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Workshop Report by Mona Schrempf

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***Developing an interdisciplinary and multilingual digital knowledge base
on Tibetan medical formulas with a focus on
stress-related 'wind' (rlung) disorders***

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This three-day long workshop organised by Mona Schrempf brought together international expert physicians and scholars of Tibetan medicine – medical anthropologists, historians, ethno- and medical botanists, pharmacologists – working with and/or on Tibetan medicine, and also experts in Chinese medicine as well as IT specialists. The aim was to discuss and contribute to how an interdisciplinary and multilingual digital knowledge base should look like that could be used in the future as an analytic tool for documenting and analysing Tibetan medical formulas for a variety of scholarly users, and physicians of Tibetan medicine alias Sowa Rigpa. Processes of cultural translation are intrinsic to such translations between different languages, medical concepts of health and disease, and disciplinary approaches and interests, yet vexed and problematic and therefore often ignored or glossed over. Prepared by a one-month-long pilot study by visiting scholar-physician of Tibetan medicine, Dr Cairang Nanjia from the Tibetan Medical College, Qinghai University, PRC, and the author of this report—at the time Wellcome Trust Research Fellow at EASTmedicine, University of Westminster (2012-2015)—this ensuing workshop proved a fruitful platform for discussing some of the outcomes and issues involved in such a complex translation endeavour. It is hoped that the initial results from this workshop will serve as a basis for future international research cooperations on the topic of Tibetan *materia medica* and formulae.²

In our pilot study and at the workshop we focused on a particular set of commonly prescribed Tibetan formulas containing as main ingredient eaglewood or agar wood (Lat. different types of *Aquilaria*; Tib. *a ga ru* or *a gar*)³—in the following shortly called Agar-formulas (Agar 8, Agar 15, Agar 20, Agar 35, Sogdzin 11). Eaglewood is both a potent medicinal and fragrant resinous wood, also used in incense, but its use is problematic because of the unresolved botanical identification of some species, such as *Aquilaria malaccensis*, that

¹ The author would like to express her gratitude to these foundations and IASTAM that made this encounter between scholars from different disciplines who rarely discuss their distinct interests and approaches, physicians-cum-pharmacists from Asia, and pharmaceutical producers focusing on Tibetan formulas truly special and fruitful.

² Schrempf, M. (forthcoming) 'A Tibetan medical root formula and its derivatives: cultural translations in transnational styles of practice'

³ One of the problems we are facing is the botanical identification and regional variety of this plant. It can be *Aquilaria agallocha* Roxb., *Aquilaria sinensis*, *Cinnamomum parthenoxylon* Tack.

are endangered and CITES-listed.⁴ Nevertheless, Agar-formulas are very popular and frequently prescribed in Tibetan medicine. We examined their documentations and how the formulas' recipes are produced in different application contexts in China and Europe. In Tibetan medicine, they are used and prescribed for treating specific classifications of 'wind' (Tib. *rlung*) disorders while when applied in Western contexts they are used for what we understand as classic 'stress' symptoms, such as insomnia and depression. From a Tibetan medical point of view, it is impossible to narrow down the efficacy of a particular formula or even of a single ingredient within a formula to one specific disease only (usually defined in biomedical terms). Rather than perceiving this gap in translation between different medical principles as a loss, it can also open up a space for research examining how careful correlations between different medical principles can allow for a more complex and complete view of disease in relation to a particular formula. Tibetan formulae are conceptualised in a way that they balance internally the different efficacies of single ingredients as to avoid side-effects while multitargeting connected imbalances in the body. Agar-formulae are generally used to treat imbalances of the heart (Tib. *snying rlung*) and the so-called 'life-sustaining wind' (Tib. *srog 'dzin rlung*) that make up, however, a different aetiology than that of biomedical understandings of stress. Nevertheless, translations are done and possible, as, for example, the Swiss pharmaceutical factory Padma AG has done transforming the Tibetan formula Sogdzin 11 into Padma Nervetonic by substituting in particular eaglewood because of its doubtful identification and status.

Traditionally, Tibetan formulae are not only prescribed for a particular imbalance in the body but individually according to the constitution of an individual patient and according to the stage of a disease or combination of disease(s), etc. For this subtle individual prescription, pulse diagnosis is necessary. It is the only way to know which particular imbalances are present or dominate and therefore in need of immediate treatment within a patient's body. So how can this aetiological and epistemological complexity be translated into a fixed biomedical disease entity required to prove biomedically defined efficacy that is, for example, necessary for producing industrialised, quality approved and licensed pharmaceuticals? This is just one of the many questions of translation that we were addressing in this workshop.

Cairang Nanjia (Tsering Namgyal) began by documenting Agar-formulas in Tibetan medical, botanical and pharmacological texts used at present in Qinghai. He was focusing on the structure of the formulas, comparing the single ingredients and their relations to each other. We also looked at the different translations of these formulas into Chinese and English as well as German languages and prescription leaflets, adaptations that were sometimes also altering the actual composition of the formulas. The author of this report related her ethnographic material on different styles of production and prescription practices of Agar-formulas in both China and parts of Europe.⁵ Cairang and Schrempf developed together with advice from IT specialist Kapetanos a possible multi-level digital knowledge base structure of synonyms and homonyms in order to deal with the complexity of different languages,

⁴ <http://www.iucnredlist.org/details/32056/0>

⁵ For details, see Schrempf (2015, in press) 'Formula Regimes and Styles of Practice in Transnational Tibetan Medicine – a Comparative Perspective between China and Europe', in M. Schrempf and L. Springer (eds), *Efficacy and Safety in Tibetan and Chinese Medicine: Historical and Ethnographic Perspectives* (special issue), *Asian Medicine – Tradition and Modernity* 10 (1-2).

concepts and terminologies connected with the Agar-formulas in an adequate way using different disciplinary approaches as access points to the digital knowledge base envisioned. The preliminary results were presented at the workshop for discussion and have benefitted, among others, specifically from the input by Bob Allkin, IT-specialist for digital Plant Names Services at the Royal Botanic Gardens Kew, London. He explained why plant names matters and how he organises Kew's digital knowledge base using authoritative international name and taxonomic resources, what the obstacles are for appropriate naming and use, how things can go wrong, and the role of the food and drug administration in deciding what is toxic and what not.

Workshop participants used different sources for looking at the Tibetan Agar-formulas and analysed them following up on specific questions, such as: Which texts are important for understanding Tibetan *materia medica* and formulas produced today? Who produces these formulas using what kind of knowledge and production technology, and how is this connected to (biomedically defined) efficacy and safety issues? Which ingredients are we actually talking about in a specific formula and how do we identify them botanically while addressing their regional diversity at the same time? How and why are certain *materia medica* ingredients in a formula substituted? How does a formula work and for what kind of disorders, related to which organs etc.? How can we understand 'wind' (Tib. *rlung*) disorders in Tibetan medicine correctly, and in particular, 'heart wind' and 'life-sustaining wind' treated by Agar-formulas? Is a translation between these specific wind-disorders and what we call 'stress' possible at all?

These are complex issues without doubt that constantly required our own re-translation exercises between Tibetan, English and Chinese languages and inherent health and disease concepts in Tibetan and biomedicine as well as—at least where China is concerned—also in relation to Chinese medical concepts. The latter appear on package leaflets of Tibetan medicines in China, written in Chinese. Sources used and topics addressed ranged from analysing Tibetan historical medical and botanical texts for developing a feasible structure for Tibetan formulas (Dr. Olaf Czaja) to Chinese publications on minority medicines and how information on their *materia medica* is collected in China (Dr. Lena Springer); how the seminal Tibetan medical text, the *Four Tantras* or *rGyud bzhi* explains the classification and treatment of *rlung* disorders (Dr. Mingji Cuomu); how specific *rlung* disorders, specially 'heart wind' (Tib. *snying rlung*) and 'life sustaining wind' (Tib. *srog 'dzin rlung*), are taught to Tibetan medical students in Xining (Prof. Sanjjia) and what the experiences with treating *rlung* disorders at the Tibetan medical hospital in Xining are, demonstrated by the eminent 84 year old co-founder, teacher and physician-cum-pharmacist, Dr Nyima. Dr. Mona Schrempf talked about how Agar-compounds in their various formulations and in distinct styles of practice are prescribed in both Asian and European contexts. Dr. Colin Millard presented patient case studies and related prescription practices by Dr Lobsang Dhonden Soktsang for 'wind' disorders at the Tara Clinics, UK, in which, however, no Agar-compounds were used. IT-specialist Bob Allkin and medical botanist Christine Leon from the Royal Botanic Gardens Kew gave stunning presentations of the complexity of identifying in a botanically correct way just one single plant. In contrast, the ethno-botanist van der Valk asked questions on whether the fixation on a specific botanical identity of a particular medicinal plant, such as 'eaglewood', does not counteract or limit the diversity and regional flexibility and therefore sustainability of these plants used in Tibetan formulas whose ingredients mostly grow in the wild in the Himalayas and on the Tibetan Plateau and are often locally not accessible for small scale producers, such as private physician-cum-pharmacists. Dr Padma Gurmet from the Sowa Rigpa Institute in Ladakh demonstrated the ongoing efforts to cultivate and sustain

medicinal plants growing in the wild in Ladkha. Dr Brion Sweeney demonstrated the important work by the eminent scholar and teacher Akong Rinpoche in both his home area of Kham and the UK for Tibetan medicine focusing on the sustainability of medical plants. Florian Ploberger discussed Tibetan *materia medica* of Agar-formulas from the point of view of TCM-phytotherapy. Dr Herbert Schwabl, director of research at Padma AG, and Dr Cecile Vennos, head of regulatory and medical scientific affairs, explained how they had adapted the Tibetan formula Sogdzin 11 into becoming Padma Nervotonin (Schwabl and Vennos). Last but not least, Dr Michael Stanley-Baker, Chen Shi-Pei, and Brent Haoyang Ho from the Max/Planck Institute for the History of Science, Berlin, explained what a digital data base can offer if one is interested in mapping drugs across time and space.

The aim of the workshop was to sound out what kind of information is important in order to fully document and analyse Tibetan medical formula in a multidisciplinary and multilingual digital knowledge base. Only careful translations will allow to properly correlate different concepts used and applied to these formulas, from Tibetan, Chinese and bio-medical knowledge, the impact of regulatory regimes on the formulas in each national context. It would be desirable if in the future we could pursue an integrative and synthesising approach to Tibetan Medicine with a sensitivity to various interpretations in this multi-lingual endeavor as well as trying to correlate different disciplines and practices. The aim would be to explore careful and meaningful ways of representing Tibetan cultural and medical knowledge and develop suitable key search terms in different semantic networks as to make such a digital knowledge base a useful tool for researchers and practitioners alike.

On the workshop, see the website of EASTmedicine, University of Westminster:

<https://www.westminster.ac.uk/news-and-events/events/eastmedicine-international-workshop-0>