiments.\footnote{M. Petrova, \textit{Eastern Religions and the Politics of Identity in Post-Communist Russia: The Case of the Roerich Movement}. PhD Thesis, The University of Manchester, 2009.} The authorities were concerned that the Atsagat school continued to train emchi-lamas and had become too popular and influential in Buriatia.\footnote{Only in 1931, according to the clinic’s records, they treated 7862 patients.} Tibetan medicine was seen as the main income of many lamas, as well as an instrument of their influence on ordinary Buriats. Besides, it established scholarly connections with many Soviet medical Institutes and was engaged in scholarly exchange and collaboration. The Atsagat school was also maintaining connections with Mongolian and Tibetan doctors and received medical raw materials from abroad via Dorzhiev’s diplomatic connections. In 1933, under the new circumstances, Semichov published an article in the journal \textit{Sovetskaia etnografiia} [Soviet ethnography] where he stigmatised Tibetan medicine and the Atsagat medical school as something inappropriate to the new Soviet regime and accused Dorzhiev of gaining personal profit from the treatment of patients in the clinic. Shortly after the publication of Semichov’s article, the Atsagat school was shut down.\footnote{T. I. Grekova and K. A. Lange, \textit{Tragicheskie Stranitsy Istorii Instituta Eksperimental’noi Meditsiny (20-30-e Gody)} [Tragic Episodes in the History of the Institute of Experimental Medicine (1920-1930)]. In: M. G. Iaroshevskii, \textit{Repressirovannia Nauka} [Victimised Science]. Vypusk 2. St. Petersburg: Nauka, 1994, 9-23.}

In 1937, the situation further deteriorated, and mass repressions started in Buriatia. By the end of the 1930s, most of the Buddhist monasteries in Buriatia were destroyed, monastic property (which also included medical books) was confiscated and in most cases destroyed, and monks and Tibetan doctors were arrested. Many of them were executed or died in labour camps. The medical activities of religious institutions were now regarded as illegal. Tat’iana Grekova presents a survey of the articles on Tibetan medicine that were published in the newspaper \textit{Buriat-Mongolskaia Pravda} in 1937-1938. All these articles supported the idea that Tibetan medicine should be banned in Buriatia. By 1938, all members of the reform movement were arrested and the study of Tibetan medicine was brought to a halt for many years. After the repressions of 1937-38, only a very limited research in the field was possible, almost exclusively in the
domains of pharmacology and botanical study of medical herbs, while the study of the Tibetan medicine and Buddhism was completely suppressed. \(^{115}\)

Repressions against Buddhism, as well as other religions, were halted during the Second World War. Saxer reports that in 1945 two Buriat datsans were opened: the newly built Ivolginsky datsan near the Buriat capital of Ulan-Ude and the reopened Aginsky datsan in the Chita region. A small number of Buriat lamas who survived the labour camps were allowed to perform Buddhist rituals, but practicing or studying Tibetan medicine and the study of Buddhism were still illegal. In spite of the fact that only limited activities were allowed and that all lamas were closely monitored by the Secret services (NKVD, MGB and later the KGB), the datsans managed to preserve the Buddhist tradition during the Soviet times and contributed to the rapid revival of Buddhism and of Tibetan medicine in the 1990s. \(^{116}\)

**Petrograd/Leningrad**

The Provisional Government placed Petr Badmaev under arrest for a short period of time because he was close to the Tsar and his family. After his release, he continued the private medical practice. However, in 1919 he was arrested again, this time by the Bolshevik government, and sent to the Chesmensky labour camp. In 1920, he was released but a few months later he died. Grekova, using archival materials, speculates about possible reasons for Badmaev’s quick release. She argues that it could have been motivated by the organization of a secret expedition to Tibet planned for 1920-1921: Badmaev was known for his ideas of the importance of the Russian Imperial expansion to the East and therefore was considered as someone who could greatly contribute to the preparation and success of this expedition. After Badmaev’s death, his second wife, Elizaveta Petrovna Iuzbasheva-Badmaeva, continued to run the Tibetan clinic in Petrograd/Leningrad. Elizaveta Petrovna was arrested in 1937 on charges of fraud and ‘illegal’ medical practice and sent to a labour camp which she survived and from which she was released in 1940. Another successor to Petr Badmaev’s medical practice was his nephew Nikolai Badmaev who studied Tibetan medicine under the guidance of his famous uncle. He also studied European medicine and graduated successfully from the Imperial Military Medical Academy. As Nikolai was well acquainted with both European and Tibetan medical traditions, he did not treat

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\(^{115}\) Gammerman, *Obzor Lekarstvennykh Rastenii Vostochnoi Meditsiny.*

\(^{116}\) Saxer, *Journeys with Tibetan Medicine.*
his patients in accordance with Tibetan healing methods alone, but aimed at the integration of European and ‘Oriental’ approaches. In 1927, Dr. Isaak Kraindel, an ‘old’ opponent of Nikolai’s uncle Petr Badmaev and a graduate of the St. Petersburg Military Medical Academy, who published in Russian Doctor [Russkii Doktor] and Military Medical Journal [Voenno-medititsinskii zhurnal], continued his ‘campaign’ against Badmaev’s medical ideas by criticising Nikolai’s medical activities in the Soviet press.117 Similar to his uncle, who masterfully used his connections in the upper circles, Nikolai turned for help to his influential patients, among whom were Gleb Bokii (1879-1937), a high placed NKVD official, and Grigorii Kaminskii (1895-1938), the Commissar of Healthcare, seeking protection and support from them.118 For a short time he managed to convince the government (the Soviet Commissariat of Health Care and the Commissariat of Foreign Affairs) that it was necessary to start full-scale research of Tibetan medicine in order to scientifically confirm its healing potential and to develop methods of its possible integration into the Soviet health care system. When the Department of Oriental Medicine was opened at the Institute of Experimental Medicine (April 1934), Nikolai became actively involved in the organisation of the studies of Tibetan medicine there. For the first time in the history of Tibetan medicine, Nikolai initiated scientific research of Tibetan medicine. As was mentioned earlier in this chapter, the members of the department organised expeditions into remote regions of the Lake Baikal and to the Atsagat medical school in order to collect medicinal plants and to study Tibetan medicine with emchi-lamas.119 Badmaev’s attempts to initiate a full-scale study of Tibetan medicine did not find support from the Director of the Institute L. N. Fedorov, and it was decided to limit the research to the study of herbal and mineral samples of the Tibetan materia medica and to the extraction of the active ingredients from these examined samples. The department was closed in January 1935 under the pretext of re-organising the Institute.

In 1937, Nikolai obtained permission to open a clinic of Tibetan medicine in Leningrad. It was planned that the clinic will become the first centre of Oriental medicines, where patients would be treated not only with herbal medicines but also with manual therapy, acupuncture, moxa therapy (burning), massage and blood-letting. However, these plans were never realised, as Nikolai was arrested in 1938. He was

117 Petr Badmaev once sued Isaak Kraindel’ for libel, see Grekova, Tibetskaia Meditsina v Rossii.
118 Saxer, Journeys with Tibetan Medicine.
119 Among other scholars involved in these activities were such eminent tibetologists as E. E. Obermiller and B. V. Semichov.
accused of espionage and terrorist activities and immediately executed. According to Tat’iana Grekova, his arrest was caused by several reasons. First, he was a relative of late Petr Badmaev, who was accused of monarchism, and assisted him in his clinic before 1917. Second, he had contacts among Buriat religious leaders, such as Agvan Dorzhiev, and among many eminent emchi-lamas. Third, among Nikolai’s patients were people who once belonged to the Soviet elite. After going through Badmaev’s records in which he listed all his patients, Grekova noticed that Badmaev had many patients among eminent scholars, Soviet high-rank officials, high military officers and authorities of the Party, as well as NKVD officers. This list included, among others, Maksim Gor’kii, Aleksel Tolstoi, Anastas Mikoian, Valerian Kuibyshev, Nikolai Bukharin, Nikolai Ezhov, Mihail Tukhachevskii, Aleksandr Egorov, the last three of whom already had been executed at that time. All these circumstances could have played a critical role in Nikolai Badmaev’s arrest and execution.120

From 1953 to the 1990s

Buriatia

Only after Stalin’s death in 1953 did research on Tibetan medicine start to recover once again. The Botanical Institute of the Soviet Academy of Sciences in Leningrad organized expeditions to Buriatia. Researchers not only collected plants but also tried to get in touch with those who still might preserve some knowledge of Tibetan medicine. In 1976, thanks to the active involvement of Purbo Baldanzhapov, a Soviet Orientologist, who took special interest in the study of history and culture of Mongols, Tuvans and Buriats, the Buriat Institute of Biology and Medicine of the Siberian Branch of the Academy of Sciences of the USSR opened a Department of Tibetan Medicine in Ulan-Ude.121 The main task of scholars in the department was to catalogue and study the extensive collection of Tibetan medical treatises held in various Buriat archives. The department was supposed to promote interdisciplinary and scientific research on Tibetan

120 Grekova, Tibetskaiia Meditsina v Rossii. However, Boris Kamov, an essayist, a teacher, and a healer, claims that Nikolai was arrested not on political but rather on professional charges, based on anonymous letter (donos) from Nikolai’s biomedical opponents, in which he was accused of treating his patients with medicines not included in the official list of allowed medicaments. In this way his opponents wanted to prevent the opening of the Tibetan clinic. Kamov supports his claim by the fact that, after Nikolai’s arrest and execution, his sons were not expelled from Komsomol, and that Nikolai’s archive was not taken away.

medicine in order to scrutinise and verify scientific aspects, methods and potential of Tibetan medicine and, ultimately, to separate them from legends and myths. In particular, scholars concentrated on the study of many Tibetan medical herbs, identifying and describing their pharmacological properties, analysed the composition of many Tibetan medicinal compounds, and translated a number of Tibetan medical treatises. The subject of their research was, in a sense, a different form of Tibetan Medicine, deprived of philosophical and religious concepts, and in conformity with the modern European scientific methods. When the department was organised, it turned out that there were no scholars able to read fluently Tibetan medical treatises. Accordingly, it was decided to invite former emchi-lamas as consultants to the Department of Tibetan Medicine. The group of emchis who had accepted this invitation of the Department included such excellent emchi-lamas as Dashinima Badmaev, Lado Yampilov, Galdan Lenhoboey, Zhimba Tsibenov, and B. R. Rinchinov. All of them were former graduates of different Buriat datsans and translated or composed Tibetan medical treatises. During the Soviet times, they contributed to the revival of the studies of Tibetan medicine by consulting researches from the Buriat Institute of Biology and Medicine in the translation of the medical texts and in the study and research on Tibetan medicine. They also took part in numerous botanical expeditions organised by the Buriat Institute of Biology and Medicine, helping scholars to find and identify medicinal herbs and minerals.

As a result of the study of primary sources at the Buriat institute, a number of important medical texts were translated into Russian. These include some key parts of Baidur sngon po (Blue Beryl), an extensive Tibetan commentary on the rGyud-bZhi completed in 1688 by Sangye Gyatso, a famous Tibetan scholar and powerful regent of the Fifth Dalai Lama; Ngo-mTshar-dGa’-sTon-gTer-mDzod (Treasury of Wonderful Feast), a collection of descriptions of various diseases and their treatments, composed in

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123 As a boy, Galdan Lenkhoboey studied Tibetan medicine in one of the Buriat datsans. Later, when datsans were closed and Tibetan medicine was banned, he became a patternmaker on a steel-casting plant in Ulan-Ude. However, he continued to study Tibetan medicine on his own, and in twenty years he became famous well over Buriatia. He regularly visited Moscow; Marshal Zhukov, and the general secretary of the central committee of KPSS (Communist Party of the Soviet Union) in 1982-84 (before that, the chief of KGB) Yurii Andropov, were among his patients. At the department of Tibetan medicine he helped to translate medical treatises. He also published his own books, in which he summarised his medical experience. Nima Zhambaldagbaev is one of his former students.
124 Zhimba Zhamtso Tsybenov belonged to the old generation of emchi-lamas. When practicing of Buddhism was allowed again, he became a head of the Tsugolsk datsan.
Tibetan by the Mongolian doctor Chos-Zhamts in the 1920s; and a complete translation of rGyud-bZhi.

An interesting example of how Soviet science approached Tibetan medicine is the development of an automated pulse-reading machine. This interdisciplinary project, which started in 1983, required the collaboration of engineers, Tibetologists, computer experts, mathematicians and emchi-lamas. The group developed a pulse reading machine in order to diagnose and treat patients using methods of Tibetan medicine. After reading the patient’s pulse the machine produced a diagnosis in Tibetan medical terms. In 2003, the machine was sent for testing to three public hospitals. However, the application of the machine still requires the participation of a physician who is familiar with Tibetan medicine and is able to make sense of the diagnosis, so as to prescribe an appropriate treatment. The research team is now working on the development of a software programme which will translate the results into a ‘Western’ diagnosis.125

Post-1991, Tibetan medicine has once again become popular across Buriatia, as it started to be seen as an important part of Buriat national identity. For a long time Tibetan medicine had been confined to research Institutes and scientific laboratories, but in the 1990s it started to become part of the Buriat official health care system. In 1989, the Center of East Medicine was established in Ulan-Ude, which is now officially recognized by the authorities. Here doctors employ not only healing methods of Tibetan medicine but also the techniques and methods of other Eastern medical traditions (which sometimes caused clashes with Tibetan doctors who stick to traditional Tibetan medicine only).126

In 1993, the Aginski Buriat Buddhist Institute (Aginski Buriatski Buddiiski Institut) was opened in the Aginskii datsan, offering medical and philosophical programmes. This marked the beginning of the slow process of official recognition of Tibetan medicine in Buriatia. From the beginning, the biggest problem was the lack of experienced and well educated emchis capable of teaching students; for this purpose at the early stages several Tibetan doctors from the Ganden Buddhist school in Ulan-Bator were invited to teach in Buriatia. The Aginskii Buddhist medical college is a state

college, which holds a nationally recognised license for teaching traditional medicine. Lecturing is done by Buriat doctors as well as by visiting doctors from India, Mongolia and China. The main lecturer in Tibetan medicine is Kon-chog don-dub, a Tibetan doctor from the famous Dharamsala Institute of Tibetan Medicine and Astrology (India), who was sent to Aginsk by Dalai Lama himself. The curriculum is similar to the Institute of Tibetan Medicine and Astrology in Dharamsala. All students are required to speak Tibetan and English, as these, along with the Buriat and Russian, are the languages of instruction. After graduation, students receive a university degree in philosophy which is officially recognised by the Russian Ministry of Education. However graduates are not officially recognised as licensed medical specialists. This is a serious problem for the students who graduate from this medical college, since their diplomas do not allow them to practise Tibetan medicine as medical doctors. Some of them solve this problem by studying biomedicine and thus getting the required officially recognised medical degree. Another possible solution is to practise Tibetan medicine in the officially recognised Buriat Center of Eastern Medicine in Ulan-Ude or inside the monasteries, where the authorities do not interfere, or privately without advertising one’s services officially, as does one of my interviewees, Viktoria. In order to improve this situation and encourage students to study Tibetan medicine, the Institute established in 2003 the first monastic biomedical college, where an officially recognised medical diploma can be obtained alongside a degree in Tibetan medicine. This is a new turn in the history of Tibetan medicine: Tibetan and European medicine are being taught now together under one roof.127

**Leningrad/St. Petersburg**

Since the mid-1960s, there was increased public interest in Eastern spirituality and religions in the European part of the Soviet Union. People from different parts of the USSR, who were interested in studying and practicing Buddhism, went to Buriatia in search of spiritual guidance from lamas who had survived the repressions. One such underground group developed around Bidya Dandaron (1913-1974), a son of a lama, born in Kizhinga. In 1972, Dandaron was arrested and sent to a labor camp. Some of his disciples continued to maintain solitary contacts with other Buddhist lamas, among whom were several emchi-lamas. A number of people from Leningrad, Moscow and

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127 Saxer, *Journeys with Tibetan Medicine*. 
Tallinn who came in contact with these emchi-lamas became very interested in Tibetan medicine. After years of self-study (or, where possible, a study under the guidance of emchi-lamas) they began to secretly practise Tibetan medicine on a private basis.128

At the time of major political liberalization, in 1990, the descendants of Petr Badmaev organised a research centre for the Study of Tibetan medicine named after him on the basis of the hospital number 26 in the Kalininskii district of Leningrad. Among its many activities is the recovery of Badmaev’s medical school and the reprint of Badmaev’s works, including the translation of the third part of rGyud-bZhi (completed but never published during Badmaev’s life-time) and his essay ‘Russia and China’, which, according to Badmaev’s relatives, appears to be topical even today. The centre also planned to organise an agricultural enterprise together with the Institute of Agricultural Physics on the island of Valaam, in order to cultivate there ecologically clean herbs used in Tibetan medicine; however, these plans have never been realised.

Conclusions

Looking at the history of Tibetan medicine in Russia in the nineteenth and twentieth centuries, it becomes clear that, in most periods, the official attitude towards Tibetan medicine was closely related to the Russian governmental policies towards non-Russia nationalities, on the one hand, and towards Buddhism, and religions in general, on the other. Thus, throughout most of the Imperial period, the authorities pursued a policy of tolerance towards Buddhism among the Buriats and, as a result, Tibetan medicine was also tolerated and often even encouraged and supported among the Buriat communities. This was done, foremost, in order to minimise the connections between Buriats and Buddhist centres in the Mongolian steppe and Tibet, which traditionally influenced the cultural and religious life of Buriats by providing religious and medical training for young Buriat lamas. At the same time, in the late nineteenth and the early twentieth centuries, the Russian authorities welcomed processes of Russification among its non-Russian subjects and, eventually, their integration into Russian society, therefore the practising of Tibetan medicine in St. Petersburg by the members of the Badmaev family, who converted to Orthodox Christianity, was even encouraged. Thus the baptism of both Badmaevs and their employment as Russian civil servants were used to

set a positive example to their fellow Buriats; the Badmaev brothers came from a respected Buriat clan and were therefore able to influence, to some extent, the decisions of their fellow countrymen.

In the 1920s, whereas the Bolshevik government (and later also the Soviet government) took the policy of suppressing the Russian Orthodox Church, it was soft on and even cooperative towards Buddhism and Islam. Thus, post-1917, for a short period of time from the early 1920s until the early 1930s, the practicing of Tibetan medicine was allowed. This was due mainly to three factors: firstly, to the nature of the Bolshevik nationality policy, which actively promoted the creation of distinct national identities among the non-Russian populations of the former Russian Empire. In this period (i.e. the 1920s), in order to solicit support of the non-Russian elites in the borderlands, the Bolshevik government treated even their religious practices with a much greater degree of tolerance than, for instance, Orthodox Christianity. Finally, in the 1920s, Tibetan medicine was tolerated, because of the fact that in some parts of the Buriat region practitioners of Tibetan medicine were the only people who could offer any alternative medical provision to local people. Thus the Bolsheviks did not feel they could eliminate it before they could offer any alternative medical provision.

However, as the Soviet policy towards Buddhism changed, the close association of Tibetan medicine to Buddhist teachings became one of the reasons for its suppression. Thus, between the 1930s and the end of the Soviet regime in 1991, the teaching and practising of Tibetan medicine was possible only privately and secretly. After 1953, limited research on Tibetan medicine became possible, since it began to be seen as part of the Buriat national heritage. However, these studies were entirely confined to textual analysis and translation of Tibetan and Mongolian medical treatises and to the study of Tibetan medical herbs and their properties. These studies did not involve any research on Tibetan medicine as a living tradition. Most importantly, during the Soviet period attempts were made to separate Tibetan medicine from Buddhism. Furthermore, in the post-Stalin period (1960s-1980s), there was again a rise in public interest in Eastern religions and philosophy in the Soviet Union, along with curiosity about alternative healing methods; this interest could be largely satisfied outside officially recognised structures.129

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By the early 1990s, Tibetan medicine, together with Buddhism, was already considered an important part of constructing the Buriat national identity, and therefore enjoyed the support of the Buriat government. In the European part of Russia acquaintance with Tibetan medicine was virtually limited to people interested in Tibet and/or Buddhism, and the range of patients practically amounted to small groups of friends and relatives. By contrast, since the first years of *perestroika* and, particularly, when a full-scale political liberalisation was launched in the early 1990s, the range of people involved and interested in Tibetan medicine dramatically increased. After the descendants of Petr Badmaev had organised Petr Badmaev’s Centre in Leningrad, which concentrated on the publication of Badmaev’s scholarly heritage and rehabilitation of his name, the development of Tibetan medicine in the European part of Russia received a new strong impulse. This, in turn, marked the beginning of the rapid influx of new doctors and patients, entailing, over time, a process of heavy commercialisation of Tibetan medicine. This issue will be the subject of the next chapters of my thesis, where I will focus, using Iurii Lotman’s semiotic insights, on the appropriation of Tibetan medicine and its involvement in popular debates on national identity.
Chapter Two. Practitioners of Tibetan medicine in Moscow and in St. Petersburg

Introduction

This chapter describes the setting of clinics of Tibetan medicine in Russia, paying special attention to the images of Tibetan medicine and the ‘East’ constructed by Tibetan practitioners of both Asian (Tibetan, Buriat) and European (Russian) origins in Moscow and St. Petersburg. Doctors practicing Tibetan medicine, together with Tibetan Buddhist teachers (lamas) of various branches of Buddhism, act as vehicles for the creation of a broader image of the ‘East’ that shape popular ideas about eastern cultures in today’s Russia. In the chapter on the history of Tibetan medicine in Russia, I discussed how Tibetan medicine was received for the first time in the nineteenth century in St Petersburg by biomedical doctors and the public. The first encounter between Tibetan medicine and Russian culture was dominated by such oppositions as ‘we/they’ and ‘own/alien’. The dichotomy ‘own/alien’ is a cultural reaction which is common for an intercultural dialogue. On a personal cultural level, it happens, for example, when patients, for the first time, encounter a medical system which is different from their own system and, eventually, from the culture to which it belongs. Such an encounter leads to comparison of ‘familiar’ and ‘alien’ and gives rise to attempts of accommodating the ‘new’ either by finding similarities to one’s ‘own’ culture in the ‘new’ one, or by acknowledging ‘otherness’ and trying to make sense of it through interpreting it in familiar terms. Another possible reaction is a complete rejection of the ‘alien’ system, which hinders the intercultural dialogue or even makes it almost impossible.130

The attitude to the ‘alien’ in the form of Tibetan medicine in Russian society of the Imperial period varied from hostile rejection to favourable, or even highly enthusiastic, acceptance, which coincided with the general interest at that time in Eastern spirituality and paranormal phenomena and was thus supported by such interest.

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The eastern roots of Tibetan medicine ensured its foreignness and exoticism, and overall Tibetan medicine attracted public interest by the promise of spiritual values and insights that were perceived lacking in the culture of the recipient’s society. However, from the very beginning, practitioners of Tibetan medicine also tried to adapt Tibetan medical concepts to the paradigms of scientific and medical knowledge of their time and to reduce, if not completely eliminate, the importance of anything which lay outside of the ability of modern European science to explain natural phenomena.

Nowadays, the interplay of ‘spiritual/exotic’ and ‘down-to-earth/scientific’ elements is used, to various extent, by the practitioners whom I interviewed during my fieldwork in Russia. The spiritual component of treatment, which Tibetan medicine gets credit for, promises to patients that their doctors will be aware of the close connection between human body and mind as well as of the role that both components play in health and disease. Patients believe that, by this way, Tibetan practitioners will pay special attention to restoring and maintaining the balance between these two (body and mind) - a feature supposedly lacking in biomedical practice. On the contrary, scientific approach, which still guarantees the quality of treatment in the eyes of Russian patients, finds its way into Tibetan medicine in the form of biomedical tests conducted on request of Tibetan practitioners prior to and in the course of treatment, in order to monitor results, as well as in the emphasis on herbal treatment and massage over other types of treatments, such as for example, talisman-wearing, divination, and various healing or purifying religious rituals.

Nowadays Tibetan medicine is actively practiced not only in China (Tibet), India (Ladakh), Nepal and in Tibetan refugee communities in Dharamsala (India) but, due to globalization, also worldwide, in the USA and many European countries. Russia is not an exception. In the course of perestroika, which triggered political and economic liberalisation, it has become possible to practice Tibetan medicine freely again, first privately by individuals and later in specially designated private and state-run centres of ‘alternative medicine’. But there is one important difference. In the West, interest in Tibetan medicine is promoted, foremost, by the Tibetan diaspora, a large community of Tibetan refugees living outside of the Tibetan Autonomous Region of China, mostly in India and Nepal, but also in the USA and in Western Europe (the largest community is

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131 For Westerners representation of Tibet, see D. Anand, Geopolitical Exotica: Tibet in Western Imagination (Borderlines; 30). Minneapolis: University of Minnesota Press, 2007. For Western perceptions of Buddhism see also Lopez, Prisoners of Shangri-La.
in Switzerland). This interest is also supported by Western nostalgia for holistic, spiritual healing.\textsuperscript{132} By contrast, Russia has two regions, Buriatia and Kalmykia, where historically the majority of the population have been Buddhist and thus Tibetan medicine is considered to be an ‘indigenous’ tradition constituting part of the national heritage. In this respect the role and place of Tibetan medicine in Russia is different from that in Western countries, and this difference provides valuable material for comparison.

On the one hand, some Tibetan practitioners in Moscow and St. Petersburg, in response to the needs of their patients seeking novel spiritual experiences outside their own culture, represent Tibetan medicine as exotic and ‘foreign’ holistic tradition firmly connected to ancient wisdom of the East and Buddhism.\textsuperscript{133} On the other hand, as I will argue below in this chapter, other Tibetan doctors (not only of Buriai origin) who work in the two Russian capitals try to represent Tibetan medicine as a ‘native’ (rodnoe, svoe) and ‘familiar’ medical practice. As defined in Lotman’s theory of the intercultural dialogue, one of the results of the intercultural communication is the appropriation of elements and concepts of foreign culture by the recipient’s culture and the origination of the belief that the resulting cultural constructs surpass the source culture; so, for instance, it is often argued by Tibetan medical practitioners in Russia that the Buriai variety of Tibetan medicine is an improved version of authentic Tibetan medicine and, especially, that medicines produced by Buriats from medicinal plants collected in Buriatia are more effective that those imported from Tibet.

Tibetan medicine is not and has never been a homogeneous tradition closed to any further changes. During centuries of its existence it constantly has been reinterpreted and adapted according to the state of wider knowledge at each particular stage of its development.\textsuperscript{134} Tibetan medicine is historically connected to the Buddhist

\textsuperscript{132} After the Tibetan uprising of 1959, the 14th Dalai Lama fled to India followed by about 100,000 Tibetans. By promoting Tibetan language, culture and religion, the Tibetan government in exile strives to preserve Tibetan identity among young Tibetans as well as to ensure international awareness of Tibet’s political situation.

\textsuperscript{133} However, it will be argued further in this chapter that, in spite of the existence of a historical connection between Buddhism and Tibetan medicine, interviewed doctors in Moscow and St Petersburg emphasise this connection rather strongly only in interior design of their offices and advertising, where such a bond is used (i) to confirm high ethical and moral values of the doctors (as, for example, in the advertising brochure of Buddhist institute Dashi Choinhorlin); and (ii) to stress special attention of Tibetan medicine to the physical and spiritual well-being of the patients. None of the interviewed practitioners (apart from Tsering whose attitude will be discussed at length further) use Buddhism per se for the healing of their patients.

\textsuperscript{134} For Western construction of Tibetan medicine as purely holistic and spiritual tradition and reinforcement of its moral and spiritual tenets see Janes, Buddhism, Science, and Market.
framework of thinking not only by virtue of the fact that it has borrowed Buddhist ideas of the three poisons (desire/attachment, anger/aggressiveness, and mental darkness/close mindedness) as the ultimate causes for all diseases, but also due to the fact that its written tradition has a form similar to the traditional Buddhist religious and philosophical literature. Buddhist teachings were at various times written down in the form of condensed core texts intended for memorisation, and the content of these texts was only understandable through written commentarial literature or oral exegetical tradition. This tradition allowed for interpretation and changes in the meaning across various schools of Buddhism (synchronously) as well as over centuries (diachronically). Tibetan medicine adopted the same methods for representing its knowledge. *rGyud-bZhi*, the core text, which contains the main ideas and concepts of Tibetan medicine in a condensed form, has been elaborated upon and reinterpreted in numerous commentaries and sub-commentaries in Tibet, Mongolia and Buriatia.\(^{135}\)

At the end of the nineteenth century, in St Petersburg, Petr Badmaev who received training both in Tibetan and in European medicine made the first attempt to translate the fundamentals of Tibetan medicine contained in *rGyud-bZhi* into a European language, Russian.\(^{136}\) As was noted in the chapter one, Petr Badmaev was the first to start a complex dialogue (which continues nowadays) between modern European scientific methods of his time and a particular non-European tradition (Tibetan medical text written in the thirteenth century) and, simultaneously, a dialogue between two different cultures and medical systems/approaches (European versus Eastern). While working on his translation of *rGyud-bZhi*, Badmaev tried to discard Buddhist ideas, mystics, and superstitions from his translation, keeping only things relevant for medical treatment. He prepared a free translation of the text, interpreting the context and concepts of *rGyud-bZhi* according to the scientific views of his time. It was the first attempt to interpret and adapt Tibetan medicine for European needs. This chapter offers

\(^{135}\) Tibetan doctor *G.yu thog yon tan mgon po* (1112—1203) played an important role in collecting and giving a coherent form to all written and oral Tibetan medical traditions that survived to his time. His efforts resulted in the composition of the *Four Tantras* (*rGyud-bZhi*), the Tibetan medical treatise, which laid theoretical foundations of Tibetan medicine. From the thirteenth until the sixteenth century, which are considered the most fertile period for the development of Tibetan indigenous scholarship, numerous Tibetan commentaries on *rGyud-bZhi* were composed. So far into European languages all four chapters of *rGyud-bZhi* were translated only into Russian. See *Czhud-shi: Kanon Tibetskoi Meditsiny*. For partial translations and general descriptions in other western languages, see Clifford, *Tibetan Buddhist Medicine and Psychiatry*; Yeshi Donden, *Health Through Balance*.

\(^{136}\) See chapter one, pages 50-51.
insights into how this process of reinterpretation, adaptation and glocalisation\textsuperscript{137} of Tibetan medicine continues in contemporary Russia using the example of doctors of Tibetan medicine practicing in Moscow and St. Petersburg. When speaking about Tibetan medicine, many Tibetan practitioners attach special value to the word ‘traditional’, yet this does not imply that Tibetan medicine remains immune to external influence, development, and innovations. Contemporary doctors practicing Tibetan medicine try, on the one hand, to ‘respect’ and guard the tradition, while, on the other hand, they incorporate new elements into their practice, adapting it in accordance with modern European scientific views on human health and diseases.\textsuperscript{138}

In the first part of the chapter, I will (i) consider the setting in which doctors practicing Tibetan medicine in the two capitals work; compare and contrast doctors according to (ii) their educational backgrounds and training in Tibetan medicine they received, (iii) the ways of diagnosing patients, the healing methods (both external and internal) they use, and (iv) their relationship with their patients and between each other. In the second part, I will address the following questions: (i) How do Tibetan practitioners represent themselves? (ii) What role does Buddhism play in their healing methods? (iii) How do Tibetan practitioners interpret Tibetan medicine in an attempt to adapt it to understanding and needs of their patients (conceptual and cultural adaptation)? What cultural codes do they use? (iv) What creative changes and hybridization does Tibetan medicine undergo as a result?

All the data for this chapter were gathered from interviews recorded in August and September 2008 and April 2009. During my field work in Moscow and St. Petersburg, I interviewed five male and four female doctors. The selection of doctors is well considered: all doctors have different cultural and social backgrounds, studied Tibetan medicine in different places and practice it in different settings/environments. Most importantly, they represent almost all types of Tibetan doctors that one can encounter in today’s Russia.

\textsuperscript{137} This term is borrowed from L. J. Kirmayer, The Cultural Diversity of Healing: Meaning, Metaphor and Mechanism. British Medical Bulletin 69 (2004): 33-48. The term glocalisation describes processes of adaptation, transformation and hybridisation of cultural components of globalisation in the recipient’s culture at the local level, these processes start when cultural forms, such as medical knowledge, cross geographic boundaries.\textsuperscript{138} The preoccupation with preserving traditions and attachment of special value to everything which bears label of ‘traditional’ often results in invention of tradition. See E. J. Hobsbawm and T. O. Ranger (eds.), The Invention of Tradition. Cambridge: Cambridge University Press, 2003.
(1) Three of my informants studied in Buriatia at two different datsans\textsuperscript{139} and represent the revival of institutionalised Tibetan medicine in Buriatia and a link between Russia and its indigenous Buddhist communities. Viktoria (ethnic Russian) graduated from the Buriat Buddhist Institute in the Aginsk datsan, historically one of the most famous Buddhist datsans in Russia. She practices Tibetan medicine privately. Viacheslav and Budda (both Buriats) graduated from the Buddhist University in the Ivolginsk datsan. They now work at the Buddhist temple in St Petersburg.

(2) My next interviewee, Tsering (ethnic Tibetan), exemplifies a native Tibetan doctor working in Russia. He was born in Nepal into a noble Tibetan family of lineage doctors. He began to study Tibetan medicine under his grandfather and later continued his studies at Men-tsee-khang, the Tibetan Medical and Astrological Institute.\textsuperscript{140}

(3) Doctors working in two large chain clinics Naran and Tibet represent an eclectic line of the development of Tibetan medicine, as they try to combine Tibetan medicine with other forms of alternative healing as well as with biomedicine. Three of my interviewees work in the Naran clinic. Svetlana (ethnic Buriat), one of the founders of Naran clinic, claims that, after many years of self-study, she has developed a unique system of healing, which combines Eastern methods with achievements of biomedicine. Aiuna (ethnic Buriat) and Iulia (ethnic Kalmyk) received biomedical education and were later retrained by Svetlana as Tibetan doctors on the premises of one of the Naran clinics in Moscow. It is noteworthy that ethnic origin (Naran recruits biomedical doctors of Asian origin only) and recently also religious affiliation of the prospective employees serve as an important criteria in the recruitment process in ‘euro-Tibetan’ clinics such as Naran. Reasons for such selection will be discussed in more details later in this chapter. Dmitrii (ethnic Russian), is the head of the clinic chain Tibet. Similarly to doctors employed by Naran Dmitrii (ethnic Russian), the head of the clinic Tibet, (as well as doctors employed by him) has received biomedical training. His career of a Tibetan doctor began in one of the Naran clinics in Moscow, where he edited a popular newspaper about Tibetan medicine published at that time by Naran. Later he decided to open his own clinic of Tibetan medicine. Naran and Tibet are rivals and bitter foes.

\textsuperscript{139} See page 19, note 29.
\textsuperscript{140} Tib. Men-tsee-khang was founded in 1916 in Lhasa, Tibet. It was reopened in 1961 by the 14\textsuperscript{th} Dalai Lama in Dharamsala, India.
According to Svetlana (the head of the _Naran_ clinic), methods used in the clinic _Tibet_ were borrowed without permission from _Naran_.

(4) Boris (ethnic Russian) studied Buddhism and Tibetan medicine privately in Buriatia from several old lamas and emchis who survived during the Stalin repressions. He exemplifies Buddhists of European/Russian origin, representing the continuity and development of Buriat Tibetan medicine. Similarly to Viktoria and Tsering Boris works privately and rents an office (kabinet) in a biomedical clinic.

**The settings**

The settings in which Tibetan practitioners in Moscow and St. Petersburg receive their patients vary considerably. Self-employed doctors, such as Viktoria, Tsering and Boris, rent small offices or flats, while clinics such as _Naran_ and _Tibet_ could afford renting two-storey buildings across the city for the branches of their clinics. Locations of the clinics are also noteworthy and will be discussed further in this chapter. At the same time, visual representations both in terms of the doctors’ appearance and clothes and the interiors in which they work share many common features; the difference being accounted for by the financial capacities, ranging between a rather modest budget of Viktoria and high incomes of _Tibet_, which determine the price of the interior and objects. The price of interior design reveals which of the doctors or clinics are better off and which domain of the market a particular clinic is intended to occupy and for patients of which social status it caters. All Tibetan practitioners whether self-employed or employed by clinics, such as _Naran_ and _Tibet_, try to create certain ‘Oriental’-flavoured atmosphere. Visual representations employ popular Buddhist symbols and stereotypes. Of particular interest is the use of Buddha images, paintings on the walls and statues, and medical symbols, dummies for locating acupuncture points, medical charts and replicas of the Tibetan medical atlas, and the choice of music during healing sessions.

My first interviewee, Viktoria, has been practicing for eight years as a private Tibetan doctor in St. Petersburg. She runs her small practice, receiving between three to six patients per day, in a small rented flat on the Vasil’evskii Island in St. Petersburg. The Vasil’evskii Island forms part of the historical core of the city and is considered

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141 Interview with Svetlana (head of the ‘Naran’ clinic) conducted in July 2009.
prestigious and one of the most popular areas for new housing. At the same time there are still many old houses which have not been refurbished yet and in which Soviet-era communal apartments are located. In one of such shabby houses in a former communal flat (which was split sometime ago into smaller apartments) Viktoria receives her patients. The flat is newly renovated; it contains one big room with an open-plan small up-to-date kitchen and a small WC with a shower. The room in which Viktoria receives her patients is modestly decorated with a few replicas from Tibetan medical atlas and a copy of Buddhist tangkha. Among European practitioners of Tibetan medicine whom I interviewed in Moscow and St. Petersburg, Viktoria was the only one who burns Tibetan medical incense when she receives her patients, in order to relax them. There are grounds to believe that she has borrowed this practice from Tsering through whom she experienced Tibetan medicine for the first time and from whom she borrowed some of her methods and approaches.

Viacheslav (lay-doctor) and Budda work at the Buddhist temple (Datsan Kuntsechoinei) in St. Petersburg. The Datsan Kuntsechoinei (the first datsan in Europe) built between 1903 and 1915 in Staraia Derevnia on the Bol’shaia Nevka river, provides a beautiful setting for the doctors practicing Tibetan medicine in its walls. The austere style of this three-story building, designed by the architect G.V. Baranovskii, is in accordance with the Tibetan architectural canon and contrasts with the look of Buddhist temples in Buriatia which are built in the Chinese style. Similarly to Viktoria, Viacheslav and Budda do not overdo decorating their working spaces with medical and religious artefacts.

Tsering was born in the Tibetan village of Ghami in Mustang (Nepal). The history of his family dates back to the eleventh century. His ancestors were doctors and astrologists. In 1994 Tsering arrived in Moscow on the invitation of the Russian-Buriat Buddhist community (centre). The newly opened centre needed a Tibetan doctor and a

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142 Communal apartments (kommunalka) are flats shared by several individuals or families, where each family has its own room but shares a kitchen and a bathroom.

143 Tibetan religious paintings.

144 Budda Balzhievich Badmaev is at the present moment also the abbot of the Datsan Kuntsechoinei. He was a factory worker before perestroika. In the 1990s he went to datsan and worked there as a superintendant (zavkhoz), but later he became interested in Buddhism and took vows to become a monk. Yet many members of the Buriat religious community (prihozhane) in St. Petersburg do not consider him very seriously as a religious and spiritual leader, nor do they respect him much as a Tibetan doctor. In order to win respect of his compatriots, he tries to promote the Buriat language and culture among young Buriats but does not find much understanding and support there either.

lama. They made inquiries via the Russian embassy in Nepal and, eventually, got in touch with Tsering and a lama from the Kagyu tradition. Tsering liked Russia and decided to stay there for a longer time. Soon, however, he left the Buddhist centre that had invited him. He explains this by the fact that the head of the centre was charging a lot of money from patients, of which Tsering disapproved on moral grounds. Tsering moved to St Petersburg. First, he worked in the Datsan Kuntsechoinei, but later he opened his own private practice with the help of his former patients who became his good friends over the years. He also has patients in Moscow and commutes between the two cities once a month. In Moscow, he rents an office in the shabby looking Buddhist Nying-ma centre; in St. Petersburg he receives his patients in the newly refurbished business centre, where he rents a small office. Both of his offices are well located, not far from the city centres. In both of his offices he manages to create a unique atmosphere of relaxation. As you step over the threshold of his office, you find yourself in a completely different world. This is aimed at creating a feeling as if one is entering ‘small’ Tibet in the midst of Russian culture: air of the room is filled with strong aroma of Tibetan medical pills, and burning incense creates a calm and relaxed atmosphere. The walls of both offices are decorated with Buddhist and medical tangkhas, as well as pictures of contemporary Buddhist teachers. This design is not so much aimed at impressing the patients; it is Tsering’s natural surrounding. And even stronger ‘atmosphere of Tibet’ and Tibetan Buddhism meets a visitor in his private flat, where he does not receive any patients and where only his friends are allowed. In contrast to the fairly kitschy interiors of Tibetan medicine clinics, such as Naran and Tibet, which reveal a pastiche of styles and symbols from several source cultures, the offices of Tsering, although excessively decorated with tangkhas and pictures, have a much more authentic atmosphere. As for the clothes that the doctor wears during his working hours, he seems undecided about what image to project. For a few months, he may wear a European style suit or a Tibetan style shirt with simple trousers, and then he may put on a European doctor’s white coat to look more professional in the eyes of his patients.

146 Kagyu is one of the four Tibetan (Mahayana) Buddhist schools.
147 Tsering stopped working in datsan in August 1998, when a conflict between different Buddhist communities led to the capture of its premises by armed people hired by one of the conflicting parties.
148 Officially, he does not work as a Tibetan doctor in Russia, since an official status would lead to problems concerning legal authorization of his Tibetan medical degree and licensing of Tibetan pills.
149 Tsering has around eighty five different pills at his disposal.
150 See page 72, note 143.
151 Interview with Tsering conducted in August 2008.
The first branch of the Tibetan medicine clinic *Naran* was opened in Ulan-Ude, the capital of Buriatia in November 1989. In 1998, as a result of the agreement between the federal government in Moscow and the government of the republic of Buriatia, the first branch was opened in Moscow. Now *Naran* has seven branches in Moscow, two branches in St. Petersburg and branches in five other cities (Rostov-on-Don, Kazan, Irkutsk, Novosibirsk, and Krasnodar). In the spring of 2009 the first foreign branch was opened in Prague followed by a branch in Berlin which opened in the autumn of 2010. The goal of *Naran*, as it is stated on their website, is the revival, preservation and development of Tibetan medical tradition in Russia. In spite of the fact that the *Naran* clinic was opened as a result of an agreement between the Moscow city and Buriat governments it is a privately run clinic. Usually, branches of *Naran* occupy two floors in an ordinary residential building (*staryi fond*) in the city centre (St. Petersburg) or a two-storey building (a former kindergarten and a local leisure centre) in residential areas of Moscow. The ground floor of the *Naran* clinics is usually occupied by the reception, a spacious waiting lounge and a phyto-bar, where patients could meet up, chat and relax after their healing sessions over a cup of tea or a ginger drink with honey, which is a speciality of the house. The consulting room for new patients is also on the ground floor. In the waiting lounge as well as in the phyto-bar patients could look through the folders containing general information about Tibetan medicine and the *Naran* clinic and read comments of former patients. All *Naran*’s premises are lavishly decorated not only with Tibetan Buddhist statues and paintings but also with Chinese and Korean Buddhist images. Walls of the waiting lounges are covered with imaginary mountainous landscapes and kitschy Chinese fans. Big glass cabinets display Chinese, Korean and Mongolian food-supplements, medicines, moxa-cones and beauty products which are available for sale from the phyto-bar. Background music includes authentic Buddhist monks’ chanting (which is originally intended for religious use and not for background noise in a cafeteria) along with the ‘New Age’ music accompanying the well known mantra ‘om mani padme hum’.152 All this, together with the ‘Tibetan looking’ faces of the doctors, who in fact are Buriat and Kalmyk, is intended to create a specific psychological climate with an ‘Oriental’ flavour referring to the traditional values of Buddhism and Tibetan cultures. This, according to the administration of the medical

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152 For the history of this popular Buddhist mantra, which is also the most well-known of all Buddhist mantras in Europe, see Lopez, *Prisoners of Shangri-La*. 

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clinic such as Naran, should result both in a greater success of the medical treatment offered by their doctors and, more importantly, in a financial success of the clinic(s).\footnote{Visit to the ‘Naran’ clinic (July 2009) in Moscow on 5-i Voikovskii proezd, d.12}

Rooms where the healing sessions take place are all located on the first floor. In contrast to the premises on the ground floor their interior is less kitschy and resembles biomedical consulting rooms, equipped with sterilisers, couches for acupuncture and various electro-magnetic devices used to strengthen acupuncture effect. There is also a separate locked room where packaged herbal medicines are stored and which is secured from unauthorised access particularly from people who might turn up unexpectedly for inspections. Although one can not just walk into the clinic, the door is always locked and in order to get in one should first use intercom and introduce oneself to receptionists.

Comparing the premises of the Naran and Tibet clinics one can easily see the contrast between Tibet’s posh set-up and equipment and far more modest premises of the Naran clinics. Naran tries to give the impression of a local club or a family centre with a friendly relaxed environment, where patients can make friends with their doctors and with each other. Tibet tries to create a ‘rich, expensive’ feeling. For instance, one of its three clinics is located in Zhukovka-1 on the Rublevo-Uspenskoe highway, not far from one of the most upmarket elite cottage compounds. In the clinic Tibet, special attention is paid to patients’ privacy. In order to protect it, people in Tibet create a rather reserved atmosphere in which patients are not supposed to make friends or even meet each other. Even from the location of these clinics in Moscow (residential suburbs of the city, Zhukovka, and the city centre) it is evident that these two clinics cater for different social strata. The clinic Tibet mainly offers its services to rich and influential patients from upper middle class, who are well off by local standards, such as businessmen, politicians and celebrities. The patients of Naran are from middle class and lower socio-economic strata, such as pensioners and people with low income. Sometimes they pay their last money for the treatment and it takes them some time to save money to be able to repeat the course. As a special social policy, Naran offers discounts to elderly people and people on a low income, in order to make treatment accessible to a wider group of people from different social classes.
Educational background and training in Tibetan medicine

The doctors practicing Tibetan medicine in Russia can be divided into two major groups, according to their educational background. Tsering, Viktoria and Viacheslav belong to the group of doctors (i) who have received the standard ‘classical’ education. All three of them studied Tibetan medicine in a ‘(re-)invented’ traditional institutionalised manner. Other practitioners form the group of doctors (ii) who have received their knowledge via apprenticeship either from old Buriat emchi-lamas (as for instance Boris), or from experienced co-doctors as well as from invited visiting doctors from Mongolia, Buria and China, as in the case of all doctors working in the clinics Naran and in Tibet. Viktoria and Tsering were the only two of my informants who were comfortable to speak about the nature of their studies and the curriculum that they followed.

Viktoria had been educated as a psychologist; after certain events in her life she decided to become a Tibetan doctor and went for several years to Buriatia to study Tibetan medicine in the Aginsk datsan. Here I will discuss Viktoria’s story about why and how she became a Tibetan doctor at some length, since it provides an interesting example of how a person of European origins renders her life experiences using narrative models typical for traditional Buddhist narrative stories. These stories, representing lives of Buddhist teachers and doctors, have certain structural elements peculiar to this genre. Though based in most cases on historical personages, these stories emphasise some extraordinary events, they also always contain accounts of hardships and problems with which the characters of the story are confronted on their path to the goal, in Viktoria’s case to becoming a Tibetan doctor. 154 Not infrequently, in these stories the strength of characters is tested, when the actors try to achieve the chosen aim. It seems that, by presenting her biography in this way, Viktoria again copies Tsering, for whom this is a traditional way of presenting his life. By copying this model she tries to link herself to the Tibetan medicine tradition and justify her place in it. When Viktoria is asked about why she decided to become a Tibetan doctor and how she dared to move to Buriatia for five years, she explains that it all began with her own health problems. She was unable to conceive and, after losing hope in the biomedical treatment, she decided to look for other options. Someone recommended her a Tibetan

doctor from Nepal. Now she is sure that these problems were needed to lead her to becoming a Tibetan doctor. Viktoria explains that she strongly believes that things do not happen by chance and that everything has its causes, but also consequences – this is another concept which Viktoria shares with Tsering. This is how she recalls her first encounter with Tibetan medicine:

On my way to this doctor, all of a sudden I felt a strong desire to become a Tibetan doctor myself. I was so obsessed with this idea that when I came to the doctor I didn’t speak about my health condition but rather about how I could get access to the knowledge of Tibetan medicine.156

The doctor advised Viktoria to study Tibetan language first and then to go to a Tibetan medical college in Dharamsala, assuming that this would scare her and that she would give up her intention. She did not give up and, during her subsequent visits, expressed her readiness to learn Tibetan. The doctor noticed her resolution and introduced her to a Tibetan who agreed to teach her the language. When I was interpreting for Tsering, I met similar ‘patients’ who wished to become Tibetan doctors. And Tsering indeed normally discouraged them by saying they should first study Tibetan. Usually they never came back. Tsering seemed always disappointed with these people’s lack of resolution and annoyed that he wasted his time answering their questions instead of helping patients with serious health problems.

One can safely assume that Viktoria was a rare exception. Her subsequent story, as she presents it, again strongly resembles traditional Buddhist narrative stories about disciples seeking an apprenticeship with a master. In such stories, when future disciples ask permission of a master to become apprentices they are often refused admittance for the first two times. For the third time, they are given a difficult task which they should fulfil before entering into the apprenticeship.157 Viktoria’s task was to learn the Tibetan language. Her narrative seems to include clear inventions and contains most elements that are peculiar to the genre of Buddhist narratives:

At my second visit I spoke to the doctor directly in English ignoring the interpreter. I told him that I wanted to study Tibetan medicine. The doctor answered that it would be very difficult, virtually impossible. I didn’t give up

155 Dissatisfaction with biomedical healing powers is the most common motive for seeking help from Tibetan medicine (as well as from any other form of alternative healing).
156 Interview with Viktoria conducted on 12 September 2008.
157 See Cabezón and Jackson (eds.), Tibetan Literature; Vostrikov, Tibetskaia Istoricheskaia Literatura.
and asked him whether he had any students. He answered that he had no students. Then I asked his permission to become his first student, but he rejected my request. When I came for the third visit I again expressed my desire to study Tibetan medicine. The doctor told me that, if I really wanted to study Tibetan medicine I should start learning Tibetan straightaway. I said I was ready. The doctor wrote down my phone number and promised that his friend who spoke Tibetan, Russian and English would contact me soon. I thought that it was a new excuse to get rid of me. But, to my surprise, a couple of days later I received a phone call from Jampa. He became my first teacher of Tibetan. Later I studied Tibetan with Elena Iur'evna Khar’kova.\textsuperscript{158}

After seven months of studying Tibetan, Viktoria ventured to Buriatia to seek admittance to the medical faculty in Aginsk. She got a recommendation letter from Khar’kova who personally knew the head of the medical faculty there. In Buriatia Viktoria reportedly had some unforeseen obstacles which she managed to overcome. According to Viktoria, she became the first Russian woman to be enrolled into this college. Besides she was awarded a stipend as an outstanding student from Babu-lama, the rector of the Buddhist University.\textsuperscript{159} She was admitted directly into the second year on condition that during the summer she would pass all the exams required after the first year.

Viktoria explains that students were required to learn many Tibetan text-books by heart. Exams were very difficult to pass and examiners were always very strict about cheating. She believes that memorisation is required in order to develop students’ intellectual abilities and in order to identify and expel weak students who will not be able to become good doctors. By emphasising that studies did not go easy and exams were hard to pass, Viktoria wants to stress that she got her knowledge with difficulty and fully deserved her diploma. She equals herself to Tsering, who graduated from the famous Men-tsee-khang and distances herself from other doctors whom she considers undereducated and/or ignorant. (However, as it will be demonstrated below, Viktoria has complicated relations with Tsering.) She says:

\textsuperscript{158} Interview with Viktoria conducted on 12 September 2008.
\textsuperscript{159} Viktoria is not sure where Babu-lama got the money from to pay stipends. Her guess is that money came from the local authorities. She admits that they were strongly involved in the life of the Buddhist Institute.
When a doctor is diagnosing his patients he has only their pulses and his own knowledge and intuition to help him. Doctors make decisions about treatment alone and wrong diagnosis could cost their patient’s life. So it is very important to make sure that future doctors have above average intellectual abilities. It will guarantee that, in the future, doctors will be able to make correct diagnosis and will manage heavy work loads.\textsuperscript{160}

In Tsering’s case, his first medical teacher was his grandfather, who shared some family medical secrets with him, but at that time he was not intending to become a Tibetan doctor.\textsuperscript{161} He wanted to become a politician, and later he had been acting as an MP in the Nepalese parliament for two years for his home region Mustang. When he was twenty two he was reportedly poisoned by his political opponents.\textsuperscript{162} After Tsering recovered from the attempted murder, he decided to change his career and to become a Tibetan doctor, like his grandfather and uncles, following advice of his grandfather based on astrological calculations. Subsequently, he travelled to Dharmasala, India to continue his studies at Men-tsee-khang.\textsuperscript{163} After Tsering had completed an eight-year course, he returned to his native Mustang. But before he got a chance to establish himself as a doctor in his local community, he was invited to Russia. Tsering enjoys telling how, before agreeing to go to Russia, he first went to his grandfather for advice and astrological calculations which, he claims, revealed that, if he went to Russia he would be able to help many people there. His grandfather also foretold that Tsering would encounter some problems in Russia, but the astrological prognosis was altogether favourable and indicated that the problems would be overcome in the end. His grandfather also had an auspicious dream about Tsering’s future successful career as a doctor in Russia. Such concern with astrological calculations, auspicious dreams and omens is common in Tsering’s culture. There are numerous Buddhist biographical

\textsuperscript{160} Interview with Viktoria conducted on 12 September, 2008.
\textsuperscript{161} Tsering is very proud of his family’s long medical lineage. However, he also recognises the importance of institutionalised training for the successful career of a Tibetan doctor in the modern world. His uncles and nephews practice Tibetan medicine in Nepal and Germany. On the importance of the lineage in the transmission of Tibetan medical knowledge inside the traditional communities and differences in social status of doctors with different educational backgrounds, see M. Schrempf, Bon Lineage Doctors and the Local Transmission of Knowing Medical Practice in Nagchu. In: Schrempf (ed.), \textit{Soundings in Tibetan Medicine}, 91-126.
\textsuperscript{162} Interview with Tsering conducted in August 2008.
\textsuperscript{163} Astrological calculations and karmic cause-effect relation play an important part in doctor’s everyday decision making. However, in most cases, his patients remain virtually unaware about his astrological concerns and considerations, unless they express interest in these things themselves and start asking Tsering explicitly about these matters.
accounts on how an individual (usually a prominent Buddhist teacher, a yogi, who could also be a famous doctor) sacrificed themselves by agreeing to travel to a foreign country in order to preach there and to cure people of spiritual and physical ailments –even in spite of the fact that divination revealed that they would have shorter lives as a result of their decision to travel.164

In the above account, one should note that, for Tsering, the key point in his decision-making was not only the promise that his personal undertaking would be successful but also the fact that other people (his future patients) would benefit from his activities as a doctor in Russia. Since Buddhists believe that all things and deeds are interconnected, acting for the benefit of others leads eventually to accumulation of good karma for the benefactor (Tsering) as well as for his future patients. Tsering is particularly sensitive to these matters, and the concept of karma also plays an important role in his assessment of the causes of his patients’ disease and in the calculation of the prospects of healing and the suitable course of treatment.165 However, Tsering is reluctant to share his insights with his non-Buddhist patients. He is always careful in disclosing that sort of information, as he is evidently afraid of undermining his authority in the eyes of patients, as he says: “It is difficult to tell patients such things. Here people do not understand much about karma. What do I do if they do not believe me? Then it is difficult for me”.166 During his trips to his homeland Mustang he orders religious services at local monasteries on his own initiative for the benefit of all of his patients and some special rituals for the patients whose diseases are caused in his opinion by bad karma or evil spirits. Tsering explains some cases of unsuccessful treatment by karmic reasons, however, he does not tell this directly to the patient. Instead he says to the patient that the disease is difficult to cure. In addition to ordering a special religious ceremony which aims to rectify bad fortune of some of his patients, Tsering burns incense sticks and juniper powder (sang) everyday at the start of his working hours in the office. He also recites mantras, which, among others, include mantra of Medicine Buddha. In Tsering’s opinion, incense burning and mantra reading ensures the success of treatment as well as a favourable disposition of the local deities which again, in his view, secures success. On particular days, which Tsering calculates by using his

165 Karma is the continuous accumulation of good and bad actions performed by a person as well as states of mind which provides binding linkage between an action and its result. Our present life is affected by karma accumulated in the previous life, so that our future life is conditioned by our present actions.
166 Interview with Tsering conducted in August 2008.
astrological calendar, he spends several hours in recitation of prayers and in meditation. For Tsering, these activities define his everyday life and constitute part of both his own spiritual and religious pursuit and his activities as a doctor. Thus Tsering maintains close connection between his medical practice and religion without involving his patients into this process and, in most cases, without even hinting in their presence to his belief that such a connection exists. 167

Originally, Svetlana and Bair were trained as biomedical doctors, and after years of self-studies, they claim to have developed a ‘novel’ system of treatment, by integrating Tibetan medicine with Chinese acupuncture, stone- and magnetic therapies, leeching, soo-jok 168, vacuum- and conventional massages and, in some cases, Ayurvedic treatments. All doctors who work in Naran are required to have biomedical degrees. They are retrained as Tibetan doctors in Moscow on the basis of the oldest branch of the Naran clinic. My interviewees from Naran, Aiuna and Iulia (from Buriatia and Kalmykia respectively), studied biomedicine at the Volgograd State Medical University and have several years of experience of working in biomedical clinics. In 2006 they were recruited by Svetlana, who was looking for biomedical doctors of Asian origin interested in retraining to work as Tibetan doctors. After several months of training, Aiuna and Iulia began to work in one of the Naran clinics in Moscow. In the spring of 2008, they moved to St. Petersburg when Naran opened its first branch there.

All doctors employed by Tibet were also trained elsewhere as biomedical doctors and later retrained in the clinic to become Tibetan practitioners. Only clinics such as Naran and Tibet are involved in popular ‘educational programmes’ which they run in the form of biweekly lectures that introduce current patients to Tibetan medicine and the methods of diagnosis and healing it employs. These lectures are also aimed at biomedical doctors, in order to raise their awareness about Tibetan medicine, as well as at general public, thus being used as advertisement to recruit new patients.

167 On the importance of astrology and divination in Tibet see also, for example, G. Samuel, Civilized Shamans: Buddhism in Tibetan Societies. Washington: Smithsonian Institution Press, 1993.
168 Soo-jok acupuncture, also known as ‘hand and foot’ acupuncture, was invented in the 1980s by a South Korean doctor, Jae Woo Park. According to his method, the loci on hands and feet represent all parts and organs of the human body. Treatment involves thumb stimulation of specific points connected with particular parts of the body. Virtually anyone with some basic training may practise this therapy. Soo-jok was introduced to Russia in the beginning of the nineties. Later a Soo-jok Academy was organised in Moscow, offering training to anyone interested in this method. See D. Penkala-Gawecka, Korean Medicine in Kazakhstan: Ideas, Practices and Patients. Anthropology and Medicine 9/3 (2002): 315-336.
In the 1980s, Boris had spent ten years in Buriatia, where he went in search of spiritual enlightenment from surviving old Buriat lamas and their disciples. His Buddhist teacher Zhimba Zhamtso Tsybenov was not only a Buddhist lama but also a Tibetan doctor. At first, Boris was not interested in studying Tibetan medicine but only in Buddhist teaching. He recollects how Zhimba Zhamtso slowly enticed him into studying Tibetan medicine by showing him that Tibetan medicine was effective against many diseases. Boris started to learn how to collect and prepare herbs; read pulse; and which herbs to use in particular cases. Boris was lucky to meet also ‘dedushka’ (an old man, grandfather) Damdin, another famous Buriat Tibetan doctor who survived Soviet labour camps. According to Boris,

Damdin, as a seven-year-old child, left Buriatia for Inner Mongolia, where he was adopted by his teacher and lived with him for twenty five years, studying tantric practices, Buddhist art and Tibetan medicine. His teacher was a Tibetan, a very famous doctor not only in Mongolia but also in Tibet. When Damdin returned to his native Buriatia, he shared the fate of many other lamas and emchis and was soon arrested as a ‘parasite’ and an ‘ideological enemy’ – that is how lamas were labeled by the Soviet propaganda. In the labor camp, he saved many people, since he was a gifted doctor and knew how to rehabilitate ill people using a very limited number of herbs available on the territory of the camp where he was detained. He also gave treatment to the high-ups [from the camp administration], so that they turned a blind eye on his practice. When he was released, he continued to practice as a doctor. All that he did, of course, secretly, since officially it was not allowed. Damdin lived into a very old age. When a research group for the study of Tibetan medicine was set up in the Buriat Academy of Sciences, Damdin was invited to join this group. He helped scientists (T.A. Aseeva, among others) to identify most of the medicinal herbs used in Tibetan medicine.  

For five years, Boris has been employed as a researcher at the Academy of Sciences, at the self-funded (samookupaemyi) Institute of Tibetan-Mongolian medicine in Ulan-Ude. When the Institute went bankrupt, Boris returned to St Petersburg and

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169 Over the years a small community of ‘Russian’ Buddhists was formed around Zhimba Zhamtso in the Tsugolsky datsan. Among his other students was Andrei Terent’ev, the founder and current editor-in-chief of the journal *Buddhism in Russia*, who studied Buddhist painting from Zhimba Zhamtso.

170 Interview with Boris conducted on 8 September, 2008
established a small private practice (chastnyi kabinet) there. He continues to maintain close ties with Buriatia, and regularly travels there to collect or buy herbs and meet old friends. He also buys ready-made Tibetan medicine from India. However, in spite of the years he had spent in Buriatia and his close contacts with Buriatia today, Boris offers quite a low evaluation of the contemporary renaissance of Tibetan medicine in Buriatia.

In his interview, which I quote below, Boris emphasises the role of European intellectuals (who, similarly to Boris, went to Buriatia in search of spiritual guidance) in preserving the living tradition of Tibetan medicine by adopting emchi-lamas’ practices, largely neglected by Buriats at that time. He says:

… Yes, I have spent 10 years in Buriatia, I went there to study and practice Buddhism. After some time I started to learn Tibetan medical practice, since some of my Buddhist teachers were also doctors, notably Zhimba Zhamtso Tsybenov, who was also Andrei’s\textsuperscript{171} spiritual teacher. Zhimba Zhamtso was a Buddhist teacher, a Tibetan doctor and a Buddhist artist. Another teacher was ‘dedushka’ Damdin, a famous Buriat Tibetan doctor. There were also other Tibetan doctors whom I met while living in Buriatia, but they were not many. As few as five; no, actually, four. That was all, you see; a tiny number had survived. At the beginning, I was not very enthusiastic about studying medicine, but slowly I got enticed by it, when I had seen how Tibetan medicine works, the power of herbs. When I started to learn from Zhimba Zhamtso and Damdin, the Buriat relatives of the latter thought I was crazy to learn something so outdated and unpopular. They told me that nobody was interested in Tibetan medicine anymore, that it was rubbish. Tibetan medicine was history. Nowadays Tibetan medicine is popular in Buriatia again, mainly because it is a profitable business and Buriats want to take their share in it.\textsuperscript{172}

Again, though praising the ‘old’ Buriat tradition of Tibetan medicine for its flexibility and ability to adapt to new circumstances and diseases, he is skeptical about the abilities of contemporary Tibetan doctors from Buriatia, as he believes that education the new doctors receive from medical schools in datsans is often inadequate and does not prepare them for curing many diseases that are common nowadays, such as staphylococcus, herpes, or candidosis.

\textsuperscript{171} See page 82, note 169.
\textsuperscript{172} Interview with Boris conducted on 8 September, 2008.
Datsans offer a conservative, traditional treatment. As a result, new Tibetan doctors in Buriatia are incapable of curing our modern health problems. Some students are lucky to meet intelligent teachers, yet it is rare. One should first understand if there is anything in common between our modern world and Tibetan medicine. Tibetan medicine cannot cure such diseases as herpes, staphylococcus, candidosis. Tibetan doctors who tell you they can are lying to you. What they really can is to earn money, using alternative medicine as their method and patients as their source of income. You remember, these people at the Academy, they had Soviet mentality and were incapable of grasping the essence of Tibetan medicine. They were just botanists and never became doctors. She [T. A. Aseeva? – IM] writes articles and a dissertation on botany, but, when you read them, you see that this person has not combined this [= her knowledge of botany] with a deep understanding of herbs. Through the logic of European medicine and philosophy of the nineteenth century or through the Soviet logic [of medicine] of the beginning of the twentieth century, they try to evaluate Tibetan medicine, which does not belong to this century at all. Therefore they got stuck in their Soviet past. No, not quite so, since all modern diseases have a peculiar ‘accent’, being connected with the modern world. Because, if you single out the [diseases of the] fifteenth or the ninth century – they have nothing in common with the diseases of the nineteenth century or of today. Nowadays, all diseases progress differently, since both diseases and the conditions of living organisms are different.173

It seems that Boris’ arguments about how many contemporary doctors fail to appreciate the need of Tibetan medicine to adapt to current times and a particular location is a way of him constructing his own identity as a Tibetan doctor. The reference to other, ‘less educated’ and reflective, doctors still being influenced by Soviet practices and approaches is particularly telling. Not just national identities, but individual identities of people in post-communist countries are often constructed through the

173 Interview with Boris conducted on 8 September, 2008.
creation of binary oppositions (of acceptance or rejection) with the Soviet/communist times.

**Ways of diagnosing and healing methods**

During their first visit (which is called consultation and which lasts usually for an hour), Viktoria’s prospective patients can ask her any questions about the Tibetan medical system and treatment. Viktoria explains to them what Tibetan pills consist of in general and how they work. She also advises them to browse her website ([www.sorig.newmail.ru](http://www.sorig.newmail.ru)) before or immediately after their first visit. The site offers useful general information (both in Russian and English)\(^{174}\) about Tibetan medicine, such as: how Tibetan medicine helps to balance the human body by means of an appropriate diet; how patients are diagnosed by traditional Tibetan methods; what ingredients Tibetan pills consist of; as well as section with answers to the most common questions. Under Contact section of her website, Viktoria provides her mobile number for prospective patients and two photographs. On one of them Viktoria is standing in a group of her fellow student graduates of the Aginsk Buddhist medical college; on the other, Viktoria is receiving her diploma from Babu-lama, the rector of the Buddhist University in Aginsk. These pictures are supposed to confirm her educational background. Unlike websites of *Naran* and *Tibet* which were designed by professional designers, the design of Viktoria’s website looks very modest.\(^{175}\) She only uses one symbol, tortoise, which is the sign of wisdom in Tibetan Buddhist tradition. This fact could indicate her financial restrictions in creating the website. However, more likely it is an indication of her educational background and a more traditional approach to healing with Tibetan only modalities. As I will show further in this chapter, Viktoria is not eclectic in her choice of treatment methods, and mainly prescribes only Tibetan pills to her patients, although she tries to be up-to-date with new alternative health products available on the alternative healing market. Viktoria claims to also employ Russian traditional herbal folk healing as she was taught by her grandmother, who was a folk

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\(^{174}\) The English version of Viktoria’s website is mainly aimed at her international friends from dzogchen community, which include members from all over the world. She would also like to attract foreigners residing in St. Petersburg, however she has not yet succeeded in that.

healer (*travnitsa*). Her patients describe her as an open-minded, innovative person, always searching for new and more effective methods of treatment.  

After the initial consultation, prospective patients decide whether or not they want to be diagnosed and treated by means of Tibetan medicine. If a prospective patient opts for the continuation of the initial consultation, diagnosing will be free of charge and the patient will only pay for the medical treatment. After diagnosing her patients (using Tibetan traditional diagnostic procedures, which only in some cases are reinforced by biomedical tests), Viktoria prescribes Tibetan medicine and advises her patients on diet and lifestyle. Similarly to Tsering, she does not use modalities from other alternative medical systems, such as acupuncture, auriculoacupuncture, soo-jok, or leeching, which are widely employed by Boris and by doctors in *Naran* and *Tibet*; nor does she invent her own compounds, as, for instance, Boris does.

As mentioned earlier, Viktoria's first degree is in psychology, and she maintains that it also helps her establish confidential relations with her patients already during their first visit. She offers tea and biscuits to all her patients trying to create a friendly and relaxed atmosphere. She does not publish advertisement about her practice, all her new patients find her on the basis of recommendations from those whom she has already helped. She is a member of the dzogchen Buddhist community 177, and some of her patients have learned about her from this source. Viktoria convinces her patients by projecting an impression of a trustworthy person and comes across as a physician who is fit and healthy herself and has time for a patient. That is extremely important to many of her patients. 178

Viktoria claims to prescribe medicine on the individual basis. Patients with acute conditions will get medicine for two weeks. In the case of chronic diseases, medicine is prescribed for one month and then renewed every month after the pulse check. Normally each patient will be prescribed three different medicines a day to be taken at certain times. Each medicine will balance one of the three substances (wind, phlegm or bile) that, according to Tibetan medical knowledge, are active in the human body at certain times of the day. Viktoria says that it will be inaccurate to consider that some individuals are healthy, while others are ill. She prefers to speak about balance. The

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176 From the interviews with patients J and I.
177 Dzogchen “Great Perfection” is the central teaching of the Nying-ma school, one of the four Tibetan Buddhist schools. In the core of its teachings lies the idea of direct transmission of knowledge from master to disciple and the ability of the individual to achieve Enlightenment (specific state of mind) already during this life.
178 Interview with Viktoria conducted on 12 September, 2008.
human body could be better or less balanced while someone’s body could become completely misbalanced under certain circumstances. Viktoria believes that most diseases are caused by stress. Sometimes even a minor stress could rapidly produce diseases in people who have considered themselves healthy until that moment.

Although Viktoria claims that she can prepare Tibetan medicine herself, she does not have time to do it. Specifically, as she is a single mother of a five-year-old child, it would be difficult for her to travel every year to Buriatia to collect herbs and plants and to prepare medicine manually. Therefore, Viktoria orders her medicines from the Institute of Tibetan medicine in Dharamsala. She maintains that the medicine she buys there is of very high quality (compared to medicines of other producers) since its manufacturing is strictly monitored. Besides, in the process of manufacturing, lamas read mantras and perform special religious rituals over the pills, which, as Buddhists believe, increase their effectiveness. Now and then Viktoria goes to India herself to network and buy medicine. This is common practice among doctors practicing Tibetan medicine in Russia. The imported Tibetan medicine is not licensed for use in Russia. Therefore, when doctors fills in custom’s declaration they describe the content of their parcels as containing herbs required for Buddhist practices or their personal use. At the customs the parcels are routinely checked for the presence of harmful or illegal ingredients.

Apart from taking medicine patients are required to observe a special diet. Some diet requirements are individual while others are common for all patients. Generally, patients should not eat fresh garlic, lemon and onions during treatment because these products are natural antibiotics and could hinder treatment or minimize the effect of Tibetan pills. All components in a Tibetan pill are carefully selected so that each ingredient can produce the best healing effect. In some cases, adjustments to diet could not only help treatment but may be the only treatment needed. Reportedly, not all Viktoria’s patients are taking this seriously. Already during the first consultation she checks with new patients whether or not they are ready to help a doctor in curing their disorders. She tells patients that only 30 per cent of success is due to the doctor, while the remaining 70 per cent depends on patients’ cooperation. The doctor’s duty is to diagnose correctly and prescribe appropriate medicine. Patients should take pills on time and strictly observe dietary and lifestyle requirements. Viktoria argues:

Pills will do their job even if you do not take them regularly and you do not believe in Tibetan doctors and in their medicine and do not practice Buddhism.
But it is better when patients are psychologically ready for the changes before they start taking Tibetan pills. The mood of the patient is very important. Everything is important: your faith, taking pills on time, observing diet and adjusting your lifestyle. The things in which you believe do exist.\textsuperscript{179}

Viktoria does not offer Tibetan massage to her patients, as she does not have time for this. But if she believes that massage will be good for her patients she sends them to therapists who practise Tibetan massage \textit{Ku-Nye}. She is open-minded and always ready to learn. She thinks that nowadays it is vital to possess information and to share it with others. She also advises patients about other treatment opportunities that exist on the Russian health market, such as acupuncture or leeching, as she believes that cooperation between different traditions is important:

After all, we all have one purpose: to achieve the best results in curing our patients. It does not matter which medical system you use. What is important is the result. I think cooperation between doctors of different traditions is the future of medicine.\textsuperscript{180}

Although Viktoria speaks about the need for cooperation between doctors in the future, it is noteworthy that she is less enthusiastic about cooperation with her fellow Tibetan doctors at present.\textsuperscript{181} She maintains she got some special knowledge from her Tibetan teacher while she worked as his interpreter in the Aginsk datsan and she is not ready to share it with others.

In contrast to Viktoria, Tsering does not allow for long consultations with his patients, usually he spends 10 to 15 minutes with returning patients and 15 to 20 at most with first-time patients. Although the doctor understands some Russian and is able to speak Russian a bit, all conversations with patients are conducted via interpreters either in English or in Tibetan. During their first visit, patients receive (i) general recommendations on how to adjust their diet during the time of treatment with Tibetan pills and (ii) instructions on how to prepare themselves for ingestion of Tibetan precious pills. Similarly to Viktoria, and for the same reasons, he does not advertise his services.

\textsuperscript{179} Interview with Viktoria conducted on 12 September, 2008.
\textsuperscript{180} Ibid.
\textsuperscript{181} Rivalry among Tibetan doctors practicing in Russia is very high and they prefer if at all to cooperate with biomedical doctors or doctors practicing other forms of alternative medicine rather than with fellow Tibetan doctors.
His arguments are the same: “If my medicine does not help, people will not come. The results of my treatment are important and they are the best advertisement I can get”.

Doctor Tsering receives patients at his desk, thus maintaining a distance between himself and his patients. By contrast, all the other doctors who have been interviewed try to make the consultations and healing sessions as personal and as pleasant as possible, emphasising their long duration and the personal nature of the alternative medicine encounter. It should be emphasised that a different behaviour of Tsering is primarily due to his unawareness of the attitudes of biomedical doctors and the expectations of patients with regard to alternative healing, rather than to his harshness or lack of time. Tsering cares for his patients but in his own way, possibly he does not think that he should express it more evidently or overemphasise it. In order to calm down nervous patients and to cast away their health worries, he jokes with some patients, talks with others or soothes them with kind words and promises that everything will be fine. If necessary, Tsering is ready to dedicate more time to his patients. His behaviour during the encounters with his patients is primarily conditioned by the situation and the state of each particular patient rather than by a priori concepts which European doctors practicing Tibetan medicine try to use.

Before prescribing medicine, Tsering takes the patient’s pulse, questioning him/her about complaints and general health and examining his/her eyes and tongue and the sample of urine, which all patients are requested to bring. Taking of pulse resembles a ritual; during this procedure Tsering closes his eyes, giving his observers an impression of intense concentration. Once he has found a required spot on his patient’s wrist, he tenderly holds his patient’s hand with both of his hands for a while, attentively listening to their pulse. The ‘magic’ of pulse taking helps Tibetan practitioners establish trust of their patients already during the first healing session, even before Tibetan pills start to work. This allows patients to feel the effect of therapy as soon as the treatment starts. Indeed many patients described their first encounter with the pulse diagnosis as a ‘magical experience’ which has served as a turning point in their treatment, which not only promoted trust and legitimacy, but also motivated them to change their lifestyle and diet.

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182 Interview with Tsering conducted in August 2008.
183 From my own personal observations of Tsering’s consultations and from interview with patient F. Interview conducted in St Petersburg, October 2008.
184 See the chapter on patients. When working for the Tibetan doctor Tsering as an interpreter, I witnessed many times how patients who were skeptical at the beginning of the consultation became trusting and
Tsering’s treatment involves prescribing three different medicines for each patient, to be taken three times a day, and advising on dietary and behavioural adjustments, which are the main means of healing. Massage and pricking certain spots on the skin with a hot golden needle is only applied in emergency cases due to the lack of time and facilities. When Tsering just started his practice in Russia, he was not familiar with the technique of blood tests, ultrasound or X-rays. Now he uses results of biomedical tests. Tsering believes that there exists a particular relationship between diseases (skin, liver and nervous diseases) which are widespread among his patients in Russia and societal conditions in which they live. For instance, in Tsering’s opinion, ‘mind’ diseases in Russia are caused by difficult political and economic situation. As he puts it: ‘Mind problems develop because some people become rich quickly and others stay very poor. The gap is very large. And people on both ends, either very rich or very poor, suffer.’ Besides, Tsering believes that terminal diseases, such as cancer, are often caused by offensive deeds, such as drug dealing. He also maintains that, in most cases, family members of such people also affected by the offender’s bad karma.

Tsering recommends to some of his patients Yeshi Donden’s book on Tibetan medicine, *Health through Balance: An Introduction to Tibetan Medicine*. It was translated into Russian and published in 2005 by the publishing house Uddiyana under the title *Vvedenie v Tibetskuiu meditsinu: zdorov’e i ravnovesie*. This book, describing diagnostic and healing methods as well as parameters and factors relevant for treatment, is used as a manual by many self-trained Tibetan practitioners in Russia.

At the same time, it should be noted that Tsering often takes patients’ questions about Tibetan medicine as personal attacks on him or a manifestation of distrust in his knowledge and experience. This is partly due to the fact that in Nepal patients are not compliant after they had experienced pulse diagnosis procedure. For similar experiences of German patients with Ayurveda pulse diagnosis, see R. Frank and G. Stollberg, Ayurvedic Patients in Germany. *Anthropology and Medicine* 9/3 (2002): 223-244; G. Stollberg, Asian Medical Concepts in Germany and the United Kingdom: Sociological Reflections on the Shaping of Ayurveda in Western Europe. *Traditional South Asian Medicine* 6 (2001): 1-9.

185 Interview with Tsering conducted in August 2008.
186 Ibid.
187 Doctor Yeshi Donden has received traditional Tibetan medical training in Lhasa, Tibet. In the beginning of 1960, he re-established the Tibetan Medical Centre in Dharamsala, India. Doctor Donden served as personal physician to His Holiness the Dalai Lama for many years. Yeshi Donden’s book, which was published in English in 1986, is largely based on his lectures at the University of Virginia in 1980. It is specifically intended for Western people interested in Tibetan medicine and explains fundamentals of Tibetan medicine in a simple and clear way.
188 This publishing house specialises in translation and publication of scientific and popular literature on Buddhism and Tibet.
though Tsering was born into the family of lineage doctors he became a doctor at a relatively old age, which is unusual for Tibetan society. Moreover, he comes from Nepal and therefore feels the constant need to prove his Tibetan identity. Another interesting example of a cultural clash between Tsering and his Russian patients is the different perception of nudity in Russian and Tibetan cultures. Russian patients do not feel shy to undress in front of their doctor, while for Tsering, visual examination of (partly) naked patients was, at first, quite an embarrassing experience.  

As I have been observing him over several years, Tsering at some point stopped explaining diseases to his patients in terms of Tibetan notions, such as hot/cold or the disturbance/misbalance of phlegm, wind or bile. Instead, after prescribing certain pills, he merely points out which bodily organs or systems these pills will support or cure. He also emphasizes that people in Russia like receiving medical treatment, for instance some of his patients have been taking Tibetan medicine for more than six and in some cases even eight years, while nobody in his native place, Mustang, would agree to take pills for more than a few days. However, he claims that people in Mustang do not have that many chronic diseases, as they turn to doctors immediately when a problem arises. By contrast, Russian patients turn to doctors only when problem will develop into a chronic stage.

As mentioned before, all doctors working in Naran and Tibet have biomedical education, and most of them have long experience in practicing biomedicine. When a patient comes to the clinic for the first time s/he is invited for consultation which lasts approximately half an hour. At the first consultation, the patient is diagnosed by traditional Tibetan methods, such as pulse diagnosis, visual examination and questioning. At the same time, doctors at Naran do not examine patient’s urine during the diagnosing or treatment process, even though, the examination of urine in Tibetan medicine tradition is considered an important component of correct diagnosing, since it allows Tibetan doctors to decide from which type of disease, cold or hot, the patient is suffering. After initial consultation each patient is assigned to a certain doctor, and the treatment proper begins. Patients’ medical history and/or diagnosis given by biomedical doctor(s) are also taken into consideration. If necessary, patients are sent to additional biomedical tests to clarify diagnosis and/or to monitor results of the ongoing treatment. Sometimes doctors’ former biomedical specialisation is taken into consideration when

\footnote{This is what I observed in Tsering’s practice myself when I worked as an interpreter for him.}
assigning patients with specific disorders to them. For instance, Iulia mostly has to deal with osteochondrosis and intervertebral hernia (that was her specialty, when she worked as a biomedical doctor), and she uses some of her biomedical methods and experience to treat such patients. Sometimes she recommends her patients the use of Abai Yamshi method\textsuperscript{190} which she knows work well for backbone problems. However, Iulia may also be assigned patients with any kind of diagnosis or pathology. The idea is that doctors retrained for \textit{Naran} have to know everything and treat any disease; prior specialisation can be helpful only occasionally. There are former paediatricians, radiologists, neurologists, surgeons, gynaecologists, etc. working at \textit{Naran}.

Doctors in \textit{Naran} admit (in particular, when interviewed) that they use both their knowledge of biomedicine (without mentioning this on their web-site) and of Tibetan medicine to treat their patients, offering their patients the best of both practices.\textsuperscript{191} On the one hand, \textit{Naran} and \textit{Tibet} emphasise that all doctors employed by the clinics hold a standard Russian degree in allopathic medicine, thus indirectly promising high standards of treatment and responsibility for unsuccessful treatment.\textsuperscript{192} On the other hand, since many people seeking alternative therapies use them as a last resort in the cases when biomedical treatment proves unsuccessful, such clinics do not overemphasise the allopathic component. The clinic \textit{Tibet} tries to integrate alternative and conventional medicine in a more straightforward way, which requires blending and mixing of both perspectives and practices. The future will show whether these attempts will lead to a paradigmatic shift within the healing arts.

Iulia reports that it happens very seldom that a patient would not return after the first free consultation. Most often special bonds are established between doctors and their patients over the course of the treatment. She admits that it is not an easy task to change patients’ views and beliefs and to demonstrate to them the importance of a balanced diet and healthy life-style. However, for successful treatment, it is crucial to comply with these adjustments. She compares the role of doctors in \textit{Naran} with that of psychotherapists. According to Iulia, a good deal of success in the treatment depends on a doctor with the correct prescription of medicine and massage, but quite a lot also

\begin{itemize}
\item This method was developed by the Kazakh healer Abai Yamshi. There are several private clinics in Moscow and St. Petersburg which offer healing according to this method as well as training. The Abai Yamshi method includes massage of vertebral, and physical and breathing exercises.
\item Interview with Iulia conducted in September 2008.
\end{itemize}
depends on the patient’s readiness and ability to comply and change his/her life-style and diet habits. Usually, the same doctor takes care of a patient till the end of the treatment; that is, if no further specialisation is required. There are also returning patients, some of whom are being treated almost permanently. They may finish treatment, and then come back again, since they come across another problem or the worsening of the earlier condition. Returning patients come back to their doctors. According to Iulia, in the ‘Western practice’, i.e. in some European countries or in the USA, a medicine may even be prescribed without talking to the patient. In Russia, doctors are dealing with a different mentality and traditions: they are supposed to visit their patients, providing therapeutic and paediatric services. Hands and talks are extremely important. She continues:

Positive emotions from both sides are important as well. We establish friendly, nearly family, relations with patients. Usually they come on the basis of recommendations, sometimes they learn about us from Internet or from a newspaper published by Naran. An old woman (babushka) is happy when she is treated properly, gently, and listened to with attention – these positive emotions increase the effectiveness of treatment. Smile is very important, too. It is part of the Western (European) treatment, but common Tibetans smile too, as they are usually very benevolent towards their patients. In general, all doctors are supposed to be benevolent of course. If you feel that you cannot help, it is better to give up.193

A standard treatment (in both Naran and Tibet) suggests nine to eleven sessions. Patients have to come two or three times a week, which makes up one to one-and-a-half months in total. After that, the doctor prescribes three or four phytomedicines, to be taken for twenty-one days; subsequently, if necessary, the medication is continued for up to half a year. Iulia reports that some private doctors offer sometimes only three sessions and then let the patient continue treatment with a phytomedicine. However, since doctors in Naran work in a clinic, this suggests minimal number of sessions and in fact guarantees a regular high income for the clinic. Even though they say that changes to diet and life-style and the phyto treatment prescribed to the patient are the most important components of a successful treatment, in practice, in the course of the

193 Interview with Iulia conducted in September 2008.
treatment process, they put the main emphasis on external methods, such as massage, cupping, acupuncture, stone therapy and soo-jok. Iulia argues:

In the course of a one and a half hour séance we have enough time not only for necessary procedures, but also for clarifying and correcting the diagnosis. We never prescribe phyto treatment at the first séance; it is only possible after the third séance. Since Tibetan medicines are quite strong, you have to be careful when prescribing pills and mistakes can be dangerous! Our doctors share their experience with each other; in the case of difficult patients we arrange consiliums.194

The doctors such as Tsering and Viktoria would argue that the fact that doctors in Naran consider Tibetan pills as quite strong, and even dangerous, demonstrates their limited competence in Tibetan medicine and unfamiliarity with its key healing methods, which are known for their particularly mild effect on patients.195

In Naran clinic, patients first take a complex treatment, which includes massage, acupuncture and body heating, followed by phyto treatment. The latter phase may last for quite a long time, with the checking of pulse and correcting phyto prescriptions once in 21 days, accompanied with an informal talk with and the questioning of the patient. Iulia admits certain limitations of the pulse diagnosis, claiming that it may detect kidney disfunction in the patient; however, it is impossible to determine from pulse alone the size of the kidney stones or the time of the day when the patient has high blood pressure. Such information, she says, is only available from questioning and additional biomedical tests.

Although Naran positions itself as a clinic of Tibetan medicine, as I pointed out above, in fact, it mixes healing modalities from various alternative medical traditions. This model, which implies mixing concepts and symbols from different cultures, is also promoted in the popular newspaper about Tibetan medicine which Naran publishes twice a month.196 Both clinics (Naran and Tibet) further claim that they offer a holistic approach to health and healing, which implies treating the body and mind of a patient as a whole, without singling out one particular disease or complaint and disregarding other

194 Interview with Iulia conducted in September 2008.
195 Prescription of Tibetan pills can indeed be dangerous due to diagnostic mistakes of a Tibetan doctor, who instead of healing a real disease, cures a non-existent illness. In this case, the fault lies not with the medicine but with the doctor who treats one disease instead of another. Tibetan medicine boasts that, even in this case, it will not harm but precious time will be lost on a wrong treatment.
196 See chapter four of the present thesis.
parts and functions of the organism, as biomedical doctors do. However, there are a number of specialized programs offered by both clinics, such as Backbone without pain, Relief of joint pain, Healthy thyroid gland, Healthy intestines, Dissolving stones, and others which, as is evident from the list of these ‘special’ programmes, are aimed at solving one particular problem or treat one organ at any one time, thus isolating it from other organs of the body and undermining the whole idea of the holistic attitude, which is central to traditional Tibetan medicine.

Boris, the most creative of my interviewees, believes that Tibetan medicine is not a set of invariable rules that a doctor must learn by heart and then persistently follow, but, rather, a method of cultivating a particular framework of thinking about human health and disease. According to Boris, such understanding of Tibetan medicine allows him to treat effectively diseases of the modern world like herpes, candidosis and staphylococcus, which are otherwise incurable by Tibetan medicine. Since the environmental conditions in which we live nowadays considerably differ from those of the eleventh and twelfth centuries (the time when *rGyud-bZhi* was composed), modern diseases have little in common with diseases of that time, and Tibetan doctors must be creative, searching for new medicinal compounds and healing methods. Here is how Boris reflects on the role of Tibetan medicine in the modern world:

One should understand Tibetan medicine as a method that represents a particular view of this world. Doctors should learn how to apply this method in particular circumstances in the modern world. If you consider climatic conditions of Tibetan high plateau, you will note that staphylococcus does not survive there. There are juniper forests where bacteria do not survive either. And in St Petersburg everyone is infected with staphylococcus. That is why, if a doctor, using methods and medicines described in *rGyud-bZhi*, will treat such a patient from a common flu, he will not succeed. A doctor should always consider first in which climate zone a patient lives, and, then, which medicines one should use in this particular situation and how one should prepare them. It is incompetent to buy ready-made Tibetan medicines in India and use them without any adjustment for Russian patients. You will not be able to heal anyone that way. Half of Tibetan refugees died from tuberculosis in India. This happened because modern Tibetan medicine was not effective in the new climatic conditions. Now they treat tuberculosis using biomedical remedies. They failed to find effective healing means in Tibetan medicine, because they were ‘traditional’ Tibetan
doctors, while they should have been ‘non-traditional’ Tibetan doctors. They should be masters of the Method. (Potomu chto oni byli traditsionnymi tibetskimi vrachami, a nuzhno bylo byt’ netraditsionnymi tibetskimi vrachami. Nuzhno bylo vladet’ metodom.) In the past doctors were the master of the method. I am sure that, when Badmaev moved to St Petersburg, he did not bring all medical herbs from Buriatia with him, since not every medical herb and root could survive delivery. He must have collected most of his herbs here in St Petersburg. And dedushka Damdin found all what he needed on the fenced territory of a labour camp. He knew how to prepare a medicine virtually from anything at hand. That is called the Method. To be able to grasp the ‘method’ one should of course study a lot. It is important to know how medicine works, to understand mahabhutas and aftertaste of any medicine, to understand what effect medicine will have after digestion, and so on. Tibetan medicine is a science, and one should know all these things. Unfortunately, nowadays students of Tibetan medicine do not learn this. Everybody uses ready medical formulas dating back to the fourteenth century. These were state-of-the-art medicinal formulas, but they are not effective against modern diseases, because it is impossible to treat a modern patient exactly the same way as a patient of the fourteenth century, as if the modern patient was a ‘classical’ patient without candidosis, autoimmune diseases, fungi and herpes. The Classical Tibetan medicine does not have remedies against these diseases.

From the excerpt above, it becomes clear that Boris has achieved the final (fifth) stage of the Lotman’s fivefold scheme of inter-cultural dialogue. He claims to have created a conceptually new approach to healing. After having passed through the stages of adaptation and assimilation, he now tries to create new medicines and treatment methods based on his novel ideas. His innovative views and ideas are in turn based on the formerly ‘foreign’ concepts he borrowed from Tibetan medicine in the course of his apprenticeship with Buriat emchi-lamas.

197 Here Boris claims that, in the modern world, in order to be a successful Tibetan doctor, one should be flexible. Modern doctors should be able to adjust the ancient Tibetan medical system according to new circumstances and demands. Thus, instead of learning by heart outdated Tibetan medical textbooks, doctors should concentrate on understanding basic ‘principles’ and ‘methods’ of the Tibetan medical system. Only then a Tibetan practitioner will be capable of curing modern diseases.
198 Interview with Boris conducted on 8 September, 2008.
Tibetan practitioners and their patients often subscribe to different explanatory models about causes of illness and methods of healing. Successful treatment depends, partly, on the practitioner's ability to explain Tibetan medicine explanatory model in the terms which make sense to the patient, in order to achieve the patient’s compliance with the treatment methods, and the patient’s willingness to make certain adjustments. So, often the two sides eventually meet each other halfway.

Traditional Tibetan doctors, such as Tsering, often adapt to the European biomedical context, formulating their diagnosis in quasi-biomedical terms. Patients, in turn, at times adapt their evaluations of their health conditions to the Tibetan system of concepts, trying to formulate them in terms of misbalance between wind, bile and phlegm. These two processes are directed to improve the understanding of both parties and can be viewed as a mutual counter-adaptation. This phenomenon is not limited to the encounter of a biomedical and alternative medicine but is common for virtually all the situations of crossover of different cultural, including religious, backgrounds.199

As a matter of fact, in order to initiate a successful dialogue and achieve successful treatment, Tsering has had to adapt not only the Tibetan medical system but, first of all, his own attitudes and his understanding of things to that of his patients. Likewise, patients, as we will see in chapter three, often have to adapt themselves. In case of all other doctors who share similar background and upbringing with their patients they first of all adapt Tibetan medicine to their own understanding and then are able to explain it in these terms and to pass most common notions onto their patients.

Another problem Tsering has had to solve in order to achieve a successful communication with his patients is in which terms to explain to his patients diseases which, in his view, are caused by ‘spirits’200 and the ‘wrong behaviour’ of people that could lead to the offense of particular gods (Nagas201) residing in certain places, in a lake or on trees. According to Tsering, there are many disturbing spirits in Russia

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199 An interesting illustration of this phenomenon can be taken from a 2002 movie Kukushka [The Cuckoo], directed by Aleksandr Rogozhkin, where in one of the episodes a traditional Saami healer is trying to bring back to life a deadly wounded man, as viewed by the eyes of a European producer who tries to conceptualise his individual vision of this traditional world of the shaman practitioner.


201 In Tibetan Buddhist mythology nagas are serpent-like deities that live in lakes and rivers or underground.
because of people killed during the Second World War. He starts explaining these things only after he establishes trust and believes that his interlocutor will understand him. He appreciates well that an unprepared Russian patient can be put off by such an interpretative approach.

The relationship between doctors

Relations between practitioners of Tibetan medicine in Russia are quite complex. This is due to the high competition between clinics as well as between private doctors. Although Tibetan practitioners working in Moscow and St. Petersburg usually know each other in person or at least by name, they tend not to engage in any form of cooperation, meetings, networking or exchange of experience in difficult cases. They do not usually form any professional associations to help each other with the legitimisation of their practice, certification of medicines that they use, or regulation of the professional training and practice. Each of the interviewed doctors claimed him/herself to be the best as compared to other Tibetan practitioners, possessing knowledge and experience unmatched by other doctors. In their interviews with me, doctors boasted about their success in healing cases and ‘miracle’ recoveries of their patients from such incurable diseases as cancer, although they immediately admitted that, typically, Tibetan medicine was unable to cure terminal illnesses. When mentioning fellow practitioners of Tibetan medicine they would often call them half-educated or even charlatans.

The relationship between Viktoria and Tsering is a good case in point, and it illustrates the complexity of the interactions between practitioners of Tibetan medicine. There are two interpretations of the story. According to Tsering, before Viktoria ventured to Buriatia in order to receive Tibetan medical training, she worked for a short period as an interpreter for him. During this time she established personal contacts with some of his patients and with his secretary Elena, whose duty was to keep records of all Tsering’s patients and to remind them about forthcoming appointments. According to Tsering, when Viktoria returned to St. Petersburg, she managed to entice Elena away from Tsering. With Elena’s help, she got all his patients, who were told by Viktoria that

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202 Tsering does not consider people who died during Stalin’s terror. He merely does not know, in my opinion, about this part of Russian history. During my next interview with him I will check my assumption.
Tsering had left for indefinite time to Nepal. After a few months, Tsering discovered the plot and managed to recover some of his patients back.\textsuperscript{203} This story puts Viktoria in a bad light, thus quite understandably, Viktoria does not narrate the beginning of her career in the same way. In Viktoria’s own words, some of Tsering’s patients chose her because she was always available for them, while Tsering would often leave for Nepal abandoning his patients without help. She also avoids mentioning that she once worked as an interpreter for Tsering.\textsuperscript{204} According to Tsering, during her time as an interpreter, she has adopted some of his methods.\textsuperscript{205}

**Printed matters**

After consultation, *Naran* doctors give new patients a small booklet, which informs them first of what one could expect from the treatment with Tibetan pills. It also warns against unrealistic expectations of treatment in case of chronic diseases and prepares patients for a long-term treatment, up to one year in some cases. The leaflet also contains advertisements of new products which could be used for self-treatment at home and are available for sale in *Naran*’s phyto cafes (*phyto bar*). The booklet also contains brief information about *Naran*, its history and the treatment methods used.

The design of the *Naran*’s booklet demonstrates a rather limited competence of its producers in the Buddhist culture and symbolism, which it attempts to utilise. The printed materials abound in ornamental items which are intended to show their association with Buddhism and exploit common interest in ‘Oriental’ religions and mysticism. Of particular interest is the visual appearance of the *Naran*’s booklet. Designers of the booklet employed various Buddhist symbols in order to emphasise connections between Buddhism and Tibetan medicine. For instance, the pages of the booklet are yellow saffron, which is the colour of the Buddhist monks’ robes. Each page of the booklet contains a background image of monks wearing peculiar hats of the *Gelug pa* school.\textsuperscript{206} However, few mistakes in the usage of Buddhist symbols are apparent. To name just some of them:

\textsuperscript{203} Interview with Tsering conducted in August 2008.
\textsuperscript{204} Interview with Viktoria conducted on 12 September 2008.
\textsuperscript{205} Interview with Tsering conducted in August 2008.
\textsuperscript{206} *Gelug pa* is one of the four main schools of Tibetan Buddhism and the main school in Buriatia. The Dalai Lama, spiritual leader of Tibetan people, also belongs to this school.
(i) The name *Naran* is borrowed from the Buriat word meaning ‘sun’. *Naran*’s logo, on the front page of the booklet, depicts the sun rising above a blossoming green lotus flower. The lotus is indeed one of the eight auspicious symbols of Tibetan Buddhism, referring to the purification of the body, speech, mind and compassion. However, the green colour of the lotus is awkward: traditional colours of the lotus in Tibetan Buddhism are white, pink, red or blue, each of the colours having specific meaning and representing certain achievements of spirit and mind and associated with particular Buddhist deities. There are no green lotuses in Tibetan Buddhist imagery.207

(ii) The *Naran*’s booklet contains the Dharma-wheel (Tib. *chos ‘Khor lo*), another one of the eight auspicious Buddhist symbols. It represents the Buddha’s teachings and can also symbolise transformation and spiritual change resulting in overcoming all obstacles on the path to Enlightenment. The hub of the wheel symbolises moral discipline, the eight spokes – the Noble Eightfold Path, and the rim – meditative concentration. Here again, the choice of the colours for the hub is awkward. The colours in the *Naran*’s booklet are green, blue and red, though traditionally Tibetans use green, blue and yellow for the hub of the Dharma-wheel. Another example of the inaccurate use of Buddhist symbols and ‘Oriental’ stereotypes is the design of *Naran*’s webpage and newspaper, which pile up symbols from different cultures. I will confine myself to a few examples, indicating the mishmash created by the people working for *Naran*.

Both clinics publish newspapers, *Vestnik Tibetskoi Meditsiny* (the clinic *Naran*) and *Tibetskaja Meditsina* (the clinic *Tibet*), the layout of which is almost identical. Each issue contains several popular articles on the prevention and treatment of various diseases, information about clinics, lectures and treatment programmes that they offer, update on current discounts, advertising of beauty products and horoscopes. There is also a column of patients’ questions and doctors’ answers, which promotes treatment modalities and capacities of each clinic and informs patients about diseases treated in the clinics. *Tibet* newspaper is published once a month, while that of *Naran* appears twice a month. I will not discuss the contents of articles concerning treatment of various diseases here. However, several interesting details are worth mentioning: all these articles published by *Tibet* or by *Naran*, mix biomedical terminology with the one used by Tibetan medicine, most probably derived by the authors of these articles from Russian translations of *rGyud-bZhi* and some popular sources on Tibetan medicine.

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207 In Tibetan Buddhism, green is the color of balance and harmony; it also denotes activity and accomplishment, but never associates with a lotus flower.
Another interesting feature is that each popular article on diseases and their treatment in the Tibet’s newspaper is supplied with a passport size photo of a doctor from the clinic. Similarly to Naran, all doctors have Asian-looking faces, except for the chief editor and the head doctor Dmitrii. All other photos which illustrate treatment in Tibet are ‘impersonal’; they do not provide any connection to the setting and lack specific details that could identify the clinic Tibet specifically. From the photos, it does not become clear where they were taken – in fact, they could have been taken anywhere or even borrowed from internet or another magazine. It seems that this representational technique aims to create a non-individualised image of the treatment with a reserved and relaxing ‘Oriental’ flavour, additionally emphasizing its confidential character. Since the clinic Tibet caters for celebrities and other rich people, this representational technique might be regarded as effective with customers who appreciate confidentiality. On the contrary, Naran aims at establishing a family-like atmosphere in their clinics, created as places where patients meet over a cup of green tea to share their experiences. It is therefore appropriate that real stories of the patients appear on the pages of the Naran newspaper. Thus, photos from the Naran’s newspaper are very specific to the clinic, with photos of doctors and patients being taken during healing sessions. There are also images of patients waiting in the lounge or chatting in the phyto bar after their healing session is over. This is supposed to reflect a family-like image of the clinic, as well as warm and informal doctor-patient relationship.

Naran newspaper contains information on the use of simple and cheap home-remedies, such as herb infusions and extracts as well as self-massage. It tries to create the image of a popular health newspaper mainly targeted at women, covering topics traditionally popular with women, such as beauty advice and advertisement, home remedies, childcare, etc. Beauty products offered by the two clinics also differ: Tibet advertises to its customers exclusive anti-aging products from Europe, hand-made soaps and costly Tibetan incenses, while Naran offers cheaper products from China, Mongolia, India and Korea, again reflecting the different markets, which the two clinics aim to capture.

Another noteworthy statement is that, according to the authors, Tibetan medicine is not borrowed by contemporary Russian practitioners from Tibet as a foreign system, but continues a native Russian tradition. Here, references are made to the above-
mentioned Badmaev. Yet, interestingly, though not surprisingly (in view of quite difficult relations between the two Tibetan medicine clinics in Moscow), little is said about the tradition of Tibetan medicine in Buriatia (which is one of the core features of the legitimation strategies of the competing clinic Naran). Tibet’s newspaper tend to represent their doctors as continuing the ‘Russian’ Tibetan medical tradition of the Badmaev’s brothers, which had been preserved during the Soviet period, despite all odds. Nowadays this tradition has been further developed by combining it with modern biomedical knowledge. Moreover, the clinic Tibet claims that they have provided a revolutionary breakthrough in efficiency of treatment with Tibetan modalities by establishing contacts with a Tibetan medical centre (Men-tsee-khang) in Dharamsala, thus reuniting Russian traditions of Tibetan medicine with its ‘historical cradle’ in India. In another article, editor-in-chief of Tibetskaiia meditsina, Innokentii Sergeev, claims to have found secret Tibetan medical texts in one of the remote monasteries in Nepal. According to the author, these texts were thought to be lost. Now the doctors of Tibet translate and study them in order to improve their knowledge. Interestingly, the publication of Tibet says little about the Tibetan medical tradition in Buriatia. Another noteworthy claim made by the authors is that, until the 1960’s, Tibetan medicine had been received in the West as indigenous Russian medicine. The article does not provide any evidence as to where specifically in the West Tibetan medicine was perceived to be a traditional Russian system of medicine. One would be inclined to assume that a case in point may have been Poland (if anywhere at all), where one of Badmaev’s relatives (also Tibetan practitioner) fled after the 1917 revolution.

Turning to the publication of the Naran clinic, we can notice that their legitimation strategies are quite different from those of Tibet. In one of the publications in the Naran newspaper Vestnik Tibetskoi Meditsiny the authors credit Naran with attracting attention of Russian public to the fact that Russia has its own ‘Orient’ in Buriatia, which can serve as a source of wisdom and health. They also claim to revive the traditions of Buriat Tibetan medicine in the European part of Russia, allegedly lost after 1917. In another article Dostupnoe lechenie vsem i kazhdoumu! Chto takoe Naran? [Healing accessible to everyone! What is the ‘Naran’ clinic?] the authors make

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208 The above-mentioned pictures accompanying the article are supposed to visually represent Russia’s intimate relationship with Tibetan medicine.
210 For further information about Vladimir Badmaev, see chapter one.
yet another connection between traditional Buriat medicine and the healing methods employed in the *Naran* clinic. However, in order to single out their clinic among the others, the authors of the article emphasise that healing methods of *Naran* do not merely amount to reproducing the Buriat version of Tibetan medicine but represent a complex synthesis of Tibetan, Chinese and Ayurvedic traditions developed by the founder of *Naran* Svetlana.212

To sum up, the clinics *Naran* and *Tibet* use different strategies in order to legitimise their medical practices and stake out a place for themselves in Tibetan medical tradition.213 The clinic *Tibet* applies two types of legitimisation: they appeal, on the one hand, to Russia’s pre-communist past and, on the other hand, to foreign and distant origins of Tibetan medicine, which they have managed to adapt for the benefit of their patients. The *Naran* clinic legitimises their healing methods by making connection to Buriat tradition of Tibetan medicine (and thus emphasising the local character of their medical practice) and by referring to their charismatic leader Svetlana, who has developed her own unique know-how by combining Tibetan medicine with Chinese medicine and Ayurveda.

The role of Buddhism

Finally, it is important to understand how practitioners of Tibetan medicine see the connection between medicine and religion, analysing it as one of the factors of the cultural adaptation of Tibetan medicine in Russia. In spite of the fact that Tibetan medicine is in some way connected to Buddhism and its philosophy, Tibetan practitioners of all kinds have always maintained their clinics as places of religious neutrality to which any patient can come in search of help and treatment. To my knowledge there has never been a single case of a Tibetan doctor refusing to treat a non-Buddhist patient. In Tsering’s view, religious affiliations of the patients do not play any role in the treatment. He maintains that it does not matter if the patient is a Buddhist, Muslim, Christian or an atheist. According to Tsering, Tibetan medicine will help everybody, irrespectively of his/her confession. As Tsering puts it, the main factor is the

quality of the doctor: s/he should be well-trained and perform Buddhist practices on a regular basis, so that, by reading mantras, the doctor will be able to protect both himself and his patients and facilitate treatment. He was reluctant to speak on the issue of whether it was possible that Tibetan practitioners themselves would not be Buddhists.214

Tsering calls ethnic Russian Buddhists215 ‘imitators’ or ‘fake Buddhists’ (his original expression is ‘duplicates’) and strongly believes that many Russian Buddhists develop psychological and in some cases serious mental problems because they follow too many different meditation practices, often doing so without any proper understanding. However, he encourages patients’ interest in Tibetan culture and religion. Sometimes he even invites them to visit the St. Petersburg datsan or one of Moscow’s numerous Buddhist centres. It seems that he approves interest in Buddhism and involvement in Buddhism as long as someone does not start practicing it on his/her own. He thinks that listening to lectures or teachings or receiving blessings and ordering ritual services from monks is good for patients who are willing to achieve general well-being and/or success of ongoing treatment.

Even though, as already mentioned, Naran employs only people with ‘Asian background’, in most cases, initially they were not Buddhists, but now all doctors who want to be employed by Naran are expected to present themselves as Buddhists, at least formally. Aiuna reported that in many cases patients coming to Naran know about Buddhism more than their doctors.216 In order to improve this situation, Naran has invited several Buriat lamas to educate doctors about general Buddhist concepts and to provide some religious services to the interested patients and doctors, such as Buddhist divination and simple rituals.217 However, Buddhism does not play any role in the process of treatment apart from mantras recited on the tapes that are used as a background sound in the cafeteria, in the waiting lounge and, in some cases, during the consultation and healing sessions.

Both doctors working in the St. Petersburg datsan do not deny the connection of Tibetan medicine with Buddhism. They claim that most personal problems of the patients can be explained or solved by appealing to ethical and moral values of the

214 Interview with Tsering conducted in August 2008.
215 Tsering means here Buddhists among European/ethnic Russians and not Buriats.
216 Interview with Aiuna conducted in September 2008.
217 Ibid.
Buddhist teaching, which eventually contributes to establishing confidential relations with their patients. For some of their patients they even provide pastoral care.218

Viktoria is a Buddhist and she claims that most of her patients are Buddhists as well. She explains this by the fact that there is a close link between Tibetan medicine and Buddhism. When people become interested in Buddhist philosophy, they start reading relevant books and attend Buddhist practices. She thinks it is understandable that they also seek help of traditional Tibetan doctors after they become Buddhists.219 Yet, Viktoria emphasises that it is not compulsory to be or become a Buddhist if you want to get help from a Tibetan doctor, although, in her view, prospective non-Buddhist patients should be open to new information and ready to make changes to their lifestyles and diet. Although Viktoria acknowledges that the Buddhist approach may assist the healing process by providing patients with appropriate understanding of connections between the patients’ mode of life and the state of their health, she does not use Buddhist practices and/or meditative techniques in her medical practice.220

Conclusions

In Russia, Tibetan medicine is represented by three different groups of practitioners: (i) doctors originating from Tibet/Nepal, who graduated from Men-tsee-khang; (ii) Russian and Buriat / Kalmyk doctors, who received ‘classical’ Buriat / Tibetan medical education in datsans; and (iii) ‘eclectic’ doctors trained in such clinics as Naran and Tibet. In spite of the doctors’ different backgrounds, all of them liberally employ Buddhist paraphernalia in order to create a particular atmosphere, which in their opinion adequately symbolises Tibetan medicine and meets expectations of their patients. This, in some cases, results in the reproduction of rather eclectic and often factually inaccurate representations of Tibet and Buddhism, both in the design of the clinics’ interiors and in the publicity literature. As is evident from the content of the newspapers published by Tibet, attempts are made to promote and publicise Tibetan medicine as native to Russia, while Naran tries to achieve similar goals by linking Tibetan medicine to Buriat medical tradition.

218 Interviews with Viacheslav and Budda conducted in St Petersburg, September 2008.
219 Though Viktoria’s arguments make sense, a more plausible explanation is that, being a Buddhist herself she is mostly visited by Buddhist patients by word of mouth from these circles.
220 Interview with Viktoria conducted on 12 September 2008.
The interviewed doctors maintain their connection with the Tibetan medical tradition in various ways. Representatives of Tibet claim that they work under direct supervision of the Tibetan Men-tsee-khang, regularly travelling to Himalaya to meet Tibetan monks and doctors. Those of Naran maintain connections with the Burjat tradition of Tibetan medicine, and claim that their doctors, being ethnically Asians, are closer to the tradition of Tibetan medicine than doctors of European origin could ever be. In turn, Viktoria, who received a traditional Tibetan medicine training in the Aginsk datsan, feels the need to reinforce her ability to heal patients by alternative means which she partly learned from her folk-healer grandmother. She claims to have inherited some of her grandmother’s abilities as a healer.

Tibetan medicine has resources for adapting itself to new local conditions, in fact its history from the very beginning is the history of a long process of adaptation to new circumstances and demands. Doctors play an important role in this process. Contemporary Tibetan medicine in Russia is being currently actively transformed and adjusted to meet demands and general expectations of Russian patients and to comply with the needs of the market. Glocalisation of Tibetan medicine in Russia often results in hybridization, which means that firstly Tibetan medicine is de-contextualised and fragmented and then certain elements of its concepts and modalities are recombined with other Asian medical practices, such as acupuncture and soo-jok, and with biomedicine, according to beliefs and experiences of doctors.221

All practitioners of Tibetan medicine are involved in a complex intercultural dialogue when interacting with their patients and creating their settings / environment. In their own way, all of them, even Tsering, aim to present Tibetan medicine not as ‘foreign / alien’ but as ‘familiar’, and even ‘native’, to Russia. In certain cases as, for instance, that of Boris, as well as in some advertisements by Naran, they even achieve Lotman’s final stage of the intercultural dialogue, when the kind of Tibetan medicine practiced in Russia is presented as the most advanced and superior form of this medical practice.

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Chapter Three. Patients of Tibetan doctors

Introduction

This chapter focuses on patients of doctors practicing Tibetan medicine, occasionally relatives or friends of such patients are mentioned, since a person’s decision to seek one or the other type of alternative healing is often influenced by those close to him/her. As was demonstrated in the chapter two on Tibetan doctors, the field of Tibetan medicine is already well established, diverse, and rapidly continues to grow. Patients are active participants in the process of the development of Tibetan medical services in Russia, since, as consumers of medical services, they create a demand and, in a way, also contribute to shaping the field, since they are being offered what they expect to obtain from doctors, or what doctors and health providers feel caters for their needs and tastes.222

This chapter is based on the material gathered from the interviews conducted in Moscow and St Petersburg during 2007-2009 with patients of different doctors. It also relies on my own personal experience as a patient of a Tibetan doctor and on my observations on interactions between doctors and patients which I made during my work as an interpreter for a Tibetan doctor for over two years in 1997-1999. All of the interviewed patients were selected with the help of their doctors. Two patients from Naran were interviewed at the Naran clinic on Voikovskaia, while they were sitting in the Naran phyto bar enjoying tea after their healing session. Other patients were interviewed at their homes after a telephone introductory conversation and appointment. At the beginning of each interview patients were asked whether they preferred anonymisation of the personal information or not. Only one interviewee desired to remain anonymous and showed concern about the disclosure of his/her real identity. However, in order to protect the identities of all of my interviewees and to comply with

the University of Manchester ethical requirements, I decided, instead of revealing the real names of the interviewed patients, to denote all patients with the letter of the Latin alphabet, from the letter A onwards. Personal details provided in the chapter about each of the patients cannot identify them and are included in the chapter by their consent.

I have interviewed fifteen people in total, six male and nine female patients, the youngest interviewee being twenty four and the oldest seventy two years old. Two of my interviewees are Muslims, eight are Orthodox Christians, three are Buddhists, and two do not associate themselves with any religious confession. Below is given a brief description of the personal profiles of all fifteen patients. Some of my interviewees were not able to indicate the precise duration of their treatment by a Tibetan doctor – mainly because they were not taking Tibetan medicine continuously, without interruption, making intervals of various lengths between their treatments for different reasons, such as financial problems, lack of time, or steady remission of their disease.

Patient A, aged forty five, female, higher education, school teacher, Orthodox Christian, married, has been taking Tibetan pills for two years.

Patient B, aged forty six, male, higher education, engineer in a construction company, Orthodox Christian, married, practiced Qigong for six years, treats minor health problems of his family using methods of Qigong therapy by pressing particular bioactive points on the body, has been taking Tibetan pills for one year.

Patient C, aged fifty, female, higher education, no information on professional occupation, Buddhist, single, has been taking Tibetan pills for seven years.

Patient D, aged forty one, female, higher education, businesswoman, Buddhist, married, has been taking Tibetan pills for some time.

Patient E, aged fifty eight, female, no information on education, retired, at present amateur handicraft maker, Orthodox Christian, divorced, has been taking Tibetan pills for eleven years.

Patient F, aged seventy two, female, secondary education, retired, former librarian, Muslim, married, has been taking Tibetan pills for some time.
Patient G, aged thirty two, male, secondary education, no information on professional occupation, Muslim, single, has been taking Tibetan pills for some time.

Patient H, aged twenty four, female, higher education, customs officer, Orthodox Christian, single, has been taking Tibetan pills for some time.

Patient I, aged sixty two, male, higher education, businessman, Buddhist, married, has been taking Tibetan pills for some time.

Patient J, aged twenty five, female, higher education, book-keeper, Orthodox Christian, married, has been taking Tibetan pills for one and a half years.

Patient K, aged twenty five, male, no information on education, real estate agent, does not identify himself with any religion, married, has been taking Tibetan pills for one year.

Patient L, aged forty seven, male, higher education, freelance journalist, does not identify himself with any religion, married, has been taking Tibetan pills for half a year.

Patient M, aged seventy, female, higher education, retired, Orthodox Christian, divorced, has been taking Tibetan pills for seven months.

Patient N, aged sixty three, female, secondary education, retired, Orthodox Christian, married, has been taking Tibetan pills for one year.

Patient O, aged sixty four, male, secondary education, retired, Orthodox Christian, married, has been taking Tibetan pills for one year.

I have also looked through *Naran’s Kniga otzyvov*, i.e. the book recording the current and former patients’ informal feedbacks about the clinic and the doctors who looked after them during the course of treatment; the results of the treatment and the patients’
satisfaction or dissatisfaction with the achieved results. In some cases the book also contains brief information about diseases with which patients turned to the Naran clinic and about sources from which they learned about the Naran clinic. These books are kept in the waiting areas in each of the Naran’s clinics and access to them is completely open. Any member of the public can either look through the records or write down their own feedback. The entries in the books do not contain confidential records about the patients made by their doctors or by third parties, but only the information and personal impressions which patients themselves decided to share with other people. The data for this chapter was drawn from the Naran’s book kept in the Naran’s oldest clinic, which was opened in November 1998 and is located close to the Voikovskaia underground station in Moscow. Before looking through the book and taking notes, I obtained the consent of the Naran’s receptionist to do this.

Though this sample is rather limited comparing to the numbers of patients that turn to Tibetan doctors every day, it, nevertheless, allows us to make some generalisations on the basis of the gathered information, which are further supplemented by my own personal experience as a patient of the Tibetan doctor, as well as observations which I was able to make during the time I worked as an interpreter for a Tibetan doctor. The ratio of female and male patients among my interviewees, with the prevailing number of female patients, reflects the existing gender balance among the patients of Tibetan doctors. Far from all patients are Buddhists; in fact, they represent a minority. Moreover, from the interviews which are discussed below in the chapter it becomes clear that religious affiliation does not play an important role in decision making, and being a patient of a Tibetan doctor does not necessarily imply that this person is a Buddhist or will become one. However, a certain degree of open-mindedness is required from patients in order to make them opt for an alternative form of treatment (Tibetan medicine). Besides, as it will become evident from this chapter, quite often people with spiritual striving (duhovnye iskaniia) get attracted to such forms of healing. I do not consider here another group from which patients for Tibetan doctors can be recruited: terminally or seriously ill people, for whom alternative medicines are often the last resort, providing at least a weak hope for cure. People of different ages and of various social statuses and educational backgrounds turn to Tibetan doctors, but the number of patients with higher education clearly prevail in my sample. However, given its limitations, I refrain from any generalisations on this issue.
The chapter adopts an ethnographic approach and offers a ‘thick description’ of the processes of understanding and reconciling Tibetan medicine to a different (Soviet/Russian) cultural background, which is arranged in line with Iurii Lotman’s theory of intercultural communication. The chapter answers the following questions: Why do patients choose to seek alternative health care, in general, and how do they make their choice in favour of Tibetan medicine and a certain Tibetan doctor, in particular? How is Tibetan medicine linked to other beliefs and wider worldviews of the patients? What kind of relationships have patients developed with their doctors in the course of treatment? How well do patients understand the healing modalities used by Tibetan doctors? What do patients think about the fact that Tibetan medicine does not require doctors to use biomedical tests, such as blood tests, ultrasound scans, X-rays, etc.?

The first part of the chapter deals with theoretical preliminaries and basic concepts. The second part explores how patients choose specific doctors. In the third part, I look at the processes through which patients try to make sense of Tibetan medicine, analysing the interaction between patients and doctors in an attempt to overcome culturally-determined differences on both sides. The last part of the chapter explores how patients understand the relationship between Tibetan medicine and Buddhism.

Theoretical Preliminaries and Basic Concepts

When considering the issue of the relationship between patients’ attitudes towards Tibetan medicine and their wider worldview, I will again apply Lotman’s theory of the inter-cultural dialogue\(^{223}\), as it offers a fruitful framework for making sense of various positions among different consumers of Tibetan medicine. Tibetan medicine as a complex cultural construct is adapted by the receiving cultures on several different levels: social debates, professional representation and popular understanding. The first two levels are discussed in the chapters two and four, respectively. In this chapter, I focus on the popular understanding of Tibetan medicine among its users in Russia. Patients using Tibetan medicine become involved in an intercultural dialogue trying to make sense of the new cultural and social ideas originating from Tibetan

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medicine to which they are exposed when they visit a Tibetan doctor. At the beginning of this process, patients create the image of the ‘foreign’ culture, in order to help their own familiarisation with the new concepts. This seems to be often achieved along the lines of Lotman’s scheme: (i) by creating opposition between the patient’s and the Tibetan cultural concepts; and (ii) by searching for prototypes of ‘foreign’ cultural elements in the ‘native’ culture. In the first instance, the patients imagine Tibetan (or, more generally, Oriental/alternative) medicine as opposed to European medicine (biomedicine) by assigning to the former those values which, as they believe, are absent in their culture. During this process, popular images, stereotypes, and conceptions based on popular knowledge of Tibet and its medicine, not infrequently derived from recent popular movies, television programmes, books, and media publications, are constructed by the patients. Some of these representations are similar to the images created in other European cultures.224

The following examples are suggestive: my interviewees imagine that the harsh climate of Tibet which makes life there very challenging and is responsible for the effectiveness of Tibetan medicine which was supposed to provide help even in such a hostile environment.225

Patient M, furthermore, argues that all Tibetans and Tibetan doctors in particular have virtues that the ‘people of the West’ do not have anymore, if they ever possessed them; thus, allegedly, there are no charlatans among indigenous Tibetan doctors, since Tibetans are extremely religious and are not capable of cheating or deceit. She says that this confidence in Tibetan doctor’s honesty already makes her feel better and facilitates successful treatment.226

Patient E, who seems to hold a very traditional view of appropriate gender roles, reported that, in contrast to the situation in ‘our’ (i.e., presumably, European) culture, women in Tibetan society are protected by their families and are not discriminated against:

224 See, for instance, E. Sulek, Imagining Tibet in Poland: A Contribution to Anthropology of Imagined Countries. The Tibet Journal 31/2 (2006): 49-68; Lopez, Prisoners of Shangri-La; T. Dodin and H. Räther (eds.), Imagining Tibet: Perceptions, Projections, and Fantasies. Boston: Wisdom Publications, 2001. These and some other studies reflect on the image of Tibet in the European popular imagination, not specifically on Tibetan medicine; nevertheless, many observations made in these studies are relevant for our particular topic, since, quite naturally, people often associate Tibetan medicine with the country it comes from.
225 Interview conducted in Moscow, July 2009.
226 Interview conducted in Moscow, July 2009.
… Tibetan medicine has been developing in a different tradition, in a society where women have been always protected. They have almost never left their homes. So some things have been strictly observed, for example, women have not met too many strangers, which is good for their health. At the same time, they have never been discriminated against and could have their own opinions and made their own decisions. And in our society, the traditional way of life is broken and everything in our lives is unbalanced.²²⁷

Reproducing stereotypical perceptions of Tibet, which have been in existence in European countries (including Russia) since the nineteenth century, some of the interviewed patients imagine Tibet as a country of mysteries and believe that Tibetans are capable “of doing anything”. In their imagination Tibet is a place which exists untouched by time and modern changes, where ancient knowledge is being preserved for all humankind. As patient I observes:

Tibetan medicine is popular because it is exotic. For us, Tibet is a country of mysteries, many people believe that Tibetans can do anything. [Oni mogut tam vse.]²²⁸

When searching for prototypes of ‘foreign’ cultural elements in the ‘native’ culture, some patients compare the effect of mantra to that of prayer and liturgical singing in the Russian Orthodox Church. Here are reflections of patient H on this matter:

Mantras are similar to our prayers. Liturgical singing during the Orthodox service is built on principles similar to those of mantras. That is a specially tuned tonality. [Opredelenno podobrannaia tonalnost’] … We are all similar inside. But we all have our particular ways/paths in this life. People are different in skin colour and shapes, because they have been adapting to the life in different geographical locations. However, at the beginning, we were all the same and spoke a single language. You know, it is about the Tower of Babylon and the confusion of languages. That is why sometimes to some of us other cultures or

²²⁷ Interview conducted in St Petersburg, July 2009.
²²⁸ Patient I, interview conducted in St. Petersburg, October, 2008.
countries seem closer. The main thing is to listen to oneself and to feel what is closer to you.

…

In Orthodox Christianity, spiritual life plays a central role, while physiological needs are secondary. Confession of sins and penitence are important. A Christian comes to the church and meets with a Father [batiushka], who first carefully listens and then explains what you should do. And here the emphasis could switch to physiology, as, for example, the Father could advise the parishioner to observe a fast or to drink Holy water [Sviataia Voda]. This is physiology and it leads to the improvement of health [ozdorovlenie]. In Tibetan medicine, the direction of healing is from physiological to spiritual, whereas, in Christianity, it is the other way around. Believers are required to read their prayers and to attend church regularly. This is similar to reading mantras in Tibetan medicine and to observing regularity in the ingestion of Tibetan medicines, which should be taken every day at the same time. All this puts certain boundaries and builds the discipline all people need.  

Why Did People Decide to Become Patients of Tibetan Doctors? How did they choose a specific doctor?

There is no single reason why people seek alternative medical treatment. In the studies conducted in Canada, United States and Western Europe, it has been argued that it is a complex process that involves a number of circumstances and considerations. Thus, some people may choose alternative treatments if they have failed to get help for their health problems from biomedical practitioners. In this case, they turn to available alternative treatments out of despair, as a last resort, since they do not have any other choices. Others choose alternative care more consciously, since they believe in the rightness and benefits of alternative treatment. Such patients will usually have holistic attitude to their health, recognising the important role which physical, emotional and spiritual balance plays in one’s well-being. They will also be open to various types of alternative care and will take active part in the decision-making process concerning therapies and the treatment process as a whole. Among other factors, gender, age,

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229 Interview conducted in Moscow, July 2009.
educational level and financial situation also play an important role. A study conducted by Merrijoy Kelner and Beverly Wellman on patients in Canada revealed that the most likely users of alternative medical services were married women, highly educated, occupying full-time professional positions and having high incomes.230

It will be argued here that all these factors and reasons also play an important role in the choice of Russian patients in favour of Tibetan medicine. However, all the interviewed patients named dissatisfaction with biomedicine and unsuccessful treatment of their problems by its methods as the primary reason for their decision to turn to Tibetan medicine, irrespective of their attitudes to any holistic ideology. They also come from much wider range of social groups than Canadian and West European patients, have different levels of education, and their choice is often influenced by their family members, friends, neighbours, and advertising.231

In her study of health-care choices of patients in the United States, Meredith McGuire found that North Americans do not widely accept healing traditions as complete ‘packages’ of beliefs and practices. Rather, they tend to choose separate cultural elements and healing modalities from various traditions to suit their personal understanding of health and illness. He also noted that “… resulting practices represent a ‘bricolage’ of alternatives, which in many ways parallels transformations of religiosity and spirituality in the United States”.232 In another study, Ted J. Kaptchuk and David M. Eisenberg argue that “Tibetan medicine has to some extent broken out of its particular cultural ‘boundedness’ due to its ability to engage ‘New Age affinities’.” 233 These New Age beliefs are not linked to any specific doctrine and represent an eclectic religiosity and spirituality, in which no clear-cut distinction is made “between


231 It should be noted, that naturally advertising plays an important role in the choices of prospective Western patients as well. However, the amount and mass character of advertising of Tibetan medicine as well as of other forms of alternative treatment in Russia makes its role in the choice making process in Russia more important.


spirituality and physical health or faith and medicine.” 234 Likewise, in post-communist Russian society there has been a well recorded craving for all kinds of spiritual and religious practices as well as for folk and alternative religious and healing practices. The New Age beliefs, such as the occult, alternative, paranormal, magic and healing are currently playing a significant role in everyday life of Russian society. 235

Before going to their first appointment with a Tibetan practitioner, some of the interviewed patients collected information about different Tibetan doctors available in their city. Some of the patients even tried several Tibetan doctors and, only after such a comparison, opted for the one they liked most. (Notably, as far as I know, doctors do not ask patients about their prior experiences with other doctors. 236) Another important factor in the patients’ choice is recommendations of friends and relatives. And, last but not least, the efficiency of treatment in general based on simple ‘pragmatics’, whether it works or not, is usually taken into account when choosing a Tibetan doctor.

Many of the current patients did not dare to go to a Tibetan doctor straightforwardly when they learned about Tibetan doctors from friends, relatives or advertising, since it seemed too exotic or too strange for them at the beginning. Another obstacle was, in many cases, high costs of these services, which many people found difficult to afford. The main factor in many cases was a deterioration of their health condition and absence of cure or severe side effects of the therapy offered by allopathic medicine.

An instructive illustration of such an attitude is the case of Patient A., who recollects:

I decided to turn to this doctor on a recommendation of my university lecturer E., who has now become my good friend. She was this doctor’s patient too at that time. Once I complained to her about my health situation and she advised me to try Tibetan medicine. But it had been some time before I actually dared to go to a Tibetan doctor. … Besides, the services of the doctor were quite expensive, and, since I was a student at that time, my husband and I did not have

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234 See notes 232 and 233 above.
236 However, the female patient J told that when she asked her first Tibetan doctor from Buriatia to whom she went on the recommendation of her mother-in-law’s brother if there were other Tibetan doctors in St Petersburg, the doctor from Buriatia referred her to Viktoria who according to him was a well-educated and competent doctor. The patient wanted to change the doctor because the one attending her regularly left St Petersburg for Buriatia, and she preferred a doctor who will be always around in case of emergency. This is the only instance in my sample of one doctor recommending services of another.
enough money. Furthermore, I was not sure whether Tibetan medicine was effective or not. I had never heard about it before, and thus I was not impressed by it that much. But E. continued persuading me, and, in the end, I decided to give it a try. The last straw was that allopathic medicine was not really helpful for my condition. I had problems with my menstruation cycle and suffered from mastopathy, which was slowly but constantly getting worse, increasing in size and amount. An endocrinologist prescribed me with a hormonal treatment. And, quite soon, I started to feel the side effects of this medicine: they were influencing the functioning of my brains (The patient uses the word mozzhechok [cerebellum]). ... I then turned to herbal remedies and was taking various liquid remedies from Germany alongside hormonal medicine. However, as soon as I would stop drinking these herbal medicines, I would get all my problems and symptoms back. ... I would also like to say that my general condition was quite bad. I would feel sleepy and drugged all the time. I was feeling that this medicine was influencing my head, it was very unpleasant. After a year, my husband told me that I should stop tormenting myself [izdevatsia nad soboi] and should visit a Tibetan doctor.237

Sometimes people with minor health problems become patients of Tibetan doctors out of curiosity or along the way towards self-understanding and self-development. This type can be illustrated by the story of patient B.:

At that time, I was practicing Qigong238 already for five-six years, therefore I trusted oriental medical traditions. Besides, I learnt about different philosophical systems and approaches. I also tried to heal all my family with Qigong; I still know all these special spots on the body. I got interested in Qigong in the 1990s. I don't practice Qigong anymore, however. The 1990s was a special time of passion [uvlechennoe vremia] for exotic methods, it all was interesting and unusual. First, I started to read literature on Qigong and then I found my Qigong

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237 Interview conducted in St Petersburg, October 2008.
238 Qigong is a self-healing art that combines movements, breathing techniques and meditation and forms a part of the Traditional Chinese Medicine (TCM). Qi represents the ‘vital energy’ which flows through the body. Gong means ‘practice’. Qigong is used in physical and mental training for health and long life, in martial arts and in practices aiming at self-enlightenment. It is transmitted directly from Master to student. See K. M. Sancier, Medical Applications of Qigong. *Alternative Therapies* 2/1 (1996): 40-46. See also Stable URL: [http://en.wikipedia.org/wiki/Qigong](http://en.wikipedia.org/wiki/Qigong) Accessed: 19/03/2009 11:38.
teacher. I started to practice first with one teacher then with another. And I got very interested. [Besides,] My parents always preferred to use alternative forms of healing. As a child, I never took allopathic medicine. My mother read books about herbs, made herbal remedies herself, collected herbs and prepared herbal mixtures [šbory] from them.239

The following excerpt from another interview illustrates a mixture of different factors that played an important role in the patient’s choice: (i) advertising, (ii) word of mouth recommendations of a neighbour, and (iii) dissatisfaction with biomedicine and with other forms of healing:

I learned about Naran (as, I think, many other patients also did) from the Naran’s paper Vestnik Tibetskoi Meditsiny. One day it fell out of my mailbox into my hands. It was in 2007. I read the issue with a great interest. Especially so, since I have, let’s say, always had complicated relationship with ‘official medicine’ (biomedicine - IM). ‘Official medicine’ likes to make mistakes when treating me. (Na mne ofitsial’naia meditsina liubit oshibatsia). Sometimes it would be a wrong diagnosis, sometimes doctors would make things worse by excessive treatment (zalechit’, pytali’). What I liked about Tibetan medicine is that doctors have holistic approach to health and disease. They look at a wider picture and do not take everything down to, say, indigestion or backbone pains, trying to cure them separately. At Naran they ask and then answer the ‘why?’ question. For instance, why does this patient have problems with his/her back or stomach? First, the doctors find the cause, and after that they offer a holistic treatment. It involves massage, acupuncture, special diet and herbal supplements, and many other things. However, I did not go to Naran straightaway after I learned about their existence. You know, there are many charlatans out there looking for our money. And the treatment is quite expensive, I should admit. Before eventually turning to Naran, I tried a few chiropractic clinics to get help in connection with my backbone problem. This did not help, though I spent a substantial amount of money on the treatment. But then, one day I met my neighbour, and it was she who reminded me about

239 Interview conducted in St Petersburg, July 2009.
Patients of Viktoria and Tsering

I present the material collected from the patients of these two doctors within one section, since many of Tsering’s patients also went at least once to Viktoria. Besides, doctors Tsering and Viktoria show many similarities in the range of healing therapies they offer, in the education they have received, and in the advice and medicines they prescribe. I therefore expect that they tend to attract patients of similar types.

In most cases, the patients of Viktoria and Tsering obtained information about them from close friends, relatives, and neighbors, who referred them to these doctors followed by their own positive experience or the experience of those whom they know. Tsering does not advertise his services anywhere. Viktoria has a web-page with general information about Tibetan medicine and treatment methods. Interested people can contact her by e-mail provided on the web-site. However, as in the case of Tsering’s patients, most of Viktoria’s patients learn about her practice by word of mouth. It is interesting that even in the cases when former patients could not get help, they still recommend these doctors to other possible patients, claiming they “may have better luck”. Thus negative experience did not play an essential role in the process of advising. For instance, patient E accounts for the unsuccessful treatment of her chronically-ill father by the fact that he consulted a Tibetan doctor too late. Similarly, she thinks that the unsuccessful treatment of her thyroid gland could also be explained by complications caused by natural causes beyond the doctor’s control and by the fact that she had neglected the problem for too long before eventually going to a Tibetan doctor. She recollects:

At the beginning of the treatment, I asked the Tibetan doctor if I should undergo a surgery on my thyroid gland or take Tibetan medicine only. My Tibetan doctor told me that his medicine would help me without a surgery. I think at this time my disease was not yet serious. Besides, the doctor told me that in Tibet doctors do not practice surgery and patients’ lives and health are only supported with

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240 Interview with the patient N conducted at Naran clinic on July 2009.
241 From personal experience and the interview with patient E.
non-invasive methods, such as tablets or pills. I went to my biomedical doctor and rejected surgery, since I had decided to try Tibetan medical treatment. I have been taking medicine for eleven years, however, a year ago I went into surgery with my thyroid gland. My brother insisted on this. Surgery lasted more than four hours, because my thyroid gland by that time grew into adjacent tissues.

... Later, Tsering explained that it was extremely difficult to treat a patient who was going through menopause like I was. According to him, inner heat generated in females by this process aggravates all their chronic diseases.

... I think, Tibetan medicine held back many of my health problems, pains in my heart were instantly gone for example, thrush, and insomnia. Now and then I turn to allopathic medicine in order to solve some of my health problems effectively and quickly. However, I continue to stick to Tibetan medicine as well because it is mild and does not have the same side-effects as other drugs. It is also unsurpassed in eliminating the side-effects of our ‘European drugs’.

... My father took Tibetan medicine for a while. It helped him but it was already too late to heal him completely. So he gave up the treatment after a while. He was not keen on observing the diet prescribed by the doctor. Besides, taking Tibetan pills three times a day was too much for him.242

Patient A admits that, while Tibetan medicine helped her mastopathy extremely well, as well as improved her overall health and eliminated insomnia, it failed to cure her eczema which developed in the course of the treatment. She connects the onset of her eczema with the Tibetan treatment and considers it part of the ‘deep purge’ [glubokaia chistka] of her body triggered by Tibetan medicine. As for the failure, she explains that, since she panicked and stopped taking Tibetan pills, they did not have enough time to work properly. She considers addressing her eczema with the help of Tibetan medicine once again soon. Below is her account:

242 Interview conducted in St Petersbrg, July 2009.
One day I got a severe skin rush, eczema. It was getting worse and ointments or Tibetan pills did not help. Tsering told me to be patient. In the summer it got a bit better but not for long, I even spent two weeks in hospital and was on a drip. I tried then homeopathic ointments, but they did not help either. I always knew that my health was poor. When I started to take Tibetan pills they got into deep levels underneath all my health problems. They started the process of purification of my body and it reacted in the form of eczema. So this is part of the treatment and it requires a long time; Tibetan medicine is not to be blamed for this, since it is non-allergic. When eczema covered all my arms, I got scared since the reaction of my body was so strong, and I stopped taking Tibetan pills. I turned to dermatologists. However, they were not unanimous about the diagnosis and about the causes of my eczema. I had read that disease can change shape. [Ia ponimaiu chto bolezn’ imeet svoistvo peretekat’]. My friend took me to a doctor who diagnosed people using the method of Reynhold Voll, and he then treated his patients with homeopathic remedies. But I do not believe in homeopathy, so I decided not to use homeopathic remedies. After the homeopath finished with Voll’s diagnostic, he told me that I have weak health, stressing that it was poor by nature. He added that a very good doctor had been treating me but unfortunately the treatment was not completed. He also said that this doctor saved my life and that I should go to him, bow to his feet, and pray for him, because, thanks to him, many of my health problems were gone. I decided not to start homeopathy also because it is a very slow treatment.

... I think of resuming my [Tibetan] treatment: I want to stop eczema from recurring on my hands and other parts of the body. But I am afraid that, when I come for the appointment with my Tibetan doctor, he will again tell me that I have many health problems.
Patient M was advised to consult a Tibetan doctor by her neighbour whose husband was unsuccessfully treated for cancer. This is how she describes their conversation:

She told me that Tibetan medicine is very effective. She gave me the contact number of a Tibetan doctor and suggested I try it for my arthritis. She spoke about the doctor in favourable terms, saying that he was excellent. She believes her husband started to take Tibetan medicine when it was too late. His cancer was at an advanced stage, and they were hesitant about Tibetan treatment, since they never tried it before. ‘Our’ (biomedical - IM) doctors were rushing them to undergo a surgery, so they decided to act quickly and agreed to surgery, soon after which the man died. His wife regrets now that they did not give a full try to Tibetan medicine.\(^{247}\)

Tsering’s patients are the most diverse group, with their age ranging between one and seventy eight years. His patients come from different social and ethnic groups. During my time as Tsering’s interpreter, I have met Russians, Tatars, Chechens, Ukranians, Latvians, Belarussians, Germans, Kalmyks, Buriats, and Kazakhs among his patients. Viktoria’s patients are either former Tsering’s patients (see chapter two where the reason for that is explained), or people from the Dzogchen\(^{248}\) community of Tibetan Buddhism to which Viktoria herself belongs. In most cases, the first visit to the doctor was initiated by women who then brought their husbands, children and other relatives along. Tsering’s and Viktoria’s patients generally assume a pro-active role in the healing process, yet they follow prescriptions and recommendations of their doctors.

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\(^{247}\) Interview conducted in Moscow, July 2009.

\(^{248}\) Tib. Dzogchen [Great Perfection] is the natural primordial state of one’s mind potentially present in each individual and a set of methods through which such state can be achieved. Similar to followers of other Tibetan Buddhist schools, Dzogchen practitioners aim at achieving enlightenment, the main difference being that Dzogchen followers believe that enlightenment can be attained during the single lifespan of an adept. Dzogchen Community is the international organisation established by Chögyal Namkhai Norbu with the main headquarters in Tuscany, Italy. Chögyal Namkhai Norbu is one of the living masters of Dzogchen. He actively travels around the world to give teachings and initiations. Members of Dzogchen community are supposed to meet regularly to practice together on particular auspicious days. Russian Dzogchen communities exist in more than twenty cities. In 1998, Russian Dzogchen communities opened a retreat centre Kunsangar (now Kunphenling). It is located on the territory of a former pioneer summer-camp sixty kilometers to the east of Moscow, in Pavlo-Posadskii district. In July 1999, Chögyal Namkhai Norbu visited Russian retreat centre to give his teachings, this event attracted more than fifteen hundred Dzogchen practitioners.
with high punctuality. In addition, they participate in the decision-making process concerning their treatment. Tsering’s patients often combine Tibetan medicine with biomedicine. They can sometimes also ask Tsering for a particular medicine the effect of which they liked. In some cases, they ask for a medicine to deal with health problem which, according to the personal opinion of the patient, is more important to tackle, even if Tsering’s own view is different (i.e. if he believes that another health problem of the patient requires treatment more urgently). From the interviews with Viktoria’s patients, it appeared that they read more about Tibetan medicine as well as about other forms of alternative care, as compared to the patients of Tsering or those of Naran. However, it seems that all patients, whom I have interviewed, are interested more in learning about various healing methods, or the effects of a particular medicine, rather than in general reading about Tibetan medicine. Such information is usually acquired from different sources: from other patients by the word of mouth; from advertising of a particular treatment in the media; or from self-help books which give advice on self-medication. Patients are then eager to apply their knowledge into practice for their own benefit with the help of the doctors. These strategies are quite similar to those of the patients of Tibetan doctors in the Western Europe and the USA. Viktoria’s patients, similarly to Tsering’s patients, also engage themselves in decision-making concerning the treatment to follow, often combining Tibetan medicine with Reiki, yoga and meditation.

When asked about the reasons of their final decision, that is, staying with Viktoria or returning back to Tsering, the patients would give the following explanations. The main concern of the patients who decided to stay with Viktoria was the language barrier. It was important for them that she spoke the same language, so that no interpreter was needed. For many patients the presence of an interpreter creates an uncomfortable situation, as they often feel shy about confessing their physical and psychological problems in the presence of a third party. They also often worry that important information will be lost in the process of translation from one language into another and this will create obstacles for a successful medical treatment and, eventually,

249 From the interviews with the patients and my own personal observations.
250 See G. Samuel, The Politics of Tibetan Medicine and the Constitution of an Object of Study: Some Comments. In: Pordié (ed.), Tibetan Medicine in the Contemporary World, 251-263. According to G. Samuel, many West European patients are not keen on reading popular Western literature on Tibetan medicine and know little or anything about its principles and history. In this connection it would be interesting to investigate further who is the target group for this popular literature. From my personal experience in Russia, this literature is often used by Russian Tibetan practitioners as their reference books.
for the healing process. Another reason was that she spent more time with her patients than Tsering and established friendship-like relationship with them. Such patients also valued her education in psychology and believed that it was important that she would listen patiently to them and give advice on other life problems not directly related to their health.

Those patients who stayed with Tsering emphasised the importance of ‘authentic’ medical education. In their view, Tsering was better educated (as he graduated from a traditional Tibetan medical college established in India by the Dalai Lama and the Tibetan government in exile), and they believed he received there a more ‘authentic’ education comparing to Viktoria’s training in Buriatia. They also stressed the importance of longer experience as well as the fact that he was more familiar with their health problems, since he had already been treating them for some time.

The Patients of Naran and Tibet

Patients that go to Naran clinics in Moscow and St Petersburg often live in the vicinity of these clinics, which can be explained by one simple reason. Naran publishes a quarterly newspaper Vestnik Tibetskoi Meditsiny, dedicated to promoting popular knowledge about Tibetan medicine and to advertising the services of Naran. This newspaper is regularly delivered free of charge into mail-boxes of apartment blocks in the neighbourhood. After several issues this strategy started to bring results, as people living in the vicinity began going to Naran. Some other patients learned about Naran from a Television talk show about self-medication, home remedies and alternative medicine, called “Malakhov Plus” broadcasted on Pervyi Kanal [First channel], as well

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251 From my personal experience as an interpreter.
252 Dalai Lama is a leader of the Gelug-pa, one of the schools of Tibetan Buddhism. Dalai is the Mongolian word meaning ‘ocean’, and Lama is the Tibetan word for ‘guru, (spiritual) teacher’. The current Dalai Lama, the 14th Dalai Lama Tenzin Gyatso, born on the 6 July 1935, is both the head of the Tibetan state in exile and the spiritual leader of Tibetans. For further information, see, Stable URL: http://www.dalailama.com/ Accessed: 11/02/2009 14:18 and http://en.wikipedia.org/wiki/Dalai_Lama Accessed: 11/02/2009 15:33.
253 See for example interview with the patient N conducted at Naran clinic on July 2009 earlier in this chapter.
as from Television channel “Stolitsa” [“The capital city”], on which the head of the Naran clinic, Svetlana, participated in several programmes.  

The majority of Naran patients are either middle-aged (45+) or retired [pensionery] (60+). They have chosen Naran because their doctors have not only Tibetan medical training but also biomedical education. Consultations and healing sessions are conducted in a setting that resembles biomedical wards with which the patients are familiar. Another advantage of Naran’s services in the eyes of these patients is that doctors not only check their pulse but also use biomedical tests (which patients do before their visit or are advised to do by Naran doctors). This gives patients a feeling that they are in safe hands and that their treatment is properly diagnosed and well monitored. According to patients, Naran succeeded in generating a special atmosphere in their clinics by creatively balancing between the familiar and exotic. The exotic elements introduced in Naran help to relax and turn familiar but faceless biomedical setting into a special place.

It was virtually impossible to be cured of my illness and restore good health at once. Thus, after half a year following the course of treatment at Naran, I had to return back to Naran to continue my treatment. This time I did not wait till my condition would develop into a chronic stage. Doctors at Naran explain to us (to their patients - IM) that the best medicine for all diseases is prevention. One should also take into account high level of environmental pollution in Moscow. The air we breathe is polluted, and so is the water we drink, the food. And do not forget about everyday minor and major problems. All this leads to constant stress. And, according to the Buddhist philosophy and the Dalai-Lama, all people strive for happiness in this life. I cannot agree more with that. For me, Naran is the place where I can find help and happiness. It is also the place where you can forget about your everyday problems outside the clinic for a while. I know, some people like to share them with their doctors, but I prefer leaving all my problems at the clinic’s threshold. When I sit in the lounge waiting to be called by my doctor I like to look at the portrait of the Dalai-Lama. There is also a screen which displays the Dalai-Lamas dictums, and I like to read them as well. Though some may say they are overtly simple, I think, they are truly

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254 Information obtained from the Naran book and the interview with Svetlana (head of the ‘Naran’ clinic) conducted in July 2009.
universal and yet simple. But this makes them even more true for everyman. I do not understand complicated philosophical theses; if the Dalai-Lama would speak about complicated special philosophical problems I would be lost and not interested. But he addresses each and every of us with simple message, and I think doctors at Naran managed to reformulate Tibetan medicine in similar simple manner which is comprehensible to us, their ignorant patients. It is good to remind ourselves about simple yet very important and basic things that make the basis of everything else. It would be good if everyone had a booklet with the Dalai-Lamas statements. They make me think about life, happiness and about others, and I want to become better and do well for other people.\textsuperscript{255}

It should be noted that patients express their hope that Naran will develop far beyond the medical centre proper, evolving from a Tibetan clinic into a cultural and leisure centre, which will provide courses on Eastern martial arts and will organise lectures and exhibitions.\textsuperscript{256} This seems to indicate that for these patients the consumption of Tibetan medicine has turned from a medical treatment into a life-style choice.

\textbf{Patients’ First Impressions of Tibetan Doctors and the Building of Trust}

In general, trust between a doctor and a patient is very important. In the case of alternative medicine, it becomes especially so. Trust-building is a complex process. It is also reciprocal. Patients need to trust their doctors in order to be able to concentrate on the process of treatment and to follow the doctor’s prescriptions as strictly as possible instead of worrying about whether or not the chosen treatment is correct. However, doctors also need to develop trust in their patients. They need to know that patients will follow their prescriptions. Another important point is that the information they receive from patients about their condition is correct. There were several cases when, at the time of initial diagnosing and consultation, patients deliberately gave doctors incorrect information about their condition in order to test the diagnosing skills of the doctor.

\textsuperscript{255} From the interview conducted at the Naran clinic on June 2009.
\textsuperscript{256} Patient K, male, interviewed in the foyer of the Naran clinic located near Voikovskaya tube station. Also from many patients’ remarks and suggestions contained in the Naran book.
Sometimes the patient’s and doctor’s diagnostic explanations of the causes of a patient’s health problem differ greatly because of the cultural clash. For most patients their biomedical diagnosis makes sense, while Tibetan doctors explain a patient’s health problem in totally different categories. In the cases I studied, some patients did not trust their doctors even at the later stages and decided to opt out of treatment process before the healing course had been completed. In such cases, the problem of trust is not necessarily a matter of Tibetan medicine only but, rather, a personal ability or inability of such patients’ to trust people in general, be it Tibetan doctors, biomedical doctors or any other people. In most other cases, trust is built gradually in the course of treatment. However, most patients claimed that a diagnosing procedure during their first visit to Tibetan doctor was a crucial moment for trust-building.

As patient C. recalls:257

The first impression was very strange. We were amazed that the doctor did not have anything in his hands, no instruments at all. Not even the stethoscope! He didn't send us for any tests. So my first impression of the Tibetan doctor was puzzlement.

Patient J. still vividly remembers her first visit to Tsering:

The doctor looked at me silently for a few moments, then took gently my right hand palpated my pulse and closed his eyes. At the beginning I thought that the doctor was acting, that it was just part of a performance, like incense on his table and decorations on the walls of his office. (Now, after three years of treatment, I see the meaning behind all the doctor’s words and actions.) Well, after he checked my pulse, he looked at my urine sample (all patients are required to bring their urine each time they visit the doctor). I remember that I thought: what can you tell by just looking at the bottle with urine? One needs to do tests! I started to get disappointed. And then he started to tell me what my problems were, I was shocked and amazed and I busted into tears. It was so unexpected. He then also asked questions to clarify things he did not see properly from the pulse. And I answered honestly all of his questions. The night before my visit I

257 Interview conducted in St Petersburg, October 2008.
decided that I will not tell him anything and will let him guess from my pulse. I did not want to make the diagnosing process easy for him. But the diagnosing process was the turning point. It was like magic, and still everything he told me was true and his questions were all relevant for my case. He was not asking random questions in order to collect information about my condition. You know, like all these fake healers (tselitelë) and para-psychologists (ekstrasensy) do, they ask questions in order to find out as much as possible about you and then later tell you the same information about you, but in different words.258

Patient F shares her observations on the doctor-patient relationship, building of trust and the role of interpreters during the appointment:

I like that when you visit a Tibetan doctor you do not need to get undressed, another good thing is that you do not need to tell about your health problems or about what bothers you, if you do not want to, the Tibetan doctor learns about your health problems from listening to your pulse and looking at urine sample. The doctor occasionally asks questions, of course, but, I want to point out, that our Tibetan doctor is not particularly talkative or curious. However, I have noticed long ago, that he is a very attentive listener. When you tell him about your complains, we talk through an interpreter of course, (though I think he understands Russian by now, since he has been living in Russia for more than fifteen years, as other patients tell), or when he checks your pulse, he is all ears. I like going to his office for my appointments. I trusted him from the very beginning. I was never concerned by the fact that he did not ask for biomedical tests. I think in the case of Tibetan medicine it is unnecessary, since a Tibetan doctor is able to detect changes in our pulse and urine. Is it not some kind of test too? Once, just by looking at my urine sample, he detected that I had eaten watermelon which I was not allowed to eat during the treatment. But it was summer and the weather was hot, so I yielded to temptation. I still remember vividly how surprised I was that he was able to detect this at once. Such things generate trust between the doctor and patients. The only thing I would want is more talking during the appointment. Sometimes I feel the need to speak to him

258 Interview conducted in Moscow, July 2009.
about my condition in greater details. However, I understand that the timeslot is only fifteen minutes and other patients are waiting for their turn. Besides, I know what patients are like, if you allow them to talk as much as they want, they will never stop. Undoubtedly, this will cause psychological inconvenience to the doctor and will increase waiting times. Another thing I feel restrained by is the presence of an interpreter. At the beginning, I felt uncomfortable that I had to confide my health problems to a third party. Besides you always doubt, if the interpreter is able to accurately translate every word. I know that one of his interpreters speaks Tibetan. I believe they understand each other well, but other interpreters speak only English. My son says that English translations are sometimes inaccurate and too general. The only hope is that the doctor does not need words and is able to see our disease by his fingers when he reads pulse.259

Usually, patients who decide to complete the course of treatment are able to maintain trust in their doctor during the entire course of treatment and continue to evaluate highly Tibetan medicine even in cases when treatment fails. They justify effectiveness of Tibetan medicine by using a variety of explanation modes. For example, when at the initial stages of treatment patients did not experience any drastic reactions from the part of their bodies, they were warned of by the doctors, they explain this by the fact that Tibetan medicines are very mild and work slowly. When only minor positive changes in their health condition are taking place, and even in cases the treatment fails, some patients continue to defend Tibetan medicine, at least against attacks of ‘non-users’ of Tibetan medicine. They maximize positive effects and blame unsuccessful treatment either on disease or on themselves, explaining that they were not always strict in observing doctor’s recommendations.260 The following extract from the story of patient O is very instructive:

At the beginning, I was very surprised that Tsering prescribed very mild remedies. When I started taking them, I didn't feel any changes or strong

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259 Interview conducted in St Petersburg, October 2008.
260 It is worth noting that patients whom I interviewed never complained about the quality of a particular translation, in the cases where such translation was necessary, or blamed wrong translation for unsuccessful treatment, though some patients doubted if the translation was accurate. However, some of the interviewed patients were concerned about the consequences of wrong translation for the success of treatment. Most importantly, none of the patients blamed low skills and knowledge of a particular Tibetan doctor for unsuccessful treatment.
reactions because of them. I was taking them already for several months and I didn't feel any improvements or any changes at all; I didn't feel any dizziness or weakness. The only thing was that I didn't sleep well, especially I had difficulties with falling asleep. When the doctor questioned me, I complained that sleep was a problem, and it improved quickly once I started to take Tibetan medicine. Otherwise I didn't feel any strong influence on the part of Tibetan medicine. Perhaps it was getting a bit better: I became more energetic and more cheerful, especially when I changed my diet according to the Tibetan doctor's recommendations. I tried to follow diet recommendations as strictly as possible. However, at the beginning I continued to drink Kefir, because I was used to do that and it was always considered healthy. But when Tibetan doctor noticed and commented that I was drinking something sour, I gave it up. … The only food I was not able to give up was strong coffee. I know I should have stuck to prescribed diet from the very beginning.

Here is another recollection of the patient’s first visit to a Tibetan doctor, which illustrates well what patient considered important and what not when he encountered Tibetan medicine:

I went there with my sister and my little nephew. We were not impressed by the setting: the waiting corridor was draughty and rather shabby, and one could immediately see that renovation has been long overdue. Toilet facilities were in even poorer state. There was no tea or water. The waiting area was crowded with people sitting and standing, sick children, elderly people, their relatives. Yet we were not scared off by that and decided to wait. If there are so many people waiting, we thought, this might mean that they eventually would get help – otherwise why would they come and wait? After two hours of waiting, we were invited in. The doctor was small and skinny, but there was something about him. Something like power of mental, rather than of physical, nature (since he was small), I suppose. He checked my nephew’s pulse, looked at his urine sample, and then he examined his eyes and skin, hands and feet. My nephew always cries [when being examined by a doctor], but this time he was quiet, which, we thought, was a good sign. I think, he starts crying when he sees white medical robes, but the doctor wore a darkish suit. He looked very exotic, having an Asian
face with long dark hair and a European suit – an exotic combination. Anyway we liked him for some reasons at once. He looked calm, wise, and understanding. There was a particular feeling about him: you look at him and find yourself trusting him with treatment and with everything else. He did not take any money for his consultation or for my nephew’s medicine. That was our first impression. And now all the family goes to the doctor.

Coping with Culturally Conditioned Medical Differences

The doctor-patient interactions aiming at finding an appropriate treatment procedure initiate a complex process of mutual counter-adaptation of two different culturally conditioned medical systems represented by doctor and patient.261 Usually, cultural collisions slowly diminish, since nowadays patients can read books about Tibetan medicine, attend popular lectures on Tibetan medicine organised in Naran clinics or in the Tibetan House262 in Moscow, and experienced patients share their insights with newcomers. But most importantly, patients like to see that the treatment works and, significantly, most are not so keen on knowing how exactly it works.

Native Tibetan doctors are also more able now (comparing to the 1990s) to adapt themselves to the needs of Russian patients and can explain certain concepts in the terms that are intelligible to their clients. My interviewees think that contemporary Russian society is better prepared nowadays, than in the Soviet period, for the adoption of systems such as Tibetan medicine into their conceptual framework. The following excerpt from an interview with patient O illustrates this point well:

Our contemporary society is less materialist (the patient compares today’s and Soviet Russia - IM). We are now better equipped for comprehending and appreciating spiritual things. Many people, even if atheists in the sense that they

261 In the cases when doctor practicing Tibetan medicine is not ethnical Tibetan and thus culturally belongs to the same world as his patients, this process of cultural counter-adaptation happens at the intellectual level when the doctor tries to adapt and explain the Tibetan system for the benefit of his patients.
262 Tibetskii Dom [Tibetan House] in Moscow was founded in 2004 with the support of Robert Thurman, the president of the “Tibet House New York”. The president of “Tibet House Moscow” is Elena Vrublevskaya, a journalist and an artist. The House aims at introducing Tibetan traditions, art, and philosophy to the West. Tibet House in Moscow organises annual cultural and art Festivals and is engaged in various educational activities and charity. For further information see their website Stable URL: http://www.tibethouse.ru/index-en.php Accessed: 05/02/2010 21:14.
do not believe in God proper, believe in the presence of supernatural powers, acknowledging that not all things are material or can be explained by means of the framework of materialism. Twenty years ago I would not have even tried anything like Tibetan medicine. I would laugh at a Tibetan doctor. And now, when the doctor tells me that I should lit incense in my room every night before going to bed, I comply. The doctor says that this will improve my sleep and will purify my room from spirits. I think our apartment block stands in a ‘bad’ place, you know where negative energies get accumulated for some reasons. May be I attract these negative things. (The patient is laughing.) I don not know. But I trust my doctor and I feel much better and stronger after one year of treatment. I will continue, I think. Certainly, it will not harm to take herbs.263

However, cultural misunderstandings still often prevent patients from understanding adequately the concepts of wind, spirits or harmful influence. Sometimes patients insist on getting a precise diagnosis of their health condition, or try to relate Tibetan disease(s) to biomedical one(s). In such cases native Tibetan doctors, who are not familiar with biomedicine, limit their explanations to naming affected organs and bodily systems and to indicating which medicine will cure which parts or affected areas of the body. While the doctors, who have biomedical training, for example those working for Naran, switch to biomedical terminology or more often use terminology of both systems interchangeably. When patients hear familiar concepts, such as affliction of blood system, problems with bones, they calm down and get ready to listen more attentively to the doctor’s explanations and try to understand and reinterpret unfamiliar concepts. They also eventually accept that, in spite of the fact that Tibetan medicine conceptualises and names their diseases differently from the biomedical system, this does not mean that treatments are ineffective. On the basis of data obtained from the interviewed patients as well as my personal observations made during my work as a translator of a Tibetan doctor for two years, I can suggest that another issue is that many people are convinced that one should believe in Tibetan medicine in order to be successfully healed. As later some patients confess, at the beginning of the treatment they did not believe in the effectiveness of Tibetan medicine. This lack of faith which, supposedly, was important for the success bothered many of the patients until they

263 Interview conducted in St Petersburg with patient O, July 2009.
realised that believing was not important, as long as one observed prescribed diet and took medicine regularly. That is how patient L recollects his concerns at the beginning of treatment, this case provides an excellent illustration of the meeting of two cultures (‘I am a Soviet person’):

I had a backbone problem. I was unable to stand or walk because of acute pains. Besides, my mental state was unstable as a result of a shock I experienced shortly before my backbone pains started. I was desperate: no one would be able to help me, heavy painkillers was my only resort. My relatives took me to a Tibetan doctor. Though I liked the doctor and the atmosphere in the clinic, I was still very skeptical about taking herbs. I knew one should believe in such things in order to make them work. But I am a Soviet person, I do not believe in God and in such things. I was sure the doctor would not be able to help in my case. And it took a long time before I felt first signs of improvement. If my relatives would not insist on continuing, I would have given it all up. And, who knows, may be I would have been now in a wheel chair. But look at me: I can stand and walk. I am forty seven and I do not believe in supernatural forces. I know everything has a rational explanation. I can tell new patients: do not rack your brain thinking about things you can not explain, leave it to scholars, I am sure one day they will come up with rational explanations. What is important is that you take your medicines daily and stop eating certain foods, and your body will soon be back to normal. No mysteries!264

As mentioned before, Tibetan medicine does not include biomedical tests. However, patients, being used to this system, often bring their tests for the first consultation. Later they may also continue testing to monitor changes in the course of treatment. Demonstrating their adaptation to the environment, nowadays Tibetan doctors in Russia use these tests in order to confirm the results of treatment. However, they use these tests unprofessionally, since they are not properly trained to interpret them. In fact, they use them similarly to their patients, who, as lay persons, cannot interpret tests professionally either and mainly derive from them information on

264 Interview conducted in Moscow, July 2009.
possible improvements in their health condition. For instance, at the beginning of treatment, patients complete ultra-sound test to confirm the size of stone in their kidney or gallbladder. After half a year, they repeat tests in order to check on developments, to see whether the stone has become bigger, shrank or dissolved completely. The cholesterol level is also monitored with tests. It is patients who explain to Tibetan doctors that cholesterol is a substance that blocks blood vessels.

Some patients prefer to combine Tibetan medicine with biomedicine, and even some biomedical doctors now give patients special Tibetan medicines in order to facilitate digestion and action of antibiotics. Although patients value Tibetan medicine for the absence of known side-effects, they also acknowledge that diagnostic means are more precise in biomedical system. And, in fact, they exercise influence on doctors, so that now more and more Tibetan doctors try to use biomedical test results to adjust and fine-tune the treatment. Thus patients eventually play important role in changing doctors’ attitudes and expanding their conceptual horizons.265

Patient E admits that, at the beginning (eleven years ago), her Tibetan doctor always became tense [nastorazhivalsia] when she attempted to discuss European medicine with him or compare his diagnosis to a biomedical one. She thinks that his behaviour could be explained by the fact that he was not familiar with biomedicine and did not feel comfortable, when discussing these matters. However, he never objected to his patients’ combining Tibetan medicines prescribed by him with biomedical drugs. She remembers that, when she asked his permission to combine Tibetan and European medicines, he agreed. Yet she felt that he was offended by her wish to use another healing method in addition to his treatment. Again, she thinks this was because he did not understand at that time that European medicines were more effective for certain conditions. However, Tsering’s attitude changed over time, according to my interviewee and my own personal observations. Originally, he used to promise that stones would dissolve with the help of Tibetan medicine alone, without a surgery. In particular, Tsering persuaded a female patient to treat her thyroid gland with Tibetan medicine, without surgery, which ended up with a surgery anyway. Now, in cases when a patient has a large stone in the gallbladder, he advises to undergo surgery. After [this surgery]

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265 From the interviews and my own personal observations.
he promises to help the patient during the recovering process. He also now refers his patients to ultrasound screening to detect the size of stones.

Patients L. described the interaction of the two medical approaches as follows:

For example, I asked him whether I could take European medicine that dissolved stones in gallbladder, and he agreed on condition that I would make a two hour interval between taking them. However, I have soon given up taking European medicine since I learned that it can cause suppurative infection in gallbladder, which can result in a large-scale surgery instead of laparoscopy, in case I would need one. I hope that Tibetan medicine will help this time. I think, during the years spent in Russia he [his Tibetan doctor] learned about abilities of modern European medicine. I also think, that he learned about the limits of his own medicine too when he was faced with his failures in case of my thyroid gland and with diseases of other patients that did not succumb to his treatment. His elder brother works as a Tibetan doctor in Germany. I think, there his brother learned a lot about modern technologies, as they are more advanced there [in Germany] than here in Russia. I am sure that Tsering’s brother shares his impressions with Tsering. I have read somewhere that nowadays at the institute of Tibetan medicine in Dharamsala current students of Tibetan medicine are required to learn biomedical theory as well. However, I believe, that Tsering’s knowledge of modern biomedicine is superficial. Eleven years ago he advised me against surgery and now, comparing the treatment of other patients, I see that he tends to recommend such treatment.

I have recently read memoirs of Dalai Lama’s mother, about their times in Tibet and later in exile in India. From this book, I learned that someone from the Dalai Lama’s family went to the UK to be operated there. So they do not deny modern technologies such as surgery, though they grew up with Tibetan medicine. They also took European [= biomedical – IM] drugs there when, for instance, a more urgent help was needed, or a strong effect was required. Though, I think, there must be some means of urgent help in Tibetan medicine as well. There must be something.
A few years ago, they said, it would be good if doctor [Tsering (?) – IM] would work in some place where one might undergo (medical) tests, ultrasound research – that would be convenient. Now I receive treatment of my health problems from European doctors, but I do not give up consulting my Tibetan doctor, for I had thrush after antibiotics and I was unable to overcome it by means of European drugs. I took a course of treatment three times, and the Tibetan doctor gave me pills, and all was gone.266

Doctors also have in their possession culturally specific concepts that they try to adapt for their patients and slowly familiarise patients with them. According to Tibetan medicine, some of the diseases are caused by harmful actions of evil spirits, demons and naga.267 Tibetan medicine has elaborate classifications of such diseases and forces that cause these conditions, as well as medicines to combat their attacks. Doctors can not tell patients straightforwardly that they are attacked by demons, as they realise that such statements may confuse and even scare the patients away. In order to avoid this, doctors initially tell patients that they are unprotected from various negative external influences. Later, doctors could tell patient that such condition in Tibetan medicine is described in terms of a spirit attack and that under this term one could understand the negative climatic and environmental influences. The next and most important stage of explanation will be explaining to the patient why he/she might become a target for a spirit attack. Here doctors may explicate the complex system of the rules of harmonic interaction between a person and nature. According to Tibetan medical tradition, such system is based on a balance of natural forces people are not always aware of. Violation of this balance may eventually attract negative influence. Below I give an extract from an interview which shows how one of the Naran’s patients explains his condition as being affected by harmful influence as a result of improper behaviour. From what follows, it is clear that this patient believes in supernatural phenomena, yet, tries to explain them with reference to science. Overall, here we see a good example of the appropriation by a consumer of Tibetan medicine of a foreign culture as his/her own. This is done, exactly as Lotman’s theory suggests, by attempting to identify in Tibetan

266 Interview conducted in St Petersbrg, July 2009.
267 See note 201 on page 97. In Tibetan medicine, it is believed, that diseases caused by these creatures require conducting of certain rituals and prayers.
medicine and Buddhist culture some elements which look similar to the patient’s Soviet and Russian experiences.

The Buriats and Mongols, as well as people in other countries where Tibetan Buddhism is practiced, know very well that on certain days people should not dig or cultivate land. One should consult astrological calendars to check which days are appropriate for digging and which are not. Tibetans say that the creatures called naga, which live underground, at certain dates come very close to the surface, and if someone digs land on such a day, they can injure naga. This will inflict disease on the person who carelessly injured them. Thus disease can be any; in my case it was acute skin rash. Medicines that my biomedical doctor prescribed did not help much. But I think what Tibetan Buddhists call naga is equal to ‘our’ energy fields. You know there are geomagnetic forces, geomagnetic waves. It is not always possible to say what we are dealing with in some cases. For example, everyone knows that there are good and bad days for flights. On certain days there could be strong energy releases from inside the Earth. There were several cases of airplane crashes, which were caused by unexplained strong turbulence. Scientists think these disasters were caused by outburst of geomagnetic energy waves from fractures in the Earth crust. Tibetans also say that one should not litter in the forest and springs, that one should not destroy flowers, break branches of trees. I am not sure about naga in this case but I think these are simple rules that people should observe if we want to preserve nature for our children. In the Soviet period people were educated about such things. And Russian peasants were always very close to nature and would observe such things strictly.268

How patients understand relationship between Tibetan Medicine and Buddhism

Only a minority of patients of Tibetan doctors in Moscow and St. Petersburg are Buddhists. However, from popular literature on the origins and main concepts of Tibetan medicine or from their conversations with doctors or with other patients, some

268 Interview conducted in St Petersburg, September 2008.
patients learn about Buddhism and about the Buddhist interpretation of a connection between emotions and behaviour, on the one hand, and diseases, on the other. Below is the outline of the main Tibetan medical concepts as seen, through the perspective of Buddhism, by one of Tsering’s patients. Here again we find an example of Lotman’s appropriation of foreign culture, as foreign ideas and concepts are claimed to be similar to those with which the patient is familiar:

Even if we look at allopathic medical concepts, we shall see principles regulating diet and seasonal behavior which are similar to those of Tibetan medicine. However, Tibetan medicine has developed a much better understanding of the role of psychosomatic factors in the development of certain diseases. For example, Buddhism recognises three most common deformation of mind (psyche): anger, lust and ignorance. Ignorance does not mean that someone is not sufficiently educated. Ignorance manifests itself in the inability to embrace something new, be it information, circumstances, or state of mind. Ignorant people reject new things and concepts, their mind is not capable of changing and is closed to surrounding world. In this state of mind, people loose ability to develop and to change, and their brain becomes incapable of perceiving and analyzing new information. From allopathic medicine we know that it is important to have healthy and elastic blood vessels, and that the health of our brain is connected to our willingness and ability to learn new things and to adapt to new circumstances. Anger, another important factor which causes diseases, is easier to understand. Anger causes rise of blood pressure. However, another danger is that under the influence of anger people are capable of thoughtless and even criminal actions, since their minds are darkened by negative emotions. Lust is yet another important factor for both Tibetan medicine and Buddhism. What is lust? It can be lack of self-restraint in sexual life or overeating. All this can lead to many serious diseases which, however, can be easily cured by appropriate adjustments in ones diet and behavior. But in order to be able to make these adjustments which, only at first glance, seem easy to make, one should understand these three factors.269

269 Interview with patient D, conducted in June 2009.
Patient G, while believing that a connection exists between Tibetan medicine and Buddhism, is convinced that one does not have to be a Buddhist in order to use the services of Tibetan doctors successfully:

In my twenties, I was interested in European philosophy, as well as Eastern philosophies and religions. I read a lot about Buddhism. I was not converted to Buddhism; it was only my hobby at that time. I must admit that ties, if they exist, between Tibetan medicine and Buddhism, are invisible to outsiders [non-Buddhists? - IM] like me and most of the patients. For example, I do not feel any restrictions as a Muslim when I go to Tibetan doctor. I know that several years ago my doctor received his patients in a datsan. I have never been there myself. It would be an interesting place to visit, I should go there one day. I think when the doctor’s office was in datsan, patients probably were more exposed to Buddhism. I consider it was easier to get interested in Buddhism there, since a Buddhist temple was literally next door. I will be surprised to know if his patients did not visit the temple and its religious ceremonies at least out of curiosity. If I were his patient at that time, I would have done so. I do not know if some of them became converted to Buddhism as a result. It is a pity he moved his office to a business centre. Though his current office is conveniently located, I would prefer the datsan. I think it is a quiet and calming place, with its very special aura.270

There are, however, some patients for whom their involvement with Tibetan medicine is intimately linked with a quest for finding an appropriate system of religious beliefs. The encounter with Buddhism has played a role in this quest. As patient E explains:

Long before I became a patient of a Tibetan doctor, I read a lot of books on Hindu religions, Buddhism, Christianity, almost all that was available at that time. I was actively searching for my spiritual identity. I meditated, went to Christian monasteries. And then I reached a turning point in my spiritual search. I dreamed that there was a dispute over my soul between Buddhist lamas, on the one hand, and Orthodox nuns, on the other. The nuns won and told the lamas

270 Interview with patient G, conducted in June 2009.
that I was now theirs; belonged to them. Though Christianity now plays a key role in my life, I must admit that both Hinduism and Buddhism remain spiritually close to me. [Mne vse eto ochen’ blizko po-prezhnemu.] At one time Bhagavat-Gita (in the translation made by the academician Smirnov) was my everyday reference book. I still keep this book, as it laid my spiritual foundation. I could say that my spiritual development began in the East. I would not be able to understand Christian religion without understanding eastern religions first. Even after I had been baptised I continued to practice Buddhist meditation. However, I never discussed that with my spiritual father [duhovnyi otets], as I am certain that his reaction would have been negative. I talked about this with the nun from whom I learned icon painting, she had been an art historian before she retired to a monastery. According to her, I have been searching faith through my head (mind). It is not a pure faith. [Ty idesh k vere cherz um, cherez umstvennoe poznanie ne kak by chisto vera tak skazhem.]271

**Conclusion**

Patients usually choose Tibetan medicine on the basis of recommendations of people they know and trust and, less often, on the basis of advertising. Patients are pragmatic in their choices, their main aim being to receive adequate medical help with minimal side effects. If necessary, they are prepared to combine Tibetan medicine with other forms of Eastern medicines (this is especially true for patients of Viktoria and Naran), or with biomedicine. However, Tibetan medicine is combined with biomedicine only in cases when health condition of patients requires from them to continue taking biomedical medicines. Otherwise people try to avoid taking biomedical tablets alongside with Tibetan pills. Tsering’s patients, in contrast, rarely combine different healing systems, while they undergo treatment by Tsering. This is because they are discouraged to do so by Tsering. The patients are, by no means, passive recipients of the treatment provided by Tibetan doctors. Instead they actively shape the ways in which these doctors deliver their services in Russia. For instance, the benefits of biomedical testing are now increasingly recognised by Tibetan doctors. For many patients personal contact and confidential relations with the doctor are very important. As for the patient-

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271 Interview with patient E, conducted in July 2009.
doctor power relations, most of the patients are prepared to strictly follow recommendations and prescriptions of their doctors.

Many of my interviewees adopt the approach as defined in Lotman’s theory of the intercultural dialogue, as they search for the prototypes of foreign elements of the transmitting culture among the familiar cultural codes of their own culture.

For some of the interviewed patients, Tibetan medicine and Buddhism were another step in the quest for their individual identities. Such patients showed great interest in other eastern religious traditions and philosophies as well. An interesting finding was the fact that the outcome of this spiritual quest did not necessarily cause them to become Buddhists. On the contrary, for some of them Buddhism appeared to become just a stage on their spiritual journey to eventually becoming Orthodox Christians.
Chapter Four. Constructing the Image of Tibetan Medicine in Contemporary Russia

Introduction

The fascination with Tibetan medicine is an international phenomenon. Its popularity around the globe and its relatively easy adaptation to different cultural contexts exemplifies a successful intercultural dialogue and adaptation of traditional cultural systems into new settings in the contemporary globalised world. The adaptation processes take different forms in different settings, and images created during these processes are also different as they often serve particular locally-specific aims of legitimising and supporting or criticising and rejecting Tibetan medicine. Furthermore, the discourse about Tibetan medicine also serves as a kind of mirror in which cultures of contemporary societies are reflected. Accordingly, studies of the processes of adaptation of new cultural systems also allow us to understand current cultural processes and changes in the identities of people in the recipient society.

As German anthropologist Mona Schrempf rightly observed, Tibetan medicine has never been a homogenous fixed system immune to external influences and changes. Through its history Tibetan medicine has been constantly changing in Tibet itself, being revised and reinterpreted. In contemporary settings, Tibetan medicine continues to develop and change, being influenced by ideas and concepts from outside. At the same time, being involved in intercultural dialogues, it is also being appreciated, conceptualised and changed in various kinds of recipient societies. As a result, some of the images are created by Tibetan doctors themselves and the Tibetan diasporas in order to facilitate the processes of adaptation of Tibetan medicine at a global level. Some others may be constructed by the cultures of recipient societies as they attempt to make sense of Tibetan medicine and to familiarise members of these societies with the new concepts and methods originating from Tibetan medicine. Within the international context, these two processes result in depicting Tibetan medicine in two different and somewhat conflicting ways. On the one hand, in order to meet expectations of

\[\text{Schrempf (ed.), } \textit{Soundings in Tibetan Medicine.}\]
‘Western’ customers/consumers and to enable Tibetan medicine to compete with biomedicine, Tibetan medicine is often portrayed, above all by (native) Tibetan doctors, as a truly scientific system. Such representation threatens the integrity of Tibetan medicine, since, under this perspective, its traditional ‘supernatural’ and/or religious elements can be cast away. On the other hand, Western recipients of Tibetan medical tradition may excessively present it as a uniform spiritual holistic tradition which is immune to influences from the outside world and which had come down to us from ancient times in an unchanged form. In this way Tibetan medicine is legitimised as something ‘unchanged, ancient’ and highly ‘spiritual’, and it is indeed to a large extent for these attributed qualities that Tibetan medicine has gained popularity in the European world, including Russia, and the United States. This image does not correspond to reality either, since, as argued earlier, Tibetan medicine, as a living tradition, has been constantly changing in Tibet and in the other areas to which it is indigenous, being revised and reinterpreted through its history, as well as in contemporary settings internationally by many different users. In fact, the very concept of ‘tradition’ is, of course, problematic, as what at any given time is presented as a tradition, rooted in the past, is, in fact, the reinvention of this past for current uses.

This chapter studies how Tibetan medicine is represented in the Russian cultural setting in the last twenty years. It offers insights into how the image of Tibetan medicine in contemporary Russia is created among the general public by popular books on the theory and practice of Tibetan medicine, as well as in newspapers, television documentaries, films and the Internet. The main focus is again on the intercultural dialogue between the recipient’s culture and Tibetan medicine and representational

273 Ibid.
274 See, for instance, Hobsbawm and Ranger (eds.), The Invention of Tradition.
techniques and adaptation strategies, which are employed by the promoters of Tibetan medicine. It will analyse how cultural differences are treated and what symbols and images are exploited in order to make Tibetan medicine not only comprehensible but also appealing to Russians as consumers of this medical tradition. Importantly, this chapter will also examine attempts that are made to promote and publicise Tibetan medicine by linking it to the key debates about a broad interpretations of Russian history and its contemporary situation within the context of post-communist Russian nation-building.

Representations of Tibetan medicine in Russia are balancing between two conflicting trends: (i) the one which stresses the exoticism and uniqueness of Tibetan medicine, and (ii) another, which connects Tibetan medicine to Russian cultural heritage via Buriatia, also emphasising the universal roots of Tibetan medicine and its belonging to the cultural heritage of all humankind. The image of Tibetan medicine, as constructed in Russia, does not, of course, necessarily provide an objective and thoroughly complete picture of Tibetan medicine, but rather an idealised depiction which is produced through a dialogue between various participants inside the Russian cultural space. Some parts of this image may be similar to the image of Tibetan medicine created in other European societies, while other aspects seem to be specific to Russia, being influenced by popular stereotypes, cultural values and conceptions of illness and health peculiar to Russian culture.

The material analysed in the present chapter is derived from popular literature aimed at a broad public, such as popular books on Tibetan medicine, popular periodicals, newspapers and electronic media. Since the focus of the chapter is the construction of the public image of Tibetan medicine, books written for the public (wider audience) and easily accessible in bookshops or in public libraries are given preference to specialised medical journals, academic articles, scientific books and abstracts, which are not considered.

The case of Russia, which in the last two decades has experienced the collapse of the state and a major transformation of its main political, social and cultural institutions, is particularly interesting in this context, since the study of the scenarios of cultural adaptation of Tibetan medicine in Russia can reveal mechanisms of intercultural dialogue in the context of social and cultural processes that are specific for
societies undergoing major multifaceted transition. Moreover, such a research can also clarify the role which the current debates on national identity and cultural values in Russia play in the success or failure of an intercultural dialogue. The discrediting of the communist ideology and the disintegration of the Soviet Union in 1991, as well as the establishment of the independent Russian state and the market-oriented economic system, have led to a major identity crisis. The Russian intellectual and political elites, as well as the general public, began vigorously debating where the legitimate borders of Russia should be, and the very meaning of being Russian, as well as the place that Russia should occupy on the international arena. These issues are still hotly debated and contested today. Identity construction is a continuous process in all societies. However, in societies undergoing major transition, the construction of a national identity and issues pertaining to this process become particularly prominent and deeply affect other processes, such as the adoption and interpretation of ‘foreign’ cultural frames. In sum, debates which involve concepts of ‘self’ and ‘other’ are more intense and, moreover, as will be argued, the intercultural dialogue is particularly likely to be used for political purposes.

West European and North American perceptions of Tibetan medicine also appeal to nostalgic cultural codes inside these societies. However, Western interest in Tibetan medicine seems to be more limited as compared to what we observe in Russia. When West Europeans and North Americans conduct ethnographical research in the areas where Tibetan medicine is native they usually work abroad and solicit help from local scholars and doctors. Russians, in contrast, can explore their own home-grown tradition in the form of Buriat medicine. Furthermore, in Russia, where the society is preoccupied with issues regarding Russia’s place in the world, integration of Tibetan medicine into national debates is intense, going beyond the scope of medicine proper, thus often becoming a political choice.

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278 Tibetan medicine is used extensively in national identity politics in Buriatia.
As already mentioned in chapter one, Tibetan medicine is not new to contemporary Russia. First encounters with Tibetan medicine (in its Buriat variant) in the European part of Russia are dated to the nineteenth century. However, further development of this intercultural encounter was seriously hindered during the Soviet times, when officially practicing Tibetan medicine was banned and Tibetan doctors were prosecuted. Since perestroika, after years of relative isolation from the outside world, Russia has become very open to other cultures and foreign influences. However, nowadays the market for Tibetan medicine in European Russia is more complex than in the nineteenth century, and it does not amount to just one clinic in St. Petersburg, as it was in the late Imperial period. In this respect, it is instructive to take a closer look at several broad aspects of this accommodation of Tibetan medicine into the contemporary social context of Russia: how does new Russia cope with these multiple foreign influences? How are they comprehended by the people? Which elements are identified as unimportant and which elements of Tibetan medicine stay or even become flagged up as more valuable for Russian customers?

The chapter consists of two parts and conclusion. The first part offers a short summary of the main patterns of the image-making process of Tibet and Tibetan medicine formed in Russia in the nineteenth and twentieth centuries (up to the end of the Soviet period). Various images of Tibet constructed in Europe are also briefly considered, where relevant, in order to compare and emphasise features distinctive to Russia. This part opens with a brief discussion of milestones in the history of Russia which were important for the construction of the image of Tibet and Tibetan medicine. Subsequently, images of Tibet created in Russia, in comparison to the British image-making process (which is also relevant to other European countries) are discussed. Finally, the images of Tibetan medicine in Russia and the impact on them of broader representations of Tibet in general are considered.

The second part considers the main images constructed in contemporary Russia and offers answers to the following two main questions: what images are used to construct popular representation of Tibetan medicine in contemporary Russia and how are these images utilised in the current debates pertaining to national identity and Russia’s role in contemporary world? These images are further analysed to detect whether in contemporary Russia there is a cultural break from the negative image of Tibetan medicine constructed in the Soviet period, a continuity with this image, or a complex mixture of both. It will further be investigated whether these changes in the
way in which Tibetan medicine is represented are linked to the changes in the discourse of identity. In this section, the main topics discussed in the books and journals which are relevant for the creation of the image of Tibetan medicine will be reviewed. The chapter then turns to examining the main ideas and strategies used for the construction of the image of Tibetan medicine in literature and the media and the underlying reasons for the choice of certain images. In the Conclusion, I recapitulate the main issues peculiar to the construction of public image of Tibetan medicine.

The construction of the image of Tibet and Tibetan medicine in Russia in the nineteenth and twentieth centuries

In Russia, as in other European countries, the first constructors of the image of the East were explorers of newly gained or targeted border territories - officers, diplomats, traders and missionaries. These people produced travel accounts, recorded words and phrases from indigenous languages and left a variety of diplomatic and ethnographic documents, thus becoming the first creators of the image of the East in the Russian public conscience. From the nineteenth century onwards, along with these empirical studies on Eastern peoples and societies produced by explorers and diplomats, academic Oriental Studies had been developing within the Russian Academy of Sciences.279

The first cultural contacts between Tibet and Russia can be dated to the early seventeenth century. These contacts had the form of religious (including medical280) and cultural exchange on a local scale between Tibetan and Mongolian lamas, on the one hand, and Buriats, who by that time became subjects of the Russian tsar, on the other.281 However, it was only in the nineteenth century that the public in the European part of Russia became acquainted with Tibetan Buddhism and Tibetan medicine. Firstly, in the second half of the nineteenth century, Russian scholars undertook the first systematic ethnographic study of the peoples of Siberia and of the lower Volga River region, including the Buriats and the Kalmyks, in order to collect information about their

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280 Medicine was part of the Buddhist traditional monastic curriculum.

281 In 1741, Tsarina Elizaveta Petrovna issued the royal decree, which officially recognised Buddhism as one of the state’s religions. The decree also regulated the number of Buddhist dugans and lamas who were serving there. Lamas were exempt from many taxes and duties of that time.
cultural and religious practices for the Russian imperial administration. Secondly, at the beginning of the twentieth century, Russia became politically interested in Tibet and, accordingly, initiated a study of its geography, political system, culture and religion. For these purposes Russia used its Buriat subjects as the first explorers of Tibet, who, under the disguise of Buddhist pilgrims, travelled as far as Lhasa, producing first accounts, maps and photographs. These descriptions of the Buriats, Kalmyks and Tibetans, their cultures, languages and religions nourished public imagination and served as the main sources for the construction of the public image of Tibet in Russia at the turn of the century. Another important factor was the influx of Buriats, as well as members of other eastern ethnic minorities, into institutions of higher education in St. Petersburg. Particularly, the alumni of St. Petersburg University later became active participants in the cultural and even political life of the Russian Empire, thus further shaping the image of the East in Russia.

Since the nineteenth century, the following images of Tibet, which have survived in Russia with some changes till today, both positive and negative, have been formed. On the one hand, Tibet has been imagined as a place of high pristine spirituality, where the population preserved some long-lost universal wisdom that has yet to be rediscovered by Europeans. On the other hand, it was imagined as a backward and barbaric place, inhabited by faithless, deceitful and insincere people. These images are similar to those which are found in the British accounts of Tibet and its people. There is one important distinction between these two pictures, however. In Western Europe, Tibet has been mostly imagined, first of all, as an exotic, alien and remote place, which is closed to outside influences. By contrast, in Russia, Tibet has been regarded, if not as a neighbouring country, than, at least, as less exotic and remote. This could be explained by Russia’s geographical closeness to the ‘East’ as well as by the presence of eastern minorities, above all the Buriats, among Russia’s subjects and citizens who have been maintaining close cultural ties with Tibet since early modern period and for whom Tibet has often been a model in cultural and religious life. These two contradictory representations of Tibet are not mutually exclusive, however. Both

282 See Tolz, European, National, and (Anti)-Imperial.
283 One of them was Gombozhab Tsybikov, who visited Lhasa during 1900-1901, thanks to the help of the thirteenth Dalai Lama's advisor and Russian agent Agvan Dorzhiev. Przhevalskii Nikolai Mihailovich (1839-1888) and Kozlov Petr Kuz'mich (1863-1935) organised expeditions to Central Asia to explore territories adjacent to Tibetan borders.
285 Dodin and Räther (eds.), Imagining Tibet.
European and Russian explorers and travelers often described Tibet in dual images in which Tibetans were presented sometimes as backward and barbaric, and yet often, simultaneously, spiritual and noble.

In the early twentieth century, in particular, Tibet as a spiritual place was attracting and holding the imagination of Russian mystics, philosophers and writers as well as of ordinary people. It was associated with special mysterious and miraculous powers and universal wisdom. Although at different periods of Russian cultural history many people participated in the creation of this image, two persons have particularly contributed to its elaboration. It can be argued that they were particularly responsible for rooting this image in Russian culture. The first is Elena Petrovna Blavatskaya, one of the founders of the Theosophical Society. This society, founded in New York in 1875 for the study of magic and occult sciences, soon became popular in Russia and played an important role in establishing ideas about the universal brotherhood of men, Oriental religions and philosophical systems, Shambala and the mahatmas. The second person is the well known symbolist painter and thinker, Nikolai Konstantinovich Roerich, who was strongly influenced by Blavatskaya’s ideas. In 1927, together with his wife Elena, he organised an expedition to Tibet in search of Shambala and mahatmas.

Later in his works he also contributed to the construction of the mysterious spiritual image of Tibet by elaborating a myth of Shambala and linking it to the prehistory of the

286 For instance, George Gurdjieff (1886-1949), Petr Demianovich Uspensky (1878-1947), Elena Blavatskaya, Vladimir Sergeevich Solov’yev, Elena and Nikolai Roerichs. For further information on occult see Carlson, No Religion Higher than Truth; Rosenthal (ed.), The Occult in Russian and Soviet Culture.

287 In the Tibetan tradition, Shambala is a mythical kingdom, ‘Pure land’, which is invisible to our world and accessible if at all only to a spiritually advanced individual. In theosophical tradition, Shambala is a secret region in Tibet where mahatmas live, and from which they direct the development of the mankind. Shambala is also mentioned several times in ‘Living ethics’ written by Elena and Nikolai Roerich. Roerich argued that Russian Old Believers’ legends about Belovod’e [White waters country] were borrowed from the Shambala myth. In the West, Shambhala myth possibly inspired James Hilton’s 1933 novel Lost Horizon, in which he describes a secret land Shangri-La somewhere in Tibet inhabited by spiritually advanced community guided by a catholic monk. J. Hilton, Lost Horizon. London: Pan Books in association with Macmillan, 1980. For further information on Shambala and Shangri-La mythology in the West, see M. Braun, in Zusammenarbeit mit R. Koller und M. Vock, Traumwelt Tibet: westliche Trugbilder. Bern: Verlag Paul Haupt, 2000; Lopez, Prisoners of Shangri-La.

288 Mahatma could be translated as ‘Great Soul’ (Sanskrit mahā - great and ātman - soul). Elena Blavatskaya used this word to name her spiritual mystical teachers from Tibet. According to Blavatskaya, mahatmas are spiritual mentors who guide spiritual development of individuals as well as of whole civilisations. She claimed that she established a telepathic contact with them and that was how she received messages from them. The existence of these mahatmas has been doubted by Blavatskaya’s critics already in her lifetime.

289 Roerich’s expedition to Lhasa (which they never reached) was organised with the purpose of inviting the Dalai-Lama XIII to become also the head of the Western Buddhists, the second goal was to search for Shambala and legendary mahatmas. Henry Wallace, the U.S. Vice President and Secretary of Agriculture, helped to sponsor this expensive expedition. Dodin and Räther (eds.), Imagining Tibet.
Slavs. These ideas of the universal brotherhood continue to exist in contemporary Russia in the form of the Roerich movement. The Roerichs were also interested in Tibetan medicine. In India, they opened a laboratory in their institute Sarasvati for the study of Tibetan medicine and Ayurveda.

Theosophists are also frequently mentioned in the context of the Nazis’ interest in Tibet. However, Nazi ideologists transformed Theosophists ideas, especially those contained in ‘the secret doctrine’ of Elena Blavatsky, about Tibet in conformity with their racist ideology. In contemporary Russia secret Nazi German missions to Tibet still attract public attention. Recently the television channel ‘The St Petersburg Fifth channel’ (the subsidiary channel of ‘The Ren TV’) broadcasted the documentary Secret stories. Secret war in Tibet. The production of the documentary was ordered by ‘The Ren TV’ (the liberal independent television channel). Oleg Aliev, the producer, claims that the documentary is based on materials which have become available only recently after some files from the NKVD archive had been declassified. The documentary exploits the myth that there had been a secret war between Hitler and Stalin over Tibet. It is further claimed that secret missions from both countries had been sent to Tibet to search for ultimate wisdom that could give them powers to rule the world. The documentary ends by hinting that the search for ultimate power continues in Tibet nowadays.

As already discussed in chapter one, in the first quarter of the nineteenth century, Tibetan medicine made its way to St. Petersburg. Reman, who was a doctor in Iurii Aleksandrovich Golovkin’s mission to China (1805-1807), met Tibetan doctor Tsultim Tseden in Buriatia on his way to China, and later invited him to the Imperial Medical Surgical Academy, one of the leading medical institutions of Russia. However, the

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293 For further information on imagined Tibet of Nazi and neo-Nazi, see Brauen, Traumwelt Tibet: westliche Trugbilder.


295 Rehmann, Beschreibung einer Thibetanischen Handapotheke.
untimely death of Tsultim disrupted Reman’s plan to introduce Tibetan medicine to doctors and the public in European Russia. It was only in the second half of the nineteenth century that the Russian public received a chance to experience the healing potential of Tibetan medicine. Sultim Badmaev was responsible for the introduction of Tibetan medicine to the broader public in the European part of Russia. His name became known to Russian authorities in Eastern Siberia in 1853, when they searched for Buriat emchi-lamas to help them terminate typhoid fever epidemic in Chita, and Sultim Badmaev was chosen for this. After he successfully fulfilled this task with the help of Tibetan medicine, the Governor-General of Eastern Siberia Nikolai Nikolaevich Murav’ev-Amurskii arranged inviting Sultim to St. Petersburg and presenting him to the tsar. In the capital, Sultim opened a Tibetan medical clinic and an apothecary. However it was his younger brother Zhamsaran Badmaev (baptised as Petr) who continued to work in the Tibetan clinic after his brother’s death, soon becoming popular and receiving many patients from rich and powerful aristocratic clans and even members of the Royal family. Both in Western Europe and in Russia the time was marked by increasing public interest in exotic Oriental phenomena, be it Eastern religions or medicines.

Petr Badmaev was not only a Tibetan doctor but also a diplomat. Using his connections among high-ranking officials, he tried to realise his ambitious plans in relation to the Far East. His name was surrounded by legends and gossips already during his life. Even nowadays Tibetan medicine in Russia is still associated with Petr Badmaev, and his figure dominates Tibetan medicine in popular imagination, while his geopolitical plans regarding the annexation of Tibet, Mongolia and China by Russia continue to excite some Russians.

296 See chapter one of the present dissertation, page 48 ff.
297 This fact undoubtedly indicates the openness of Russian society of that time to new ideas and foreign cultural influences. However, it remains unclear whether Tibetan medicine would develop in European part of Russia on such a scale if Russian Empire would not be on the edge of collapse. It should also be noted that charismatic personality of Petr Badmaev also contributed to promotion of Tibetan medicine, and his image continues to influence Tibetan medicine in contemporary Russia.
299 This topic was discussed in the recent documentary about Badmaev’s life and his medical and political career. See V. Lutskii (producer), Potomok Chingis Khana ili Kto Vy Doktor Badmaev? [Descendant of Chinggis Khan or Who Are You, Doctor Badmaev?] (Series Zhivaia Istoriia). (Documentary), Production: Ukrainskaia Mediinaia Gruppa, Length: 44 minutes, 2007.
Moreover, his opponents also at times doubted Badmaev’s knowledge of Tibetan medicine. After 1917, Badmaev was portrayed as a monarchist, a carpetbagger and a friend of Grigorii Rasputin, a highly controversial peasant who, because of his claimed supernatural powers of healing and prediction, became very close to the Tsar’s family. The negative representations of Badmaev, as well as the close connection between Tibetan medicine and Buddhist teachings, alongside its perception as unscientific in a Western sense, were among the reasons for banning Tibetan medicine in the Soviet period.  

The context in which Badmaev’s notorious name appears is quite remarkable. In the Russian and Soviet popular press and films, Badmaev is often mentioned alongside Rasputin and the Tsarist family. In Western documentaries about Tibetan medicine, his name is used as a link connecting Tibetan medicine in prerevolutionary Russia with the scientifically verified branch of Tibetan medicine in contemporary Switzerland.  

After the period of intense repressions under Stalin, political and cultural liberalisation under Khrushchev had resulted, in particular, in the emergence of interest in alternative cultures, philosophies and medicines. Film director Elem Klimov’s and writer Valentin Pikul’s works were a reflection of this emerging trend. In the Soviet film ‘Agony’, produced by Klimov in 1976, but released for screening only under Gorbachev in 1985, a somewhat negative image of Tibetan medicine is associated with the personality of Badmaev. ‘Agony’ offers an extremely negative depiction of the Russian high society in the final years of the existence of the tsarist regime and provides psychological portraits of members of the Royal family and of their closest confidants, including Rasputin and Badmaev. In the film, Badmaev is shown as a very tall man, a larger-than-life personality, wearing an expensive fur coat and exotic Mongolian styled

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300 Another reason was that Bolsheviks claimed to base all their knowledge on science (in a Western sense). Tibetan medicine was ‘unscientific’ from this point of view and represented one of the ‘remnants of the past’ which were proclaimed to be incompatible with modernity and in need of eradication in the early 1930s. For further information see Andreev, Tibet v Politike Tsarskoi, Sovetskoi i Postsovetskoi Rossii.  
301 Vladimir Badmaev, Petr Badmaev’s nephew, fled to Poland after the Bolshevik October revolution of 1917 where he established a private Tibetan clinic. His son Petr, named in honour of Vladimir’s uncle, studied Tibetan medicine under his father. In 1969, together with a Swiss businessman Karl Lutz, he organised, first, a scientific study and, later, a production of several of Badmaevs family Tibetan medical prescriptions. See Saxer, Journeys with Tibetan Medicine; F. Reichle (director), Das Wissen vom Heilen [The Knowledge of Healing]. (Documentary), Production: Swiss Film: T&C Film AG, Length: 90 minutes, 1996.  
It is noteworthy how Badmaev’s sanatorium for high-society patients is depicted in the film. A healing séance conducted by Badmaev is held in a barn where his well-dressed rich and influential patients sit in a circle breathing vapors of manure, which, according to Badmaev, was one of the secrets that made Russian peasants healthy. In the film, Badmaev is clearly presented as a charlatan, a cunning person and a shady businessman who influenced the decisions of his high-ranking patients in his favour by means of an odd mixture of psychological techniques, including hypnosis, breathing practices and meditation.

Badmaev also attracted the attention of Pikul’, a popular Soviet/Russian historical (or, rather, pseudo-historical) writer. Pikul’ depicted Badmaev in his novel Nechistaia sila (The evil spirit), first published in the nationalist literary periodical Nash Sovremennik in 1979 under the title U poslednei cherty [At the ultimate/last edge]. In the novel, Badmaev appears as a sly Asian, who, using his Tibetan medical craft, was capable of curing any disease. In return for his services, however, he entangled his high-ranking clientele in his economic and political frauds. Pikul’ depicts Badmaev as a conman who specialised mainly in curing syphilis, improving sexual potency of male aristocrats and reducing sexual desires of females (on request of their husbands).

Most likely, it is from this account that a popular myth about powerful sexual stimulants in the arsenal of Tibetan medicine has originated. Pikul’s image of Badmaev is surrounded by a mysterious atmosphere. His clinic and sanatorium are closed to general public, and his patients never tell what is happening behind the closed doors; his power over his patients is endless, since he knows all their secrets.

Thus a negative image of Badmaev as a charlatan and, subsequently, the image of Tibetan medicine as a fraud can be detected already in ‘Agony’, but Pikul’ offers a slightly new ‘interpretation’ of Badmaev and Tibetan medicine. While Badmaev is still depicted negatively for his political and economic undertakings, he is credited with mystic hypnotic power over people and ability to cure any disease, using the techniques of Tibetan medicine.

It is important to note that the representation of Tibet as either ‘spiritual’ or ‘barbaric’ place is a simplification and does not reflect the full complexity of Tibet even

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303 Archival photographs published in Grekova’s book show him wearing either European dress or Russian military uniform. See Grekova, Tibetskaiia Meditsina v Rossii.
304 So attempt at linking Russian and Tibetan healing practices.
305 V. Pikul’, U poslednei cherty [At the ultimate/last edge]. Nash Sovremennik 4, 5, 6, 7 (1979).
306 In the early nineteenth century, Western Europe witnessed an increasing interest in rejuvenation and enhance of sexual powers with the help of hormones.
as a cultural construct. However, these two above-discussed conflicting images, which originally took shape at the turn of the nineteenth century, have shown remarkable persistence and have survived till today. Not only do they continue to influence representations of Tibet in the popular conscience and are used for political purposes by various interested parties, but they also influence a broader public perception of Tibetan medicine in Russia. The negative image of Tibet as a ‘barbaric’ place is mainly exploited by the opponents of Tibetan medicine in order to support their point that the ‘backward’ Tibetans are not capable of offering anything useful to developed societies. This image harms the prestige and reliability of Tibetan medicine, as it contributes to the underestimation of its healing potential based on the assumption that ‘a backward traditional society’ has nothing to offer to societies which have modern advanced medical technologies at their disposal. At the same time, the mystical image of Tibet continues to fascinate the minds of many Europeans, including Russians, be it people in search of spiritual enlightenment, Buddhists, patients of Tibetan doctors, writers, or general public. This image, in which Tibet is depicted as a sacred and spiritual land, is now also supported and actively used by Tibetan community in exile to promote its interests. In Russia and elsewhere in Europe this image, which exaggerates spirituality and religiosity of Tibetan doctors, is used not infrequently to attract people to Tibetan medicine.

**Tibetan medicine in Russia’s contemporary imagination**

Interesting observations concerning the conceptual and cultural adaptation of Tibetan medicine can be drawn from the analysis of the four key images that are used in popular culture to represent Tibetan medicine. Two of them have been used only recently in the construction of the image of Tibetan medicine. The first image conveys the general notion about the existence of alleged connections between ancient Russia (*Rus’*) and Tibetan medicine, which is supported by the invented stories in popular newspapers telling how the famous Russian medieval prince Aleksandr Nevskii used Tibetan medicine to cure his disease and how the life of the sixteenth-century Russian

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307 Tibetan medicine as a complex cultural construct is adapted into receiving culture on a number of different levels: Social debates; professional representation; popular understanding.
tsar Ivan the Terrible (Ivan Groznyi) was saved by Tibetan doctors.\textsuperscript{308} The second image employed in films (be it films where Tibetan medicine is mentioned just briefly, as a part of the general historical setting, or documentaries, which are specifically dedicated to Tibetan medicine) is the personality of the Dalai Lama.\textsuperscript{309} Meanwhile, the image of Petr Badmaev and a collective image of a Tibetan lama-doctor first developed and utilised in pre-revolutionary Russia and in the Soviet Union, continue to be used today.\textsuperscript{310} However, as we will see, the representation of the last two has changed from negative (especially in the case of Badmaev) to extremely positive after 1991. Let us now look at all these images in more detail, starting with new ones and then talking about how ‘old’ images are adapted to fit new requirements.

Aleksandr Nevskii\textsuperscript{311} and Ivan the Terrible have only recently been introduced into the context of Tibetan medicine. Aleksandr Nevskii, the well known 13th century Russian prince (the Grand Duke of Novgorod and Vladimir), is commonly depicted as a national hero and popularly remembered for defending Russia against foreign invasions of the Teutonic knights and the Swedes (i.e. the West), at the same time adhering to the idea that Rus’ needed to collaborate with the Mongols (i.e. the East). This complex role of Prince Aleksandr in Russian history has become a source of a highly politicised controversy linked to debates on post-communist Russian identity. In fact, attempts by intellectuals to link Aleksandr Nevskii to the issue of Russian identity were already noticeable in the Soviet period and even before the 1917 revolution.

In the middle of the 1990s, the Russian historiography split into two camps in the interpretation of Prince Aleksandr’s story. Some observers, usually defined as pro-Western, argue that Aleksandr Nevskii’s collaborationism with the Golden Horde betrayed Russian national interests, which resulted in the isolation of Rus’ from the


\textsuperscript{310} E. Klimov (producer), \textit{Agonija} [The agony]. (Film), Production: Mosfilm, Length: 2 hours, 23 minutes; Lutskii, \textit{Potomok Chingis Khana ili Kto Vy, Doktor Badmaev}?

\textsuperscript{311} In the pre-revolutionary Russia Aleksandr Nevskii was proclaimed a saint by the Russian Orthodox Church. In the Soviet Union, the image of Aleksandr Nevskii was already popularised on a mass scale in Sergei Eisenstein’s historical film \textit{Aleksandr Nevskii} (1938), which tells the story of Aleksandr Nevskii’s victory over Germanic invaders (the Teutonic knights). During the Second World War, the image of Aleksandr Nevskii was also used as a national Russian symbol of fighting against the German occupation. The image of Aleksandr Nevskii, which is created in this film and in some contemporary accounts of Russian history, is a good example of how historical figures and topics are used as propaganda to make contemporary political points.
West lasting for many centuries. They also claim that Aleksandr Nevskii’s connections with the East could be the reason why Russia is still perceived ambivalently, both at home and abroad, that is, as not quite part of Europe. The second camp, comprising of anti-Western Russian nationalists, (which, in fact, is supported by many members of the political elite) claims that by siding with the Mongols Aleksandr Nevskii defended Russia’s (Rus’s) sovereignty against the West which wanted to subjugate Rus to its domination. They consider Aleksandr Nevskii’s decision positively and glorify him as a saviour of Russian national identity and religion by preserving Rus’ from Catholicisation (another bitter issue in the current identity-related religious debates). In these accounts, the Golden Horde is represented as a state tolerant of all foreign religions and cultures, as well as of social and economic systems of the conquered societies.312

As history plays an extremely important role in the creation of national identities, it is not surprising that in contemporary Russia, Aleksandr Nevskii’s image is actively exploited by the mass media (and, indirectly, by the political authorities), being used to emphasise the long-lasting confrontation between Russia and the West, the latter being represented as a threat to Russia’s territorial integrity and Orthodox Christianity. In the popular imagination, Aleksandr Nevskii is now often represented as a patriotic defender and a symbol of the Russian nation. When in 2008 a state-controlled television channel ‘Rossiya’ organised a nationwide project the Name of Russia (Imia Rossiia) which aimed at selecting twelve most outstanding people in Russian history from five hundred names by voting via the Internet, radio and television, Aleksandr Nevskii topped the shortlist of Russia’s 12 greatest historical figures.313

At the same time, the fact that Aleksandr Nevskii was successfully negotiating with rulers from the East is used by some contemporary politicians to argue that, similarly to the medieval times, Russia should turn to the East, rather than to the West today. Thus the choice of Aleksandr Nevskii as one of the characters to promote a positive image of Tibetan medicine may appear somewhat odd only at first glance. His name is already widely known to the public and, claiming that he used Tibetan medicine for the recovery from some diseases, the image-makers of Tibetan medicine expect to

313 For description of the poll see Stable URL: http://www.nameofrussia.ru/ Accessed: 15/02/2010 10:33, Aleksandr Nevskii and Aleksandr Pushkin shared the first place, Aleksandr Suvorov took the second place and Petr Stolypin - the third.
gain additional supporters from among ordinary Russians. Using the image of Aleksandr Nevskii also helps represent Tibetan medicine as part of Russia’s own tradition of healing. Curiously (but not unexpectedly), this, rather dubious, reference to Aleksandr Nevskii’s contacts with Tibetan doctors is also used by certain promoters of this figure to justify his contacts with the Golden Horde as merely motivated by medical and not political reasons. Aleksandr Nevskii is said to have frequently visited the Mongols to receive medical treatment. This claim does not rely on any historical evidence, however. Most likely, the whole account is nothing but a red herring invented for political and commercial purposes.

The article titled *Zachem Aleksandr Nevskii ezdil v Ordu? Sekretnoe oruzhie Rossii* [Why Aleksandr Nevskii went to the Horde? The secret weapon of Russia], published in the newspaper *Tibetskaia meditsina*, is an excellent example of how Tibetan medicine can be used in the broader context of nation-building in post-communist Russia. The article opens with the claim that some historical sources, which have remained unknown until recently, allow historians to see certain events in a new light, free from usual stereotypes. Then readers are invited to reflect on the reasons of Aleksandr Nevskii’s frequent visits to the Horde. Two different approaches to the interpretation of Russian history are contrasted: (i) a biased approach of unidentified pro-Western, mostly German, historians (allegedly characterised by anti-Russian orientations); (ii) an unbiased approach based on the evidence from ancient Mongolian sources which, it is claimed, have survived in Buddhist monasteries. According to the newspaper, historians adhering to the first approach depict Prince Aleksandr as a servile petitioner who went to the Horde in order to urge the Mongols not to attack the Russian territories. The second interpretation, which the authors of this article promote, portrays Prince Aleksandr as equal to the Mongol rulers. They claim that the fear of the Mongols in Rus’ was over-exaggerated by later historians. Therefore, according to the authors, Prince Aleksandr went to the Golden Horde not to conduct negotiations with the Mongol rulers but in order to receive medical treatment from Tibetan doctors, who served at the Khan’s court. Thus, the newspaper uses a current public debate about how to interpret Russian history for nation-building purposes in

314 Anonymous, *Zachem Aleksandr Nevskii ezdil v Ordu?* Sekretnoe oruzhie Rossii

315 Ibid. The current intense period of Russian nation-building sponsored by the government is characterised by often stressing the opposition between Russia and the West. Therefore, Aleksandr Nevskii, is quite predictably, chosen as the hero of the story due to his role in the Russian history and because his name is already widely known to the public.

316 Ibid, 1.
order to advance a very specific aim – the promotion of Tibetan medicine. Further in the article, the authors develop the idea that turning for help to Tibetan doctors had become a tradition among Russian rulers. They continue to interpret Russian history freely, claiming that, allegedly, Catherine the Great sent presents to the eighth Dalai-Lama in return for her treatment by Tibetan doctors; Aleksandr II, also turned to Tibetan doctors and even invited one of them, namely Tsultim Badmaev to his court; Tsultim’s son, Petr Badmaev, had become private doctor first of Aleksandr III and then of Nikolai II. After the Bolshevik revolution of 1917 this tradition was continued by Soviet leaders and high-ranking political and cultural figures, who used the services of Tibetan doctors, in spite of the official ban on the practice of Tibetan medicine.

Let us consider another example of how Russian history is used by contemporary supporters of Tibetan medicine in order to legitimise Tibetan medical tradition in Russia and simultaneously to take part in the current re-examination of Russian national history. According to the article titled How Ivan the Terrible was cured. The mysteries of the missing library (Kak istselilsia Ivan Groznyi. Tainy ischeznushe biblioteki) published in 2009 in the newspaper Tibetskaia meditsina, the sixteenth-century Russian tsar Ivan the Terrible was mysteriously cured in 1553 from a life-threatening disease with the help of Tibetan medicine, which was well-known in his time but soon forgotten for four centuries, after the books on Tibetan medicine had been lost together with a legendary library of Ivan the Terrible. (A search for this library still attracts many history enthusiasts.) The newspaper further elaborates that Tibetan doctors first served at the court of Chingis Khan, the founder of the Mongolian Empire, however, after Islam had become the official religion of the Golden Horde, those among Mongols and Tibetans who did not want to convert to Islam went to Russia to serve Russian tsars. Some of them were Tibetan doctors. Thus, according to the authors of this article, the tolerance of the tsar Ivan allowed him to use Tibetan medicine for his benefit. Tibetskaia meditsina further claims that Ivan the Terrible sent trustworthy people under the leadership of a certain Ivan Petlin with a secret mission to Tibet.

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317 Though it is true that Tsultim was invited to St Petersburg (thanks to Murav’ev-Amurskii) and introduced to Aleksandr II, who became his God-father, there is no historical evidence that Aleksandr II was using Tibetan medicine.
318 Tsultim (Aleksandr) Badmaev was elder brother of Petr (Zhamtsaran) Badmaev and not his father.
319 Ivan Petlin’s mission was sent to China in 1618-1619 in order to establish connections with China, collect information about neighbouring lands and to check the availability of new trading routes. Ivan the Terrible died in 1584. Thus the story of Ivan Petlin’s mission sent by Ivan the Terrible is an obvious anachronism illustrating the ease with which contemporary image-makers abuse and manipulate Russian history.
According to the newspaper, the goal of the mission was neither political nor economic: Ivan Petlin was instructed to gather information about Tibetan medicine and to bring samples of Tibetan medical herbs and books containing explanations on the preparation of Tibetan medicine. Soon after his return from Tibet, Ivan the Terrible reportedly ordered to open an ‘apothecary hut’ (aptekarskaia izba) in Moscow, which became the first mini-factory for the production of herbal medicine. He also reportedly ordered that medicinal herbs should be collected and brought to Moscow from different parts of Russia. According to Tibet, this shows that Ivan the Terrible was a wise ruler who wanted to make Tibetan medicine accessible to all Russian people, and this image thus contradicts stereotypical perception that he was a despot and tyrant. It is also noteworthy that the concluding part of the article goes on praising Ivan the Terrible and listing the most outstanding results of his rule over Russia: (i) Russia’s territory doubled, thus making Russia a mighty power; (ii) population grew, quite impressively, for 30 – 50 per cent (allegedly, due to favourable economic conditions created by Ivan the Terrible); (iii) judicial and educational systems were reformed; (iv) regular military forces, the ‘Shooters’ (Strel’tsy), were created; (v) the Crimean, Astrakhan and Kazan khanates were defeated. According to the authors, the medical reform which aimed to integrate Tibetan medical ideas into Russian medicine of that time was hindered by the Time of Troubles (Smuta), as well as foreign intervention in the early seventeenth century. The authors of the article claim that the discovery of the missing Ivan the Terrible’s library will undoubtedly bring to light Tibetan medical books. This impressive list of Ivan the Terrible’s achievements remarkably echoes the most topical needs and highly debated issues of modern Russia (such as demographic crisis or long-awaited reforms of educational, social and medical institutions and of the army). In fact, the authors try to establish a cause-and-effect relation between Tibetan medicine and various phenomena reaching far beyond its direct scope, thus inducing, as it were, the ideas of the type: ‘Look how powerful Tibetan medicine might be if applied properly!’

Another figure who has only recently become associated with Tibetan medicine in the popular imagination is Dalai Lama, a spiritual leader of the Tibetan community in exile but not a Tibetan doctor himself. His image commonly appears in Russia in the design of book-covers or Internet websites devoted to Tibetan medicine. He is also often depicted in the role of an honorary patient in the pulse-checking encounter or as a

narrator speculating about the connection between Tibetan medicine and Buddhism. However, quite remarkably, Dalai Lama is only present in Western documentaries on Tibetan medicine, which are broadcasted on Russian television, being absent in Russian films. This can be explained by three reasons. First, Dalai Lama has a very tight schedule with no space for meeting and giving interviews to Russian journalists, in particular, because Russia is regarded as less important for foreign relations of Tibet and does not sponsor Tibetan government in exile. Second, Russian officials and journalists are reluctant to interview him not only on Tibetan medicine but on any matter, since this could negatively affect the Russian-Chinese relations. Yet another reason could be that the issue of foreign origins is only weakly represented in Russian accounts of Tibetan medicine, usually amounting to scarce references to the exotic and ancient character of the Tibetan medical tradition, stemming from the remote and mysterious ‘land of snow’. However, since Dalai Lama’s image has only recently started to be employed by Russian promoters of Tibetan medicine, it cannot be ruled out that, in the near future, he will become a more prominent figure in Russia’s popular culture. The choice of Dalai Lama can be explained by the fact that he is known to ordinary people in Russia and, as such, his image may appeal to the ideas of spiritual and traditional values, quite popular in contemporary Russia.

The central figure around which the image of Tibetan medicine in Russia is constructed is undoubtedly Badmaev. In the Soviet time, the negative representation of Badmaev seriously damaged the image of Tibetan medicine. In the post-Soviet period, however, Badmaev has been ‘rehabilitated’. Nowadays he is represented as a great Russian scholar who laid the foundations for the study of Tibetan medicine in Russia. Thus Badmaev’s image is used to represent Tibetan medicine as an example of Russian indigenous tradition of healing. Significantly, nowadays Badmaev’s skills and knowledge of Tibetan medicine are doubted and questioned far less than it had been the case in pre-revolutionary Russia.

In the current image of Badmaev as created by the mass media, his contribution to the field of Tibetan medical studies is somewhat over-stated. Suffice it to mention that the fact that Badmaev did not know the Tibetan language and his translation of rGyud-bZhi was completed with the help of a Tibetan lama is usually not mentioned in
his contemporary popular depictions. The lama translated it from Tibetan into Mongolian for Badmaev, who then produced a Russian translation. Moreover, Badmaev, who graduated from the St. Petersburg Medical Academy, never studied Tibetan medicine in a traditional setting of a datsan: he received his training in Tibetan medicine from apprenticeship to his brother which lasted only a few years. This positive image of Badmaev as an outstanding Tibetan doctor which omits important factual information, is undoubtedly beneficial to many Russian doctors practicing Tibetan medicine nowadays, since most of them have received their training either from apprenticeship or from books about Tibetan medicine translated into Russian; almost none of them knows Tibetan. Furthermore, nowadays even political and economic aspirations of Badmaev are interpreted positively.

In 2007, the television channel ‘The St Petersburg Fifth channel’ broadcasted the documentary Potomok Chingis Khana, ili Kto vy, doktor Badmaev? (A Descendant of Chinggis Khan or Who are you, Doctor Badmaev?) in its series Zhivaia Istoriiia (Living History). The producer, Vladimir Lutskii, mainly shoots documentaries and popular science films for ‘The Ren TV’ and ‘The St Petersburg Fifth channel’. His works include such well-known scientific and somewhat sensationalist documentaries as ‘The Russian division of SS’ (2005), ‘S-80. Phantom-submarine’ (2006), ‘Chernobyl’: Twenty years after life’ (2006), ‘Russian Mata Hari’ (2007), ‘The last hetman’ (2008), and ‘Secret histories. Tskhinvali cross’ (2008). The television project ‘Living History’ is a prime-time programme, broadcasted at 9pm four times a week, from Monday to Thursday. The series claims to offer first-class documentaries. Films for this series are produced either by the Fifth channel itself or ordered from independent producers. Below is an example of the advertisement of this series on the web-site of the Fifth channel:

‘All documentaries in the series ‘Living History’ are intended for well-educated broader public which takes keen interest in Russia’s history and culture and recognises the connection between the past and the present.

The genres include biographies, historical investigations and reconstructions, as well as popular science films. All documentaries of the project are always based on the well-documented evidence and offer intriguing topics and professional rendering. The series-makers recognise continuity of social mechanisms at all

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322 Grekova, Tibetskia Meditsina v Rossii.
times and guarantee the absence of a trivial sensationalisation in their documentaries.\footnote{Stable URL: \url{http://www.5-tv.ru/programs/1000036/} Accessed: 11/09/2011 12:15.}

The documentary titled \textit{A Descendant of Chinggis Khan, or Who are you, Doctor Badmaev?} is a nationalistic film with a rather extreme political message. This documentary is a good illustration of how the interpretations of historical figures and events, as well as the interpretations of the past in general, can be changed over time to something diametrically opposite by politicians and historians, who utilise overtly manipulated historical data, in order to serve new political purposes. The contemporary construction of the image of Badmaev, as a prominent political figure with grand geopolitical aspirations, clearly utilises the notion of Neo-Eurasianism [Neo-evraziistvo] to its advantage.

Eurasianism [Evraziistvo], as a political movement, crystallised in the Russian émigré circles during the 1920s. The group represented Russia as not belonging to the European world and thus following her own peculiar historic path of development as a unique Eurasian civilisation. However, the contemporary movement of Neo-Eurasianists, of which Aleksandr Dugin has been a leading figure\footnote{Aleksandr Gel’evich Dugin is a Russian philosopher, political scientist and one of the ideologists of Russian neo-Eurasianism.} since 1990s, and which lately has gained the support of some members of the Russian political elite, relies on a somewhat different political philosophy, as compared to the classical Eurasianism. It is largely based on the hope of the restoration of the Russian Empire and on the concept of the confrontation between the ‘Atlanticist New World Order’ (represented by the United States and the United Kingdom) and the ‘New Eurasian Order’ of Continental Europe (in which the leading role is reserved for Russia).\footnote{M. Laruelle, \textit{Russian Eurasianism: an Ideology of Empire}. Washington, D.C.: Woodrow Wilson Center Press, 2008; D. Shlapentokh, \textit{Russia Between East and West: Scholarly Debates on Eurasianism (International Studies in Sociology and Social Anthropology; 102)}. Leiden; Boston: Brill, 2007.} The Neo-Eurasianism borrows its ideas, primarily, from the works of Lev Gumilev\footnote{Lev Nikolaevich Gumilev (1912-1992), a well-known historian and anthropologist. His ideas were used by Neo-Eurasianists.} who believed that Russia was culturally closer to Asia than to Western Europe. According to Gumilev’s theory of ethnogenesis, the Mongol invasion of Russia protected the Russian ‘ethnos’ and culture (which were taking shape at that time) against the Western aggression. The exponents of Neo-Eurasianism feed Russia’s political aspirations for
new Great Russia, which will recover its status of a super-power and regain control over the former Soviet space and beyond.\footnote{M. Bykova, Nation and Nationalism. Russia in Search of its National Identity. In: Steunbrink and Van der Zweerde (eds.), Civic Society, Religion and the Nation, 29-49; Tolz, Forging the Nation; P. Rangsimaporn, Interpretations of Eurasianism: Justifying Russia’s Role in East Asia. Europe-Asia Studies 58/3 (2006): 371-389.}

In Lutskii’s neo-Eurasian documentary, the young Badmaev is portrayed as an ordinary gifted boy from the steppes of Aginsk in Siberia. His breath-taking career up to a high-ranking court official and a famous Tibetan doctor is used to illustrate the openness of Russian society where everything is possible - some kind of equivalent of the ‘American dream’.\footnote{This account shares some points / ideas with GAZPROM commercial on television which showed how children’s dreams of becoming famous and powerful someone could be realised in Russia, which is therefore called the country of possibilities.} The main content of this documentary can be summarized as follows: Badmaev was a descendant of Chinggis Khan (here again references are made to the medieval period of Russian history) and, for that reason, he had a dream, which, as narrator puts it, was aimed at dramatically changing the geopolitical map of the world. This dream amounts to the annexation of Mongolia, Tibet and even China to Russia. This account is implicitly linked in the film to an Eurasian idea that Russia should control the Eurasian continental heartland. With reference to some ancient Mongolian prophecy, the documentary entertains the idea that these plans might yet be realised some day and makes some vague hints at Russia’s expansion and geopolitical dominance in the future.\footnote{It is noteworthy how widely contemporary Russian historians and politicians refer to all sorts of ancient prophecies, controversial documents and legends. It seems that authenticity and accuracy of any event, be it in the past or in the future, are automatically confirmed as soon as one refers to an ancient prophecy or a newly revealed apocryphal document or a chronicle.} Thus, the figure of Badmaev is used in the articulation of a highly nationalistic and expansionist vision for today’s Russia.

Another important topic in the documentary is the decision of Badmaev to be baptised. On the one hand, his step is interpreted as a conscious act due to his (deep and) sincere faith. However, religion is a delicate matter, and the producer is, in fact, careful in his statements in order not to hurt the religious feelings of Buddhist Buriats.\footnote{Christening of Badmaev could be the reason why he is more popular in Russia for construction of the image of Tibetan medicine than in Buriatia. However, in Buriatia he is still regarded as a national hero, and a contribution of Buriatia to the history of Russia.} This dilemma is solved by giving the floor first to Badmaev’s great-granddaughter who speaks about her famous great-grandfather as a devoted Orthodox Christian and then to a historian who speculates that Badmaev’s decision was rather a political step aimed at ensuring a career advancement. The fact that Badmaev’s
religious preference is discussed at some length is a reflection of the importance of this issue in current nation-building debates. It will be argued later that the links between Buddhism and Tibetan medicine are intentionally downplayed in the Russian context by promoters of Tibetan medicine, most probably in order to avoid the conflict with the Russian Orthodox Church and to achieve a de-politicisation of Tibetan medicine.331

Further in the documentary in the coverage of Badmaev’s work of translating *rGyud-bZhi* from Tibetan via Mongolian into Russian no mention is made of the fact that for his translation he had to turn for help to a Tibetan-Mongolian translator. Furthermore, Badmaev’s knowledge and abilities as a doctor are highly evaluated. He is even credited with curing cancer. Here, once again, we are getting confronted with one of the favourite issues and sources of speculation of today’s promoters of Tibetan medicine - about the healing potential of Tibetan medicine.332

Even the economic undertakings of Badmaev, which had been criticised in the pre-revolutionary period and later also in the Soviet Union, are interpreted in this documentary as a necessary cover for his political activities in Tibet, Mongolia and the Far East. Badmaev’s geopolitical plans are also justified, even though it is briefly acknowledged that they were unrealistic in the political circumstances of the time. The fact that Badmaev did not flee from Russia after the 1917 revolution and declined an invitation from Japan (another country with which Russia has complex political relations at present), which was ready to offer him asylum, is depicted as an act of high patriotism.333 Significantly, Badmaev’s arrest in 1919 and the fact of his negative assessment in the Soviet period remain unacknowledged in the documentary. The only reference to his post-revolutionary activities amounts to a brief mention of the fact that he was treating revolutionary sailors from syphilis. Thus, in this documentary, Badmaev is imaginatively transformed from ‘a charlatan and an enemy of the Soviet regime’ into

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331 In the West, religious elements of Tibetan medicine are often under-estimated too, but this is done in order to improve scientific image of Tibetan medicine and increase its chances of success in competition with dominant mindset of biomedical tradition. However, in Russia attempts to turn Tibetan medicine into a science are less important and might in fact even harm its attractiveness in the eyes of public. The underestimation of the role played by Buddhism in Russian discourses about Tibetan medicine does not necessarily suggest the disregarding of its mystical aspects pertaining, first of all, to hypnotic and supernatural abilities. However, the popular exotic image of Buddhism is carefully exploited in order to attract public.

332 Most of the doctors whom I interviewed also boasted that they cured cancer at least once. However, everyone immediately admitted that cancer is normally incurable. (See chapter two of the present thesis)

333 This might again be a hint to contemporary Russian prominent politicians and businessmen who leave their homeland at the signs of danger.
a patriotic and loyal citizen, gifted and ambitious politician and a successful doctor, almost a national hero.

The fourth key image that plays an important role in the construction of the perception of Tibetan medicine is that of a Tibetan lama-doctor (emchi-lama). This image emphasises the traditional character of Tibetan medicine and the role of monks (lamas) as carriers of Tibetan medical knowledge, thus exploiting the nostalgic moods existing in contemporary Russian society – the nostalgia for the ‘idealised’ past where traditional values still were appreciated, and relations between people were free from commercial influences and deception. This image is also informed by the stereotypical notion of the East as the source of ancient wisdom and by the view of ‘the tribal’ as synonymous with the closeness to nature.

The image of emchi-lamas has changed from negative in the pre-revolutionary and Soviet Russia to positive in the post-communist Russia. In the past accounts emchi-lamas were often depicted under-educated and ignorant, as well as sly and capable of deception. Nowadays, Tibetan doctors are depicted as bearers of ancient knowledge and wisdom, possessing high moral values and as people incapable of deceiving patients, by virtue of sacred vows which each of them has taken. However, explicit reservations are again made in relation to Buddhism, as it is emphasised that it is by no means necessary to be or, more importantly, to become a Buddhist in order to receive treatment by a Tibetan doctor. On the grounds that Buddhism is a highly tolerant religion, it is argued that doctors always respect religious preferences of their patients and do not attempt to convert anyone to their faith.

Therefore doctors, as the main bearers of Tibetan medical knowledge, occupy the central place in the construction of the image of Tibetan medicine. They are often depicted in the newspaper accounts or films dedicated to contemporary Tibetan medical practices in which their everyday life and work, educational and practicing experience and their views on Tibetan medicine are recounted. It is noteworthy that the number of doctors who are depicted in documentaries is limited, and same persons re-appear again and again in different documentaries. Western documentaries, screened in Russia, prefer to show senior doctors, such as Tenzin Choedrak, a personal doctor to Dalai Lama, or

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334 The image-making process which involves doctors as a key figure is often accompanied by the following pairs: spiritual-materialist, natural-artificial and collectivist-individualist. A similar dichotomy is employed in the discourses on construction of the Russian national identity. The function of these pairs is often to confront Russia with the West.

335 Contextualising Tibetan medicine with exotic and spiritual is something what Russian doctors practicing Tibetan medicine approve and even promote themselves.
the Buriat doctor Chimit-Dorzhi Dugarov, the leading Tibetan doctor of the Buriat centre for Eastern medicines in Ulan-Ude. In Russian documentaries, favourite figures include the founder and head of the *Naran* clinics in Moscow and St. Petersburg, Svetlana, as well as a few of Buriat lama-doctors from the datsan in Aginsk. Another noteworthy feature is that these documentaries often present doctors performing activities that are rarely conducted by contemporary Tibetan doctors in their everyday life. For instance, one of the favourite images is the one of a doctor preparing his/her own medicine (this image may show the entire process: collecting plants high in the mountains, followed by drying and crushing them to prepare medicine) or a doctor meticulously checking urine. Such stereotypical images are continued to be employed in public discourses on traditional systems of healing in order to emphasise the pristine character of a medical (in our case Tibetan) tradition and its connection to the nature and natural remedies.

In popular literature on Tibetan medicine, we also come across occasional collective images of some vaguely depicted and mostly unidentifiable monk-like figures who live out there in remote places high in the mountains and possess ‘miraculous’ powers, spiritual harmony and ancient wisdom. They supposedly represent a link between the ancient medical tradition of Tibet and contemporary Tibetan medicine in Russia. These images try to convey a sense of continuity and connection between Russian recently developed know-how in Tibetan medical healing methods and ‘traditional’ Tibetan medicine. Such alleged connection is needed to legitimise Russian doctors practicing Tibetan medicine, since they cannot claim that Tibetan medicine is part of their cultural identity and national heritage as easily as Buriat doctors can. That is why they invent their own tradition of Buddhism and of Tibetan medicine, often via foreign sources. Tibetan medicine is also often represented as part of world heritage: tradition that belongs to the entire humankind. Tibet in this accounts is represented as a

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337 In the interviews to popular newspapers and magazines, these doctors of various ethnic origins practicing Tibetan medicine not only advertise their private services or certain clinics but also construct the image of Tibetan medicine in general.

338 See for example, I. Sergeev, *Bolshe, Chem My Mechtali. Sverkhposobnosti: Chudes a i Vrachebnaia Praktika* [Beyond our Hopes. Super-powers: Miracles and the Healing Practice]. *Tibetskai a Meditsina* 3/15 (2009): 4. ‘Miraculous’ powers of Tibetan emchi-lamas include among others, ability to fly, ability to survive without food and water for months, ability to communicate with each other mentally over great distances, ability to survive cold winters without warm clothes and heating and ability to move from one place to another in an instant.
melting pot, in which the wisdom of great ancient traditions of Chinese, Indian and Greek-Arab medicines has been mixed together to form a unique medical tradition which is suitable to everyone. An instructive example of how such images are used in contemporary representation of Tibetan medicine to a broader audience, is provided by the article titled Pochemu Tibetskaja meditsina segodnia tak ostro neobkhodima v Rossii? [Why is Tibetan medicine badly needed in contemporary Russia?] which appeared in the newspaper Tibetskaja meditsina in 2009. Two photographs open the article. One shows a Tibetan lama, sitting on the edge of a steep mountain, thoughtfully looking afar; another photograph shows the Moscow River and the Kremlin from a bird’s eye view. These two photographs, as it becomes clear from the accompanying text, are placed next to each other on purpose, in order to provide the impression that Tibetan medicine is intimately connected to Russia. At the beginning of the article, the authors make a comparison between Russia and the ‘developed’ countries of the ‘West’ (razvitye zapadnye strany) and claim that people in the ‘West’ live a healthy life, while people in Russia do not. The following three reasons are given for health problems in contemporary Russia: (1) emotional instability, caused by the contemporary economic crisis: economic upheavals are said to be familiar to people living in the West, while for the Russians, who were used to stability in the Soviet society, this is the source of anxiety; (2) unhealthy diet: Western Europeans are alleged to have a tradition of healthy eating habits, while the traditional Russian way of life is claimed to have been destroyed along with the traditional Russian diet. It is unclear from the article to which traditional Russian way of life the authors refer: was it the Soviet way of life destroyed by perestroika or the pre-revolutionary habits changed by the Soviet regime?; and (3) complicated and/or unfavourable climate conditions which have worsen over the last years due to global climate change. Though comparison is made in favour of the Western countries, help is promised from the East. The article goes on explaining that

339 See chapter on doctors in the present thesis.
341 Normally, Russia is classified as a developed country. It is noteworthy, that it is juxtaposed to ‘developed’ countries here.
342 Of course, there is no single ‘West’, but different countries; in this so-called ‘West’, millions of people (particularly those who are poor) lead highly unhealthy life-styles. For the Russian debate about Europe, see for example I. B. Neumann, Russia and the Idea of Europe: A Study in Identity and International Relations. London and New York: Routledge, 1996.
343 References to the ‘old good times’ in the Soviet past are quite frequent in contemporary Russia.
Tibetan medicine, as preserved by Tibetan emchi-lamas, is effective in dealing with the three major reasons of health problems listed above. Thus, Tibetan medicine (1) restores the emotional balance of Russian patients with the help of herbal therapy and by stimulating certain biologically active points along meridians, the energy pathways; (2) adjusts the unhealthy diet of Russian patients to the centuries-tested Tibetan diet in order to maximise effectiveness of the herbal and the meridian therapies and to reduce the risk of chronic diseases and the recurrence of health problems; (3) reduces the negative influences of the local climate. The authors further claim that Tibetan medicine is a universal system of knowledge, which, in spite of its ancient origins, still can be successfully applied nowadays for healing patients of any ethnic origin in any part of the world. The article concludes with claiming the legitimacy of Russian school of Tibetan medicine by establishing a link between ‘foreign’ Tibetan medical tradition, which is practiced nowadays at Men-tsee-khang in Dharamsala, and ‘native’ Russian tradition of Tibetan medicine, which was established by Petr Badmaev in the nineteenth century and which is developed further by today’s practitioners of Tibetan medicine in Russia. The authors also claim that, due to historical reasons, Russia was equally open to Western and Eastern cultural influences. Therefore Russian practitioners of Tibetan medicine are capable of combining biomedical methods and Tibetan medical tradition in a coherent system. This allegedly puts Russia in advantageous position as compared to the Western countries.

It is interesting to note that the authors are not quite consistent when opposing Russia to the ‘West’. On the one hand, the Western countries are said to be more civilised and to provide better living conditions (which, eventually, contributes to better health situation); on the other hand, Russia is considered a more favourable place for the application of Tibetan medicine. Furthermore, the article represents the ‘West’ as a single undifferentiated homogeneous and highly idealised entity. It also reflects Russia’s long-standing fascination with everything originating from the ‘West’. In Russian popular imagination ‘West’, in contrast to Russia, is often perceived as a place where all people are rich, healthy and successful. It is especially noteworthy, since, at the same time, ‘West’ is Russia’s competitor, if not enemy. Likewise, Tibetan medicine is represented as ‘exotic’ (and thus quite attractive for some people) and, on the next page, as ‘native’ (and therefore attractive for some others). Such inconsistencies, when authors try to put forward as many arguments as possible (often contradictory to each
other) in defence of their views, immediately ‘forgetting’ about their earlier argumentation, are quite typical of such propagandistic publications.

Image-makers of Tibetan medicine attempt to raise its prestige and popular appeal by surrounding it with mysticism and secrets. These are expected to make Tibetan medicine a fascinating subject for a broader public. Here is an example of a narrative from an Internet article, aimed at a broad audience, about Badmaev, which identifies the main themes recurring elsewhere in the narratives on Tibetan medicine.

Badmaev is said to have left a secret archive, which contains an unpublished copy of his translation of the third part of rGyud-bZhi (which contains instructions on preparing Tibetan pills). This copy was reportedly preserved by his wife for the benefit of the coming generations. However, for an uninitiated person without special secret knowledge this translation is an unintelligible useless paper garbage. Only someone who has spent his whole life studying Tibetan medicine and deciphering its medical secrets is capable of understanding Badmaev’s translation without much effort. Until then doctors are at a loss and no one can understand and explain how Badmaev achieved his sensational results (which were always well documented), and so Badmaev’s translation is awaiting its time.344 Words marked in bold are typical in the accounts of Tibetan medicine and are regularly repeated in other accounts which do not involve Badmaev.

Visual representations of Tibetan medicine in documentaries and in movies usually exploit the public’s craving for exotic. As in the design of the settings in which doctors practicing Tibetan medicine receive their patients, Buddhist symbols are also commonly used for the design of popular books and internet sites. Vivid visual images appealing to the notions of tradition and authenticity are the most common. These exotic symbols quickly catch the eye. However, it remains unclear on what grounds the choice of these images is based, whether it is deliberate and involves preliminary study of the subject and consultations with specialists in the field or it is simply a matter of taste. It is also debatable whether the meaning of these symbols is readily comprehensible for an average person.

The most frequently used images are those of the umbrella and the endless knot, from the set of eight auspicious Buddhist symbols, as well as the images of various

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344 It is borrowed from the internet website:
Buddhist deities, of which the most popular is the image of the medicine Buddha, who is usually depicted sitting on the lotus throne holding a medicinal plant. Potala, the former residence palace of Dalai Lama in Lhasa, the capital of the Tibetan Autonomous Region of China, and Dalai Lama himself have lately become used more often in the designs. The Atlas of Tibetan medicine is another popular component of design. Colourful charts depicting frightening skeletons pierced with energy channels, bowls filled with medicinal herbs, and embryos developing in the womb are chosen not only to be a suitable material for a catchy book-cover but also aim to give a flavour of 'real' science to Tibetan medicine.

Conclusion

To sum up, Tibetan medicine is often represented in the popular media as a secret exotic knowledge which will be developed to its full potential by this or coming generations. It is often claimed that the study of Tibetan medicine requires the initiation, while deciphering of its secrets is a life-long pursuit. To an outsider Tibetan medicine is unintelligible. Arguably, the most important message to prospective patients is that, no matter how strange and exotic Tibetan medicine may appear, all cases of successful treatment are real.

Russian images of Tibetan medicine do not actively employ dichotomy of self and other. Debates are mainly about the practical use of Tibetan healing methods and the role of Russian doctors practicing Tibetan medicine in the integration and adaptation process in order to provide an improved version of Tibetan medicine. In Russia, Tibetan medicine is promoted mainly by Buriats and Russians and not so much by native Tibetans, such as refugees or Buddhist teachers. Therefore, Tibetan medicine is usually

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345 The Medicine Buddha (Tib. Sang Gye Men La) plays an important role in the Tibetan medical tradition, his painted images and sculptures are used in meditations and various healing rituals. Medicine Buddha is traditionally depicted with dark blue (sapphire) body holding a myrobalan, an omnipotent plant symbolising health and long-life, in his right hand. For further information on the imagery of the Medicine Buddha, see Stable URL: http://www.himalayanart.org/ Accessed: 11/09/2011 18:09.

346 The Atlas, consists of sixty seven colour medical paintings which represent a unique set of illustrations to the ‘Blue Beryl’, one of the most important 17th century commentaries on the rGyud-bZhi. There existed several copies of the Atlas. However, only one full set survived till now, in Buriatia. For further information about the Atlas, see S. D. Batomunkuev, Znakovoe Sobytie i Etnicheskaia Obshnost’ (An Important Event and Ethnic Solidarity) [An Important Event and Ethnic Solidarity (What Did We Learn about Social and Political Attitudes of Contemporary Buriats from Their Campaigning Against Taking Tibetan Medical Atlas from the Country)]. Vestnik Evrazii 1 (2004): 55-64; Parfionovitch, Gyurme Dorje and Meyer (eds.), Tibetan Medical Paintings.
represented as part of Russia’s indigenous cultural heritage and as a rediscovered and rehabilitated tradition. Thus vivid visual images that appeal to the notions of ‘tradition’ and ‘authenticity’ are the most common.\(^{347}\)

There are four key figures that are used in the construction of the image of Tibetan medicine. Some of the figures used today, that of Petr Badmaev and a collective image of a Tibetan lama-doctor, had been created and mythologised in pre-revolutionary Russia and further developed in the Soviet Union. Yet, they have been reinterpreted in the post-communist context. Indeed, as we have seen in this chapter, the representation of the two changed from negative to exceedingly positive after 1991. Some of the most important figures in Russian history who occupy the central place in the popular national conscience, Prince Aleksandr Nevskii and Tsar Ivan the Terrible, are freely used by contemporary propagandists of Tibetan medicine in the construction of the image of Tibetan medicine, being adapted to fit their goals.

Finally, this chapter has demonstrated that the intercultural dialogue between Tibetan medicine and the receiving Russian culture is linked to the key debates about broad interpretations of Russian history, within the context of post-communist Russian nation-building, and is shaped to a significant extent by the dynamics of nation-building process in contemporary Russia. Therefore, various images of Tibetan medicine are constructed with the purpose of making a particular argument about the nature of Russia’s relationship with the ‘East’ and the ‘West’, Europe and Asia, about the country’s geopolitical specificity and ambitions, and about both real and ideal social relationships inside the country.

Conclusion

My thesis focused on the process of the intercultural dialogue developing around Tibetan medicine in Moscow and St Petersburg, in which doctors practicing Tibetan medicine and their patients play an active role. Special attention was paid to the mechanisms and scenarios of circulation and integration of ideas and concepts from Tibetan medical culture into the recipient (in our case, Russian) culture, as well as to the images created during this process. The broad issues addressed in my thesis are (i) the ways, in which Tibetan medicine is practised, consumed and represented in contemporary Russia and (ii) the nature of an inter-cultural dialogue between Tibetan doctors and patients.

The analysis of the data collected from interviews with doctors and patients and the textual analysis of media and literary sources allowed me to make an important observation about the two following trends and representational techniques evident in the case of Tibetan medicine. The first trend is responsible for representing Tibetan medicine as unique and exotic, while the second conceives it as Russia’s indigenous tradition, a part of Russian history, subverted and suppressed in the Soviet period, yet rediscovered post-1991. So, in effect, we see here a co-existence of the inter-cultural dialogue with an exotic ‘other’ and the intra-cultural dialogue with a recently rediscovered part of ‘self’. In many cases different actors or sources adopt one or another position. However, both of these contradictory trends sometimes coexist within one source or perception of one and the same actor. The latter type of the co-existence appears to be particularly interesting.

Tibetan medicine was introduced to the Buriat regions of Russia in the seventeenth and eighteenth centuries as part of the Buddhist religion and developed there, mixing with local medical pre-Buddhist practices and shamanic traditions. In the imperial period and for a short time after the Bolshevik revolution of 1917, Tibetan medicine, albeit being widely regarded as inferior to the European medical system, was allowed by Russian authorities to be practiced in the Buriat regions on a local scale as the indigenous tradition of the Buriat people. However, when looking into the reasons of such tolerance, it becomes clear that Tibetan medicine was often exploited to serve a
number of official, often politicised, needs: (i) Tibetan medicine was tolerated and even encouraged among the Buriat communities, above all, in order to minimise the connections between the Buriats and the Buddhist centres in the Mongolian steppe and Tibet, which traditionally influenced the cultural, religious, and, to some extent, political life of the Buriats by catering for their religious and medical needs; (ii) Buriat Tibetan medical practitioners helped maintaining the minimum medical provision in these regions, in many cases providing the only medical help available to the local population.\textsuperscript{348} The situation has dramatically changed in the early 1930s, mirroring political changes in the nationality and religious policies of the Soviet government. From the 1930s until 1991 it was illegal to teach or practise Tibetan medicine and scientific research in the field of Tibetan medicine was mainly restricted to botanical studies of Tibetan herbs and to the textual analysis and translation of Tibetan and Mongolian medical treatises. Nowadays, Tibetan medicine is officially recognised in Buriatia, where it is used not infrequently for satisfying yet another political agenda, aiming at constructing a post-communist Buriat national identity on the basis of a ‘rediscovery’ and ‘reinvention of the Buriat cultural and religious heritage.

At the end of the nineteenth century, Tibetan medicine was introduced for the first time to the European part of the Russian Empire by the Badmaev brothers. In St. Petersburg it was received controversially and again was intertwined with Russia’s Far Eastern and nationalities policies of that time, court intrigues and favouritism. The Russian nationalities policies of the late imperial period were aimed at administrative, and at times cultural, Russification of its non-Russian subjects and at their eventual integration into Russian imperial society. Accordingly, the baptism of the Badmaevs and their wish to become Russian civil servants were well received by the imperial authorities, who, in return, allowed the Badmaevs to establish a private Tibetan medical practice in St. Petersburg. The Badmaevs came from a respected Buriat clan and therefore, as Russian officials had hoped, were able to influence, to some extent, decisions of their fellow countrymen. Their activities were considered by Russian imperial administrators as a positive example to their fellow Buriats. During most of the Soviet period, the practicing of Tibetan medicine in the European part of Russia was banned, Badmaev’s clinic was closed and practitioners were prosecuted, particularly

\textsuperscript{348} Officially appointed \textit{zemskie vrachi} (council doctors) were scarce and were responsible for large territories, thus being unable to attend to all potential patients, particularly those living in remote areas and members of nomadic groups.
during Stalin’s period. However, the practicing of Tibetan medicine never completely faded away and continued secretly in the Soviet Union, both in Buriatia and the European parts of the RSFSR (most notably in Leningrad), alongside other alternative and folk forms of medicine. In the post-Stalin Soviet Union, there was also a considerable rise in the public interest in Eastern religions and philosophy, as well as in different kinds of alternative healing methods.

In the late 1980s and the early 1990s, a number of social and political processes, including Mikhail Gorbachev’s *perestroika* and the collapse of the Soviet Union prepared historical and social conditions for the revival and spreading of Tibetan medicine, among other alternative forms of medicine, thus triggering the development of the intercultural dialogue between biomedicine and alternative medical systems. The development of Tibetan medicine in the European part of Russia is significantly different from what we can observe in Buriatia. A heavy commercialisation of Tibetan medicine predictably shifts the interests of people employed in this sphere away from the medical practice and research. As a matter of fact, a good deal of activities now concentrate on attracting as many patients as possible to newly established Tibetan clinics, which rapidly become highly eclectic pseudo-Tibetan (or pseudo-Buddhist) cultural centres. Such clinics aim to target the most privileged groups of the population. Tibetan medicine is also used as an instrument for attracting people to Buddhist centres and, therefore, contributes to the propagation and promotion of Buddhist values and ideas. Such developments are particularly characteristic to societies in transition during the periods of radical changes of values.

In my analysis of possible scenarios of the intercultural dialogue between Tibetan medicine and the different culture of the recipient (Russian) society, as well as the images created during this process, I used Yurii Lotman’s theory of the fivefold cycle of the intercultural dialogue. I have argued that, according to this theory, even though the history of engagement with Tibetan medicine in Russia is long, Tibetan medicine in Russia is now passing through the first three stages of Lotman’s fivefold cycle, since the period between the 1930s and the 1980s was largely a break in this tradition. In addition, although what has been happening post-1991 is often represented in Russian sources as a continuation of a centuries-old tradition, it was largely a reinvention of the tradition, not a continuation of the past. Thus, Tibetan medicine as a system of knowledge that is still regarded as ‘foreign’, or ‘new’, occupies a high position in the hierarchy of values, being ‘idealized’ for its holistic and spiritual
properties. In particular, Tibetan medicine is often represented as a secret knowledge which contains ancient wisdom (some sort of ancestors’ legacy) allegedly unspoiled by modern civilization. It is believed that the study of Tibetan medicine requires initiation, and deciphering its secrets is a life-long pursuit, which makes Tibetan medicine unintelligible and esoteric for ordinary people. Such views, peculiar for the first stage of an intercultural dialogue, are derived from popular literature on Tibetan medicine and are shared mainly by average Russians and a tiny fraction of practicing Tibetan doctors, who idealise Tibetan medicine and deny the potency of any other forms of healing, be it biomedicine or alternative systems. During the first stage, ‘ideal’ images of ‘other’ are created in the recipient society, which facilitates the beginning of the ‘adaptation’ – the second stage of Lotman’s cycle.\(^{350}\) These images are produced inside the recipient culture in order to de-exoticise the borrowed cultural elements by finding in them familiar cultural codes of the native culture. Another important component in the creation of such ‘ideal’ images is the incorporation into these images of the features which are valued in the recipient society but often are perceived to be lacking there.

As for the Russian doctors practicing Tibetan medicine and the Russian users of Tibetan medicine, they appear on the scene at the second stage, when the process of mutual counter-adaptation starts. An instructive illustration of this process of the creation of adaptive patterns is the case of Tsering, a Tibetan doctor from Nepal, who has been practicing in Russia since 1994. Native Tibetan practitioners, such as Tsering, and their Russian patients hold different explanatory models about causes of illness and methods of healing. The success of a treatment partly depends on the practitioner's ability to explain Tibetan medical systems in terms which make sense to the patient, in order to achieve the patient’s compliance with treatment methods and to combine effectively these with the methods more familiar to the patient. Thus, Tsering often adapts to the traditional European biomedical context, formulating his diagnosis in quasi-biomedical terms. When he first started his practice in Russia, he was not familiar with the techniques of blood tests, ultrasound or X-rays. Now he is readily using results of such biomedical tests. His patients, in turn, adapted their evaluations of their health conditions to the Tibetan system of concepts, trying to formulate them in terms of a misbalance between humors: wind, bile and phlegm (i.e. the basic elements and cornerstones of the Tibetan medical system). These two processes aim to improve the

\(^{350}\) Lotman, *Universe of the Mind*. 
understanding of each other on the part of both parties and, eventually, trigger the process of mutual counter-adaptation. This phenomenon is not limited to the encounter of the biomedical and alternative medicine but is common for virtually all situations of the crossover of different cultural backgrounds. As a matter of fact, for a successful dialogue, which, ultimately, is expected to result in a successful treatment, Tsering had to adapt not only Tibetan medical system but, first of all, his own attitudes and perceptions to those of his patients. Likewise, patients had to adapt themselves to Tsering’s settings. In case of all other doctors who share common background and upbringing with their patients, they, first of all, adapt Tibetan medicine to their own understanding, thus making themselves ready to transfer the most common notions of this medical system to their patients.

A particular focus on this process of mutual counter-adaptation constitutes one of the most important innovative aspects of my approach to the study of the encounter of the two different ethno-cultural traditions, which enables to uncover the most relevant aspects of this phenomenon. Lotman’s third stage – the perception that the ideas of the foreign culture could be better realised by the receiving society – is also noticeable in our case. This holds true especially for Buriatia, where Tibetan medicine was introduced already in the eighteenth century and thus underwent a longer process of adaptation. However, there are also ethnic Russian doctors practicing Tibetan medicine who claim that Tibetan medicine should not be used as a system, in its integrity. Instead, they propose to focus on the very kernel of Tibetan medicine, taking its approach as a basis but leaving aside many or most of its specific techniques. For instance, doctors from the clinic Tibet are particularly keen to integrate alternative and conventional medicine, which requires the blending and mixing of both perspectives and practices. One of privately practicing doctors, Boris, who studied Buddhism and Tibetan medicine privately from several old lamas and amchis, the survivors of the Soviet period of repressions, argues that universal concepts should be extracted from Tibetan medicine and freed from ‘errors and inaccuracies’ that have multiplied during the centuries of the existence of Tibetan medicine. In other words, Tibetan medicine is perceived in the cases such as Boris’s, as being ‘improved’ through the application in accordance with the changing circumstances of recipient societies. So time and again we witness examples of the transformation and adjustment of Tibetan medicine through active hybridisation, which means that, first, Tibetan medicine is de-contextualised and fragmented, and then certain elements of its concepts and modalities are recombined.
with other Asian medical practices, such as acupuncture and soo-jok, as well as with biomedicine, according to the beliefs and experiences of doctors.

Doctors practicing Tibetan medicine and their patients play an active role in the intercultural dialogue. In Russia, Tibetan medicine is represented by three different groups of practitioners: (i) doctors originally from Tibet/Nepal, who graduated from Men-tsee-khang; (ii) ethnic Russian, as well as Buriat and Kalmyk doctors, who received ‘classical’ Buriat Tibetan medical education in datsans; and (iii) ‘eclectic’ doctors trained in such clinics as Naran and Tibet. In spite of the doctors’ different backgrounds, they all liberally employ Buddhist paraphernalia in order to create a particular atmosphere, which in their opinion adequately symbolises Tibetan medicine and meets expectations of their patients. This, in some cases, results in the construction of rather eclectic and often factually inaccurate representations of Tibet and Buddhism, both in the design of the clinics’ interiors and in publicity literature. As is evident from the content of the newspapers published by Tibet, attempts are also made to promote and publicise Tibetan medicine by linking it to the key debates about broad interpretations of Russian history within the context of post-communist Russian nation-building. Thus references to Russia’s past are frequent (Ivan Groznyi, Prince Aleksandr Nevskii).

This process is not specific to Russia. Generally, Tibetan medicine has excellent resources for adapting itself to new local conditions. In fact, its history represents a long process of adaptation to new circumstances and demands. In all cases, doctors themselves play an important role in achieving this adaptation. As this thesis has demonstrated, contemporary Tibetan medicine in Russia is being currently transformed and adjusted to meet demands and general expectations of local patients and to comply with the needs of the market. In most cases this glocalisation leads to the emergence of hybrid medical treatments.351

The interviewed doctors maintain their connection with the Tibetan medical tradition in various ways. The employees of Tibet claim that they work under direct supervision of the Tibetan Mentsee-khang, regularly travelling to the Himalayas to meet Tibetan monks and doctors. Those of Naran claim to maintain connections with the Buriat tradition of Tibetan medicine and argue that their doctors, as ethnically Asian are closer to the tradition of Tibetan medicine than doctors of European origin. In turn,

351 On similar processes in Germany, see Frank and Stollberg, Conceptualizing Hybridization: On the Diffusion of Asian Medical Knowledge to Germany; Stollberg, Ayurvedic Medicine in Germany.
Viktoria, an ethnic Russian, who received traditional Tibetan medicine training in the Aginsk datsan in Buriatia, feels the need to reinforce her claim to be a successful Tibetan doctor by arguing that she inherited her special skills from her grandmother, who was a folk-healer.

In turn, the patients were not passive recipients of the treatment provided by Tibetan doctors. Instead they actively shaped the ways in which these doctors delivered their services in Russia. For instances, the benefits of biomedical testing are now increasingly recognised by Tibetan doctors. In order to make sense of Tibetan medicine many of the interviewed patients adopted the approach of searching for the prototypes of foreign elements of the transmitting culture among the familiar cultural codes of their own culture, as defined in Lotman’s theory of the intercultural dialogue.

Patients mainly chose Tibetan medicine on the basis of recommendations of people they knew and trusted and, only in few cases, on the basis of advertising. Patients were pragmatic in their choices, their main aim being to receive adequate medical help with minimal side effects. If necessary, they were prepared to combine different healing systems. This was invariably the case with the patients I interviewed. Tibetan medicine was also combined with biomedicine, but only in cases when health condition of patients required from them to continue taking biomedical medicines. Otherwise people tried to avoid taking other medicines alongside Tibetan pills. For many patients personal contact and confidential relations with the doctor were very important. Furthermore, according to my findings, exoticism and esoterism as such did not play any significant role in attracting patients to Tibetan doctors. More important were such concepts as century-long tradition, authenticity, purity, and holistic approach of Tibetan medicine. As for the patient-doctor power relations, most of the patients were prepared strictly to follow recommendations and prescriptions of their doctors.

Some of the interviewed patients read books about Tibetan medicine and Buddhism and attended relevant lectures and exhibitions. Their interest also extended to other forms of alternative treatment, such as Sojok therapy, acupuncture, and homeopathy. Patients from this active group either have tried or were thinking of trying other forms of alternative healing. This interest did not come from any dissatisfaction with Tibetan medicine but out of conviction that different therapies have different healing potential for different diseases and people.

For some of the interviewed patients, with minor health problems, the consumption of Tibetan medicine was, above all, one of the ways of searching for their
individual identities. Such patients showed great interest in eastern religious traditions and philosophies, as well as shamanic and occult practices. Quite often I noticed that they also had tried other forms of alternative medicine or self-help and had practiced yoga, taekwondo and meditation before turning to Tibetan medicine. An interesting finding was the fact that the outcome of this spiritual quest, which for my patients involved a long-term interest in eastern spiritualities, resulted in turning them to Tibetan medicine as a holistic way of maintaining health, yet it did not necessarily cause them to become Buddhists. On the contrary, for some of them Buddhism was just a stage on their spiritual journey to eventually becoming Orthodox Christians.

In answering the question about the relationship between patients’ attitude towards Tibetan medicine and their wider worldview, Lotman’s theory of the intercultural dialogue could also be used successfully. According to Lotman, participants of the intercultural dialogue use the following mechanisms to facilitate the integration of new cultural codes into a ‘receiving’ culture: (i) the creation of the image of the ‘carrier’ of a ‘foreign’ culture inside a ‘receiving’ culture; this image is often produced as an opposition to dominant cultural codes of the recipient’s culture and, in fact, does not always adequately reflect the ‘foreign’ cultural codes; (ii) searching for the prototypes of ‘foreign’ cultural elements among the ‘familiar’ or ‘native’ cultural codes of the ‘receiving’ culture.\footnote{Lotman, \textit{Universe of the Mind}.}

Patients using Tibetan medicine become involved in the intercultural dialogue, as they try to make sense of the new cultural and social ideas originating from Tibetan medicine to which they are exposed when they visit a Tibetan doctor. At the beginning of this process, patients create the image of the ‘foreign’ culture which facilitates their familiarisation with the new concepts. This seems to be often achieved along the lines suggested by Lotman’s theory: (i) by creating the opposition between the patient’s and the Tibetan cultural concepts; and (ii) by searching for prototypes of ‘foreign’ cultural elements in Russian culture. In the first instance, the patients imagine Tibetan (or, more generally, Oriental/alternative) medicine as being in opposition to European medicine (biomedicine) by assigning to the former those values which, as they believe, are absent in their own culture. During this process, publicly disseminated images, stereotypes and conceptions are evoked, which are based on popular knowledge of Tibet and its medicine, not infrequently derived from recent popular movies, television programmes,
books, and media publications. Some of these representations are similar to the images created in other European cultures.

The following examples are particularly instructive. My interviewees imagined that the harsh climate of Tibet, which made life there almost impossible, was responsible for the effectiveness of Tibetan medicine which was supposed to provide help even in such a hostile environment. One of the patients argued that all Tibetans and Tibetan doctors in particular have virtues that the ‘people of the West’ do not have anymore, if they have ever possessed them; thus, admittedly, there are no charlatans among indigenous Tibetan doctors, since Tibetans are extremely religious and are not capable of cheating or deceit. She said that this confidence in Tibetan doctor’s honesty already makes her feel better and facilitates successful treatment.

In turn, Patient E imagined Tibetan society untouched by contemporary hardships and problems. She reported that, in contrast to the situation in ‘our’ (i.e. European) culture, women in Tibetan society were protected by their families and were not discriminated against. Reproducing stereotypical perceptions of Tibet, which have existed in Europe since the nineteenth century, many of the interviewed patients imagine it as a country of mysteries and believe that Tibetans are able “to do anything”. In their imagination, Tibet is a place which is untouched by time and modern changes, where ancient knowledge is being preserved for all humankind.

When searching for prototypes of ‘foreign’ cultural elements in the ‘native’ culture, some patients compare the effect of mantra to that of prayer and liturgical singing in the Russian Orthodox Church and equate Buddhist lamas and Russian Orthodox priests.

Another interesting finding is the fact that some of my interviewees tried to explain supra-natural phenomena referring to sciences. Such an attitude is typical for people with the Soviet-type background in engineering, i.e. educated people whose training was narrowly technical and therefore did not fully satisfy their intellectual demands and aspirations. Accordingly, they often showed interest in theories and teachings which mixed together supra natural and rational scientific approaches.

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353 Interview conducted with patient M. in Moscow, July 2009.
354 Interview conducted with patient M. in Moscow, July 2009.
355 Interview conducted in St Petersbrg, July 2009.
357 Interview conducted in Moscow, July 2009.
Analysing the role of the popular media in the construction of images of Tibetan medicine, I argue that it is often represented as a secret knowledge which will be developed to its full potential by present or future generations. We also come across claims that the study of Tibetan medicine requires initiation, and deciphering its secrets is a life-long pursuit. In other words, Tibetan medicine is represented as being unintelligible to an outsider. Arguably, the most important message to prospective patients is that, no matter how strange and exotic Tibetan medicine may appear, all cases of successful treatment are real.

The Russian images of Tibetan medicine do not actively employ a dichotomy of ‘self’ and ‘other’. Debates are mainly focused on the practical use of Tibetan healing methods and the role of Russian doctors practicing Tibetan medicine in the integration and adaptation process in order to provide an improved version of Tibetan medicine. In Russia, Tibetan medicine is promoted mainly by Buriats and ethnic Russians, rather than by native Tibetans (such as Tibetan refugees and Buddhist teachers). Therefore, Tibetan medicine is often represented as part of the Russian cultural heritage and rehabilitated traditions; in such instances the opposition of ‘self’ and ‘other’ does not play any significant role. Accordingly, vivid visual images that appeal to the notions of ‘tradition’ and ‘authenticity’ are most common.358

There are four key figures that are invariably used in the construction of the image of Tibetan medicine. Two of them have started to be evoked only recently. The first depiction is based on the notion of the alleged connection between ancient Russia (Русь) and Tibetan medicine. Mythical stories are told about important historical figures Prince Aleksandr Nevskii and Tsar Ivan the Terrible being treated by Tibetan doctors. Even though these stories are not based on any historical evidence, they are freely used by contemporary propagandists of Tibetan medicine, who clearly believe that they have managed to identify a good advertising technique. The second image is the personality of the Dalai Lama. The last two closely linked images -- that of Petr Badmaev and a collective image of a Tibetan lama-doctor -- were first created and mythologised in pre-revolutionary Russia and further developed in the Soviet Union. As I argued in my thesis, the representation of these two figures has changed from negative (in the Soviet period) to exceedingly positive after 1991.

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