



Profile of a Tibetan Healer

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Daughter of the first Tibetan woman doctor. Dr Tsewang Dolkar Khangakar in an interview gives a moving account of a lost country, an exiled people and her role as a healer to preserve a disappearing culture

SEATED behind a large wooden desk in her clinic in South Delhi, Dolkar looks like any other young urban doctor. As I entered the clinic it occurred to me that were it not for the Buddhist scrolls adorning the walls I might be in any medical establishment—the rooms are neat, clean and full of waiting patients. Yet Dolkar is far from a run of the mill physician. She is a Tibetan healer and the daughter of Lobsang Dolma Khangkar (1935-1989), the first woman ever to become a doctor in the Tibetan healing tradition. I spoke to Dolkar for the first time in July 1993, expecting to gather information for a brief profile on the life of her mother. Instead I encountered a moving account of a country lost, an exiled people, and two women who have, in their capacity as healers, helped to preserve a rapidly disappearing culture.

The story begins with Dolkar's mother who was born in the Tibetan village of Kirong in 1935. Her mother's family was one of three land owning families in the village. "Something like zamindars," her daughter explains to me, translating easily between the Tibetan concept and the Urdu word she knows will be comprehensible in the country of her exile. She gestures to indicate that her family owned a great deal of land. Before the Chinese

invasion, Tibetan society was highly stratified. A small group of aristocratic families owned the majority of land while the labour was performed by members of the lower castes. Dolma's family had around 22 lower caste families living on their land who tended the livestock, and grew vegetables, rice, barley and wheat. "They were like permanent servants because their families always lived on our land—not exactly like slaves, but similar, although they were not treated like slaves," Dolkar says. "Like a feudal system," I suggest. She nods assent, explaining that all families belong to an

occupational caste. A family continued to live on the same land generation after generation under the auspices of the landowner's family, who collected taxes from the residents annually. The landowning families, therefore, retained much of the village's wealth and occupied positions of social prestige and power. "If you had a beautiful daughter, you had better hide her or someone on the top might just take her," Dolkar mocks. Reflecting on the hierarchical and caste bound nature of traditional Tibetan society, she says: "I won't say it was a very good



1980, Dolkar and her mother come to Delhi for good

system if I think about it now, but at that time I might have liked it. Now—after the Chinese—it is absolutely different.”

Her mother’s family was reputed not only for its large land holdings but for its unbroken lineage of doctors as well. “My mother’s family was a family of religion,” the daughter explains, “like Brahmin families in India.” The Tibetan healing tradition is traditionally passed down in “religious” families from father to son. It involves more than a knowledge of herbal and mineral remedies. Astrology, poetry and other traditional arts are necessary as well. Healers are a repository of Tibetan culture. Healing “is performed like prayer,” says Dolkar, “it is inspired by compassion only towards good ends... so up until my mother’s generation it was not charged for at all.”

Dolkar’s mother had two brothers who, as the sons of a religious family, would have been trained as doctors. However, both boys died at a very early age and Dolma was raised as the family’s son. Her father sent her to school to learn the necessary arts for healing. “Was it very unusual for a girl to go to school?” I ask Dolkar. She looks surprised at my naivety. “Tibetans do not educate their girls,” she replies. “What do Tibetan women usually do?” I ask. Dolkar smiles. “They get married, have babies, work in the fields.” But she goes on to explain that she does not know of any scriptural taboo against women becoming doctors. “Tibetans talked disparagingly about women,” she says. However, the reality was that many Tibetan women lived in a situation of relative equality.

Dolkar says that most Tibetan parents do not prefer the birth of a son over the birth of a daughter the way many Indian parents do. This maybe largely due to the fact that there has never been any economic



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incentive to prefer a son. There was little gender segregation with respect to occupation. Men and women both worked as farmers, did the cooking, took care of the children, marketed and so on. While it may have been “traditional” to pass on occupational skills from father to son, it often did not work out that way. Women often possessed the same skills as their husbands or fathers, particularly if the skill was land based such as farming, or raising livestock. Therefore, with a relatively equal division of labour, there was no belief that a son would bring more wealth and prosperity to the family. Furthermore the birth of a daughter did not necessarily signify a loss of money, property or labour as a result of inmarriage. Tibetan marriage practices are not entirely patrilocal. A woman may move in with her husband’s family or a man may move in

with his wife’s family. Marriages were arranged; the two families would decide which arrangement was more suitable for them.

Dolkar’s mother remained with her natal family after her marriage brought her husband into her family. Tibetans have a dowry system. When a woman got married, the wealth she took to her husband’s home was inheritance rather than dowry. If a daughter was leaving her natal home to join her husband’s family, her parents were likely to give her a portion of their possessions. If she remained with her natal family after marriage she would inherit whenever her parents decided to divide their possessions among their children. With neither an exclusively patrilocal marriage practice nor a patrilineal system of inheritance, women were



The first Tibetan woman doctor: Lobsang Dolma Khangkar

not considered to be depriving their families of either wealth or labour.

Tibetan culture also contained relatively few sexual taboos that effected women adversely. There was little stigma attached to illegitimacy, and sexual relations (both in and out of wedlock) and pregnancy were considered entirely natural. Women as well as men were permitted to have more than one spouse and if her spouse or spouses died, a woman was free to remarry or remain single according to her preference. Neither the female nor the male body was a cause for concern or shame. "Both men and women bathed together [nude] in the same hot spring... it was very innocent and natural," Dolkar says. But she quickly adds that relations between the sexes have changed drastically. "We Tibetans — living in India — have seen the Hindi films," she says laughing, and the intrusion of Chinese culture in Tibet has altered the Tibetan value system. Prior to the Chinese invasion, Dolkar believes, class and caste distinctions presented greater social barriers than gender differences. However, in the realm of education gender did serve as a handicap. She explains that while most Tibetan families could not afford any formal education, the few families that could do so tended to educate their sons rather than their daughters. Occupations that required formal education were, therefore, not performed by women, though men and women partook equally in most of the other spheres.

Given the reluctance to educate women, it is not surprising that Dolkar's mother faced great difficulties as the lone village girl receiving education. Dolkar remembers her mother telling her how the village girls teased her when she went to school each morning. "They would say, 'What is the point?' [of educating a woman]," explains Dolkar.

A Tibetan doctor's education is gruelling. Dolma often had to leave her children and husband for months to study with her teachers in their remote mountain homes. "It is an ancient way," says Dolkar, "there was much beating by the teachers... and so much to learn." Her mother's classmates did not want to share their education with a girl. "They pulled her hair and made things very hard for her but my mother fought back."

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Even after Dolma was an established physician of considerable repute, the stigma of being an educated woman caused problems. After coming to India she tried to get a job as a teacher in a school for Tibetan refugees, but the headmaster would not hire her because she was a woman. "They could not believe that she could write," says Dolkar. Although Dolma was exceedingly well known in Tibet for her healing arts, Dolkar feels she did not receive the respect that she deserved.

Dolkar was born in the same Tibetan village as her mother. But, unlike her mother, she was not brought up and schooled there. She explains that it took many years for the effects of the Chinese invasion to reach the village of Kirong. "Geographically Tibet is a vast place," she says "but the population is small." In those days

there was little communication between villages. "You had to go on a horse for months just to reach the capital." It took time for people to hear about the political developments in other parts of the country.

When the Chinese first came to Kirong they came under the guise of friendship, but soon they began arresting the landowners and aristocrats. Dolkar recalls her grandmother describing one of the techniques of harassment favoured by the Chinese. "They lined up the rich aristocratic families and brought all their servants." The servants were made to "beat them, spit at them, call them names and say 'You did this to me or that to me.'"

Two of her uncles were arrested and imprisoned until very recently. They came to visit Dolkar in India after they were freed. One of them is very crookbacked, from damage done to his spine during his captivity. Dolkar's grandfather was also imprisoned but only briefly. Hediedin 1959, two months after his release, as a result of the conditions of several malnutrition he had lived under while in jail. It was after her grandfather's death that Dolkar's family escaped to Nepal and then came to India. She was only six months old when she left Tibet, far too young to remember anything about it. Her immense knowledge of Tibetan culture has been learned from her family and as part of her training as a doctor, rather than from first hand experience.

But within the first half hour of our conversation she referred to Tibet repeatedly as if she had left only recently. She prefaced many of her comments with the phrase, "before we lost our country," and as she spoke of her family's experience it became apparent that although her mother was unique in her occupation, her family's story is common to all Tibetan refugees. "Many people leave all their

belongings in Nepal. They believe they will return to Tibet in a few years,” Dolkar explains. She remembers how upset her grandmother was when she first set up her practice in New Delhi. “My grandmother would insist that we were going back soon ...but I am more practical.”

When her family first arrived in India in 1960, Dolma and her husband went to work as coolies building a road in Manali. Dolkar, then scarcely a year old, and her older sister went with their grandmother to Dalhousie where the two young girls were enrolled in a school for Tibetan refugees. “I didn’t see my mother for a long time,” she remembers. Why did her family decide to separate, I ask. Dolkar shakes her head, unsure. She thinks that it may have been the refugee organisation that split her family, but neither she nor her family really knows. She was told that everyone boarded a train in Nepal. No one spoke Hindi, no one knew exactly where they were going, no one was sure what they should do, and perhaps in all that confusion the family was separated. “I thought my grandmother was my mother for years,” she says. Thousands of Tibetan families were separated when they fled from their homeland. “Many Tibetans still do not know whether their relatives are alive or dead.” After Mao died, Chinese control over Tibet was relaxed and many Tibetans were able to make contact for the first time with their families still in Tibet. Currently the situation for Tibetan refugees is better. Many still come to India, but there is no longer a need for refugee camps. The route from Tibet to India has become familiar, more people speak Hindi, and new refugees are likely to have some relative or friend already living in India.

Dolkar attended the refugee school in Dalhousie for several years.



Tsewang Dolkar in her Clinic

When her mother returned from Manali to join her there, she took her out of school and began her medical education at home. In those days, Dolkar remembers, the patients were Tibetans who remembered her mother

and working as a coolie, I ask. “My mother took everything very well... and sometimes the stomach is louder than any pride.”

Within two years, Dolma was appointed chief physician at the Dalai Lama’s medical centre in Dharamsala and the family shifted there from Dalhousie. Dolkar was then enrolled in a school of Tibetan medicine in Dharamsala. She would spend most of her day in class and then return home to train with her mother. She recalls late night visits to the homes of patients who were too sick to move, and patients who travelled for days to see her mother. “My mother did not have much time to enjoy life,” she reflects. When she had finished her medical training, Dolkar became very involved in her mother’s work. In 1975 and 1978, when several western universities took Dolma to Europe and America to introduce Tibetan healing, Dolkar took charge of her mother’s patients and started treating them. After three years of working with her mother, Dr Dolkar came to Delhi to begin her own practice. “My mother wanted me to be independent,” she says, “I had to

“The changes in Tibetans, even those still living in Tibet, make Dolkar fear the extinction of Tibetan Culture. The population of Tibet is now more than half Chinese... I am happy living in India, but sometimes you wish you had your own country.”

from their homeland. But it was difficult to treat patients and still feed and clothe the family. “In Tibet, healing is like social work,” Dolkar reminds me, “there is no money involved.” Her mother was then working as a house mother in a boys’ school, knitting sweaters and weaving carpets to make both ends meet. “But still she never turned anyone away,” recalls Dolkar. How did her mother, a distinguished doctor, feel about knitting sweaters

make my own road.”

Dolkar remembers her first years in Delhi as overwhelming. “I came from a village, to this place,” she says laughing. The Ganga Daya Charity Clinic hired her as a doctor shortly after she arrived, but within two years the clinic was closed down. “So patients came to my house,” Dolkar says, “it did not matter to sick people whether the hospital was opened or closed.” She laughs as she describes those days—patients would come to her house and the dinner dishes were on the table and her daughter was running around in dirty diapers. “I had to learn to look like a doctor,” she says eyeing her spotless establishment with a wry smile.

For several years Dolkar rented houses wherever she could. Eventually she felt the need to settle her practice in one place. “In Tibet we wear big jewellery,” she explains, motioning to indicate heavy bangles, “jewellery has a great cultural value, but this clinic was necessary.”

Dolkar tries to keep the clinic as traditional as possible. “Sometimes I want to make it very big and free to everyone... but that is just childish.” Now, unlike her mother, she must charge for the cost of medicine in order to keep the clinic going, but consultation is still free of cost. “If someone is a religious person [monk or priest] or is too poor to afford the medicine then I give them for free, but it cannot be a charity clinic anymore.” Dolkar still practices the traditional methods of pulse diagnosis, and prescribes only traditional remedies. Every year she travels to the mountains in Sikkim to collect herbs for medicine and give free treatment to the tribal people of the area. “My husband says that I am keeping the culture alive. I don’t know, but I try.”

The changes in Tibetans, even those still living in Tibet, make Dolkar fear the extinction of Tibetan



With a Tibetan family during one of her Himalayan treks

culture. The population of Tibet is now more than half Chinese; Tibetans still living there have been moulded by Chinese culture. “When we see some Tibetan drama... it is like a Peking Opera,” she says referring to the fact that many Tibetans living in Tibet now have Chinese accents. “Maybe I expect too much,” she ponders, knowing that in Tibet people have no choice but to live under Chinese rule. Dolkar says she has stopped following political developments in Tibet. She recalls seeing a video of the “Chinese army beating Tibetan monks and the monks going haywire.” “It was too much,” she says. “I am happy living in India... but sometimes you wish you had your own country.”

Since Dolma passed away in 1989, Dolkar now continues the Khangkar

tradition. She hopes to train her daughter in the art of healing, but so far the younger Khangkar is not showing any signs of interest. “Everything is different now, modern. So I do not want to force her. I think when she is older she will appreciate it,” Dolkar says, glancing at a nearby picture of her mother. She wants her daughter to appreciate not only the advantageous effects of Tibetan medicine, but more importantly the cultural and personal heritage it represents.

“I’d like to write about you and your family,” I remind Dolkar as we finish talking. “Yes,” she smiles, “but everyone has some story and every one thinks that hers is the worst. Mine is not so interesting...”