

## ANNEXURE - 1

**With reference to B.1 Name of element in English or French**

*Indicate the official name of the element that will appear in published material.*

*Sowa-Rigpa, Knowledge of Healing or Science of Healing*

**Comment:** Filing 'Sowa-Rigpa', the entire medical system under UNESCO's Intangible cultural heritage is unlike the previous nominations of UNESCO's ICH which is strange.

**With reference to B. 3. Other name(s) of the element, if any**

*In addition to the official name(s) of the element (point B.1), mention alternate name(s), if any, by which the element is known.*

*Amchi Medicine, Buddhist Medicine etc.*

**Comment:** The word 'Amchi' is originally a Mongolian word. Literally, Sowa-Rigpa practitioners are called "sMenpa". *Menpa Kachupa, Menpa Rabjampa* or *Menrampa* are some of the traditional nomenclatures of degrees given in the process of their study. Since the reign of Tibetan Emperor Trisong Deutsen, Sowa-Rigpa practitioners are called as *Lha-rJye*. Tibetan Medicine practitioners are generally called Amchi or Amji which is colloquially and generally used in the central Tibetan region and gradually the usage has spread to other neighboring states. This practice of usage of word Amchi came into existence during and after the conquest of central Tibet by the Mongolian army in the 17<sup>th</sup> Century which supported to establish Gaden Phodrang Government. Meaning that, since then unto the middle of 20<sup>th</sup> century, aspirants from the Indian Himalayan region; India, Nepal, Sikkim, Bhutan who used to visit Tibet to pursue Buddhist studies or Tibetan Medicine and practiced there. And many of them returned and continue their practices in their respective places to further promote and serve their communities. Lately Sowa-Rigpa is being used with nomenclature such as Amchi System in Ladhak, India, Himalayan Medicine in Nepal, Buddhist Medicine in Bhutan (report of panel of expert-P50) and Mongolian Traditional Medicine in Mongolia. Although they all follow the same tradition of Sowa-Rigpa originated in Tibet. Sowa-Rigpa is a Tibetan word meaning Science of healing which has a long history and complex system of theory and practice developed in Tibet for thousands of years.

**With reference to C. Name of the communities, groups or, if applicable, individuals concerned**

*Identify clearly one or several communities, groups or, if applicable, individuals concerned with the nominated element.*

*Sowa-Rigpa is the Traditional system of communities which inhabit the .....*

**Comment:** The communities mentioned here are those where Sowa-Rigpa spread from Tibet in due course of time and practiced in their communities. It is relevant to state that the practitioners of Sowa-Rigpa from these areas have not contributed to the creation of Sowa-Rigpa literature which has huge corporal body running into several thousand treatises authored by Tibetan Scholars through research and practice. There does not exist academic institutions established for the study of this system in these communities before middle of 20th century. Therefore, desirous aspirant students from these communities used to go to Tibet and return after completing their studies. In the recent past, scholars like Khunu Lama Tenzin Gyaltzen from Kinnaur, Sundar Singh from Spiti, Tashi Yarphel from Ladakh, the contemporary living scholars like Prof. Sempa Dorjee from Kinnaur, Former Gaden Tripa Rizong Rinpoche from Ladakh, have emerged as eminent scholars from these centers and went back to serve and contribute greatly to their community.

**With reference to D. Geographical location and range of the element**

*Provide information on the distribution of the element within the territory(ies) of the submitting State(s), indicating, if possible, the location(s) in which it is centred. Nominations should concentrate on the situation of the element within the territories of the submitting States, while acknowledging the existence of same or similar elements outside their territories. Submitting States should not refer to the viability of such intangible cultural heritage outside their territories or characterize the safeguarding efforts of other States.*

*Sowa-Rigpa, originated in India”*,

**Comment:** The statement given here with respect to historical aspects of Sowa-Rigpa is completely distorted. In the second chapter "historical background" of the report submitted by “Panel of Experts Constituted by the then Secretary, Ministry of Health & family welfare, Govt. of India on 3<sup>rd</sup> May, 2007”, clearly mentions the historical aspects of Sowa-Rigpa system. The report is the fundamental document on the basis of which Sowa-Rigpa was recognized by government of India after having passed in both houses of the parliament. Sowa-Rigpa, the Tibetan medicine is traced well before Buddha era, which evolved in course of time and later developed into a sophisticated system with the profound philosophy and complex practice. It is not only documented in the Tibetan history but are evidently recorded and are still published by historians through research findings in the neighboring countries like China, Persia, Central Asia and Mongolia etc. From these facts and documentation, the history of Sowa-Rigpa can be understood.

The indigenous religion of Tibet, BON has strong impact on the development of Sowa-Rigpa before Buddhism reached Tibet. The Lord Shenrab Mivo gave wide range of teachings on various disciplines including medicine which includes 21,000 teachings. This was compiled by *Chebu Trishes* which is known as *Bumzhi*. Even to this day, this text is studied by many Sowa-Rigpa practitioners.

.....was introduced in the Trans-Himalayan region around 8<sup>th</sup> century AD,

**Comment:** The origination of Sowa-Rigpa as mentioned in the dossier is not found in any established documents. Due to occupation of Tibet in the mid-20<sup>th</sup> Century by communist China, His Holiness the XIV<sup>th</sup> Dalai Lama followed by thousands of Tibetans fled to India and with the generous support of the Government and people of India, various Tibetan settlements, Tibetan schools, Centers for Tibetan Studies and Monastic Institutions were established. In these institutions and monasteries following the earlier tradition, the youngsters from Indian Himalayan region, Nepal, Bhutan and Mongolia come to study Buddhism and Sowa-Rigpa. The leading scholars in these regions are products of Institution of Tibetan community. Many of the Sowa-Rigpa practitioners who have completed medical education in Tibetan Medical Institutions in India are serving in their communities. According to Central Council of Tibetan Medicine's (CCTM) official record, total number of five hundred (500) Sowa-Rigpa practitioners have registered from which 360 are Institutionally Qualified Medical Practitioner (QMP) and 140 are Non Institutionally or Registered Medical Practitioner (RMP). Among these registered practitioners, 136 are from the Indian Himalayan regions, 16 from Nepal, 3 from Bhutan and 1 each from Mongolia, Russia, Korea, Japan and the remaining 341 are Tibetans living in exile.

### **With reference to 1. Identification and definition of the element**

(i) Provide a brief description of the element that can introduce it to readers who have never seen or experienced it.

.....The term Sowa-Rigpa is derived from Bhoti Language....

**Comment:** Bhoti Language is a new nomenclature for Tibetan Language evolved in the recent past in the Indian Himalayan Region.

.....since many of text of Sowa-Rigpa (approximately more than 75% are taken from one of the most famous treatise of Ayurveda i.e "Astanga Hridaya" in one or other form.....

**Comment:** There are thousands of Sowa-Rigpa texts authored by Tibetan scholars which are not based on *Ashtanga Hridayam* (Details in Reports of panel of experts - Annexure B)

The principle medical text "rGyud-bZi" (*Chatush Tantra-a textbook of fundamental principles of Sowa-Rigpa in Sanskrit language*) was translated into Bhoti language around 8<sup>th</sup> – 12<sup>th</sup> Century and amended by Yuthok Yontan Gombo and other scholars of Trans Himalayan region according to the socio-climatic conditions.

**Comment:** Again, *rGyud bZhi* as a text is a celebrated text authored by Yuthok Yonten Gonpo. It has evolved on the basis of rich body of literature pertaining to theory, practice and clinical experiences in its long history. This *rGyud bZhi* which can be translated as *Chatush Tantra* in Sanskrit is not translated from any other language, rather is an original Tibetan work of Yuthok Yonten Gonpo in the 11<sup>th</sup> Century. The textual compositional style including categorization of

topics, contents, linguistic usage and syntactical style are completely different from the texts translated from Sanskrit into Tibetan. It does not share the characteristics of the translated text rather it has the nature of being authored by an indigenous Tibetan that is common with the other plethora of works. There are many examples and analogies which are unique to Tibetan flora, fauna and culture. These evidences are more than enough to recognize *rGyud bZhi* as a Tibetan Indigenous treatise. All the texts translated from Sanskrit and other Indian languages are enlisted in the catalogues of *kagyur* (translation of Buddha's Teaching around 1500 titles) and *Tengyur* (The works of Indian Buddhist Masters around 3500 titles). Had the *rGyud bZhi* been translated from Sanskrit it must have been listed in these categories but it is not found in any list nor reference of *rGyud bZhi* is found in any Indian medical texts so far available nor it is referred in any literature of Indian medicine.

However, some prominent medical works of Indian Buddhist masters like *Yogashatak* of Acharya Nagarjuna and *Ashtang Hridayam* of Acharya Vagbhatt and two commentaries have been translated into Tibetan and they have made substantial influence on Sowa-Rigpa. Although these days *rGyud bZhi* is regarded as the most prominent text of Sowa-Rigpa, many of the components of philosophy, theories, practices and their application are not found in *rGyud bZhi* but found in great details in other texts. There are more than eight thousand (8000) Sowa-Rigpa texts authored by Tibetan Scholars published in Tibet which are currently found in the Shantarakshita Library of CIHTS. These works are the result of their contemplation, clinical practices and clinical research which itself is a significant evidence of rich tradition. For instance, in terms of practise, at the end of 3<sup>rd</sup> Century AD, the prince of Tibetan King Drong Nyen Deu, became blind due to cataract which was surgically removed with the use of Golden probes. Such surgical practice is still alive and intact today and there are many similar and critical instances in the following centuries. During the Tibetan emperor Songtsen Gampo (615-650 CE) and Trisong Deutsen (742-798CE), many scholars from neighboring countries had been invited for exchange of medical knowledge and practices prevalent in their respective countries: India, China, Persia, Greece. Such exercises of contemplation on theory and practices of medicine have eventually culminated into an important medial treatise known as *Sochad Dawai Gyalpo*.

*(ii) Who are the bearers and practitioners of the element? Are there any specific roles, including gender-related ones or categories of persons with special responsibilities for the practice and transmission of the element? If so, who are they and what are their responsibilities?*

*Traditionally Sowa-Rigpa practicing families and Sowa-Rigpa Gurus were the custodians of **this ancient healing system of India**.*

**Comment:** As mentioned earlier, Sowa-Rigpa which originated and existed thousand of years in Tibet before common era was further enhanced by the Tibetan emperor Songtsen Gampo and Trisong Deutsen who passed an ordinance with thirteen points related to medical ethics, rights and duties of Sowa-Rigpa practitioners, patients and general-public. This was followed by all the practitioners in all the regions of Tibet. After coming to exile, the Men-tsee-khang (TMAI) was re-established in Dharamsala, Himachal Pradesh, India, which became the headquarter of Sowa-Rigpa in exile which governed all the Sowa-Rigpa institutions and practitioners in India.

Eventually the Central Council of Tibetan Medicine (CCTM) was formed to regulate the academic standards and practices of Sowa-Rigpa and this body maintains the registration of Sowa-Rigpa practitioners, scrutinizes the standards of Sowa-Rigpa Colleges and Sowa-Rigpa Pharmacies.

*(iii) How are the knowledge and skills related to the element transmitted today?*

*The major institutions of Sowa-Rigpa are Sowa-Rigpa Faculty in Central Institute of Buddhist Studies, Leh under the Ministry of Culture, Government of India, and Astro Institute, Dharamshala (Himachal Pradesh).*

**Comment:** Name of the other major institutions of Sowa-Rigpa are missing such as

- Department of Sowa-Rigpa, Central Institute of Higher Tibetan Studies, Sarnath, Varanasi, Uttar Pradesh
- Chagpori Tibetan Medical Institute, Darjeeling, West Bengal
- Medical College of Sorig Bumzhi, Menriling, Dholanji, Distt. Sirmour, Himachal Pradesh

In all of these institutions, the texts authored by Tibetan Scholars are studied including *rGyud bZhi*.

*(iv) What social functions and cultural meanings does the element have for its community nowadays?*

*Sowa-Rigpa is considered among the **five major sciences of Himalayan Buddhist practice** and it has great relevance for the society.*

**Comment:** Sowa-Rigpa is certainly one of the five major fields of studies which are widely and comprehensively prevalent in Tibet for more than a millennium which gradually spread into other regions of the neighboring countries and Indian Himalayan region.

## **2. With reference to 2. Contribution to ensuring visibility and awareness and to encouraging dialogue**

*(i.a) Please explain how this would be achieved at the local level.*

*.....the younger generations are not attracted to traditional practice like Sowa-Rigpa.....*

**Comment:** The statement that the younger generations are not attracted to traditional practices of Sowa-Rigpa is not applicable to the Tibetan community since there is increasing number of Tibetan youngsters desirous to pursue the education in Sowa-Rigpa and the institutions are facing problems to accommodate the aspirants.

## **With reference to 3.b.Safeguarding measures proposed**

*This section should identify and describe safeguarding measures that will be implemented, especially those intended to protect and promote the element. The safeguarding measures should*

*be described in terms of concrete engagements of the States Parties and communities and not only in terms of possibilities and potentialities.*

*(i) What measures are proposed to help ensure that the viability of the element is not jeopardized in the future, especially as an unintended result of inscription and the resulting visibility and public attention?*

.....*Ashtang Hriday is a source/ main text for the Sowa- Rigpa. ....*

**Comment:** *Ashtanga Hridayam*, translated into Tibetan in 11th century has some impact on Sowa-Rigpa (Tibetan Medicine) which was already a fully developed system by 11th century. Sowa-Rigpa practitioners study this text as a supplementary.

.....*safeguard this trational traditional practice of Sowa-Rigpa of India*

**Comment:** Sowa-Rigpa in India.

## **With reference to 4. Community participation and consent in the nomination process**

### **4. a. Participation of communities, groups and individuals concerned in the nomination process**

*Describe how the community, group or, if applicable, individuals concerned have actively participated in all stages of the preparation of the nomination, including in terms of the role of gender.*

*States Parties are encouraged to prepare nominations with the participation of a wide variety of other parties concerned, including, where appropriate, local and regional governments, communities, NGOs, research institutes, centres of expertise and others. States Parties are reminded that the communities, groups and, in some cases, individuals whose intangible cultural heritage is concerned are essential participants throughout the conception and preparation of nominations, proposals and requests, as well as the planning and implementation of safeguarding measures, and are invited to devise creative measures to ensure that their widest possible participation is built in at every stage, as required by Article 15 of the Convention.*

..... *efforts have been made to incorporate all the major stakeholders during preparation of nomination. Meetings and workshops were organized for practitioners of Sowa-Rigpa, community heads, religious heads, government institutions, local and state government, communities, NGOs and individual Amchis etc.*

**Comment:** In the process of all stages of preparation of nomination, none of the following organizations and institutions were consulted who are the prominent stakeholders of Sowa-Rigpa in India which are Central Council of Tibetan Medicine (CCTM), Tibetan Medical and Astro.

Institute (TMAI), Dept. of Sowa-Rigpa, CIHTS, Sarnath, Chagpori Tibetan Medical Institute, Darjeeling and Medical College of Sorig Bumzhi Menriling, Solan, H.P.

.....*Most of the stakeholders have keenly collaborated in the preparation of the dossier as well as preparation of documentation material, photographs and a representational film.*

**Comment:** As mentioned above, the statement is not true since none of the stakeholders were consulted at any stage.

.....*This concern can be gauged by the number of consent documents that have been obtained, which support the submission of this dossier.*

**Comment:** The consent letter was collected before the final preparation of dossier by which many of them are totally unaware of contents in this final dossier. Considering the consent letter, many of them have inscribed Sowa-Rigpa as an Intangible Culture Heritage of Humanity which is a fact since Sowa-Rigpa is a treasure of the world.

#### **4. b. Free, prior and informed consent to the nomination**

*The free, prior and informed consent to the nomination of the element of the community, group or, if applicable, individuals concerned may be demonstrated through written or recorded concurrence, or through other means, according to the legal regimens of the State Party and the infinite variety of communities and groups concerned. The Committee will welcome a broad range of demonstrations or attestations of community consent in preference to standard or uniform declarations. Evidence of free, prior and informed consent shall be provided in one of the working languages of the Committee (English or French), as well as in the language of the community concerned if its members use languages other than English or French.*

*Attach to the nomination form information showing such consent and indicate below what documents you are providing, how they were obtained and what form they take. Indicate also the gender of the people providing their consent.*

.....*Many Sowa-Rigpa Institutions, Organizations, Experts and Stakeholders have sent their consent through mail.*

**Comment:** None of the Tibetan communities/organization and Institution has given consent letter mentioning Sowa-Rigpa as originated in India.

#### **With reference to 5. Inclusion of the element in an inventory**

*(v) Explain how the element was identified and defined, including how information was collected and processed 'with the participation of communities, groups and relevant non-governmental organizations' (Article 11.b) for the purpose of inventorying, including reference to the role of the gender of the participants. Additional information may be provided to demonstrate the participation of research institutes and centres of expertise*

*A dialogue and interaction with the primary practitioners, groups, societies, communities and individuals was executed. The leading Sowa Rigpa research institutions and centres of expertise, Amchis, teachers practitioners, students, professionals etc were included in this dialogue. The communities and tradition bearers are regularly consulted for this endeavor. Meetings were held for this task in Leh- Ladakh and also in Delhi at the Ministry of AYUSH. The consensus to this decision of including Sowa-Rigpa in the National Inventory of Intangible Cultural Heritage of India was arrived at after consulting its respective community bearers and stakeholders. We acquired their recommendations and consent regarding the same.*

**Comment:** As mentioned above, none of the above important stakeholders were approached to take decision in inclusion of Sowa-Rigpa in the National Inventory of Intangible Cultural Heritage of India.

*The information for the completion and updation of the inventories have been acquired from the various groups, institutions, centers, community bearers and stakeholders of the element. National seminars, workshops, panels and individual interviews were conducted in this regard, in order to get their valuable knowledge, insight and approval on this element, its inscription and its inclusion was effected in the inventory list.*

**Comment:** The major stakeholders of the system recognized by AYUSH Ministry like Tibetan Medical & Astrological Institute (Men-Tsee-Khang) Dharamsala, Department of Sowa-Rigpa, Central Institute of Higher Tibetan Studies, Varanasi, Chagpori Tibetan Medical Institute, Darjeeling and Central Council of Tibetan Medicine, Dharamsala were never involved while collecting and processing information relating to updation of the inventories nor were called to any meeting held in Leh, Ladakh and Delhi for this purpose.

### **With reference to 6.b. Principal published references,**

*Submitting States may wish to list, using a standard bibliographic format, the principal published references providing supplementary information on the element, such as books, articles, audio visual materials or websites. Such published works should not be sent along with the nomination.*

2. Anonymous. *Gyud-bzh. Tashigang Publishers, BPO Nimo, Leh 1970.*

**Comment:** *Yuthok Yonten Gonpo* (1126–1202 CE) was a Tibetan doctor credited with composing *rGyud bZhi*; the Four Medical Tantras/Treatise of Tibet. Therefore, the reference no. 2 should not be left with an anonymous author.

.....1. *Book- Descriptive Catalogue of Sowa-Rigpa Manuscripts, Vol. 1, 2, 3, 4, Published by National Institute of Sowa-Rigpa, CCRAS, Ministry of AYUSH, Govt. of India 2012-2016.....*



**Comment:** Reference of articles, audiovisual materials and websites produced by the few individuals and institutes are not the major stakeholders and torch bearers of Sowa-Rigpa in India and recognized by AYUSH Ministry. Publications and materials produced by other major institutions; Tibetan Medical & Astrological Institute, Men-Tsee-Khang, Dharamsala, Department of Sowa-Rigpa, Central Institute of Higher Tibetan Studies, Varanasi, Chagpori Tibetan Medical Institute, Darjeeling are not mentioned here which numbers around hundred. Descriptive catalogue of Sowa-Rigpa Manuscripts vol.1, 2, 3, and 4 published by NIS contains the lists of works on Sowa-Rigpa authored by Tibetans and published in Tibet. Moreover, there is a huge corpus of literatures on Sowa-Rigpa more than eight thousand authored by Tibetans and published in Tibet which are available in series of publications brought from Tibet.

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