

different goals of workshop organizers and Sowa Rigpa practitioners that Blaikie et al. refer to. The authors are clearly conscious of the complex politics of knowledge embedded in their efforts to both organize this workshop and apply the CEE approach to it. How this might translate into a more extended process of collaboration, especially with Sowa Rigpa practitioners, would be worthwhile to explore more fully.

This article represents a major contribution to the development of the CEE approach; Blaikie et al. have pushed the boundaries of how such research can be conceptualized and enacted, particularly in the degree to which their work represents an engagement with both senses of collaboration.

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This article is based on a workshop organized by anthropologists in collaboration with Tibetan medical practitioners from the Himalayan Amchi Association (HAA). It used the theoretical framework of collaborative event ethnography (CEE) as a form of applied anthropological research methodology with the aim of not only encouraging knowledge exchange between doctors from different parts of the world who compound their own remedies, but also advancing the anthropological research of Tibetan medicine in its theory and contemporary practice in diverse social and political contexts, by creating a more integrated study connection with stakeholders.

From the manner in which the workshop was arranged, several advantages can be noted. From the point of view of the anthropologists, it opened up a new dynamic working relationship with the stakeholders through engaging in making medicines and receiving the sacred spiritual transmissions/authorizations. This not only enabled the researchers to observe the process of producing Tibetan medicine, but also to listen to the interpretations and discussions on the details of practice. This gave researchers an engaged learning experience in keeping with Hsu's (1999) view of "participant experience," which involves learning subject matter while collecting data. Additionally there was the opportunity to observe a special evaluation system, through debating and reasoning controversial issues, as a special way of refining knowledge, which is then evident through clinical results.

The Tibetan medical practitioners gained benefit in that the anthropologists used their prestigious role of having the access to wider social and geopolitical areas, and relatively long-term research experience in Tibetan medicine, to facilitate the exchange of knowledge and practice between doctors from different parts of the world, as well as empowering doctors from a more "marginalized" position in terms of both government recognition and educational level in the skill and knowledge of Tibetan medicine. Thus the anthro-

logical aid as applied research emerged from their scholarly position and politically nonsensitive role.

My own professional experience as a physician of Tibetan medicine, besides my role as an anthropologist, illustrates that traditionally every Tibetan doctor would be expected to have the knowledge and skills to perform all kinds of work involved in diagnosing and treating patients (e.g., medicinal ingredient identification, collection, detoxification and synthesis, as well as diagnosis and prescription). This process allowed for the discovery of the interdependent relationship between the inner being and the outer world (*phyi nang snod bcud rten 'brel 'brel ba*) as a core in the definition of holistic epistemology of Tibetan medicine (Cuomu 2012) through developing a true sense in determining the therapeutic properties possessed by different ingredients. This is also an important way to assess clinical efficacy and discover cures for life-threatening conditions. The composition of the medicines is highly dynamic in Tibetan medicine, depending on the nature and degree of the imbalance between the three dynamics (*lung, tripa*, and *béken*) (Cuomu 2012). Vital discussion points thus naturally emerged while making medicines and giving interpretations of practice during the workshop, and this is particularly important when communication opportunities between physicians across borders is rare.

Recent studies suggest that the production of Tibetan medicine has increasingly become influenced by the commercialization of medicines in order to follow GMP requirements for meeting commercial standards as well as massive production needs (Adams and Le 2010; Craig 2012). However, beyond this increasingly industrialized phenomenon in the medical fields of Tibet, traditional knowledge and practice such as compounding medicines oneself still continue providing one has the required knowledge and skills, with the support of a law called "medicine preparation house" (in Chinese: *yiyuan zhiji shi*), which runs parallel to GMP. This was evident from the experience of organizing a workshop entitled "Conference for the Preservation and Promotion of Special Clinical and Pharmaceutical Expertise of Private Doctors in the Tibetan Autonomous Region" under the framework of the Tibetan Medical College, Lhasa, in 2012, in which I surveyed the entirety of Tibet to seek out private doctors who have developed remarkable knowledge and practice in treating chronic health conditions. I noticed many of them still compound their own medicines and have found the cures for some incurable health conditions (e.g., severe rheumatic problems, oedema, and stroke). This is due to the fact that the practice of Tibetan medicine is largely based on the individual physician's knowledge and wisdom rather than hospital infrastructure. Physicians' skills are refined particularly in a rural environment where the community's health heavily relies on the physicians, with limited choice. In short, this event was innovative, not only setting a good example and possibility for the anthropological study of Tibetan medicine, but also as a platform for exchange between Tibetan medical practitioners.