



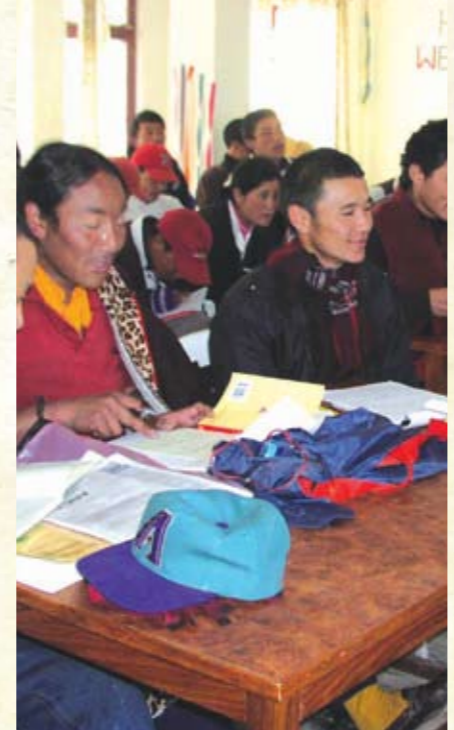
Planned Project Outputs (tangible)

1. Generation of qualitative and quantitative data on key medicinal plants, including information on current distribution and harvesting techniques, common pharmacological and clinical applications, and potential value-added uses; other useful outcomes of this research will include indigenous and ethnobotanical evaluation of the differences in species planted in diverse altitude and climate gradients in the western and central Nepal Himalaya.
2. Design and trial implementation of standardized evaluation methods for medicinal plant quality and efficacy based both on indigenous knowledge and biochemistry; these measures will attempt to integrate (as well as show points of potential conflict) amchi classification systems and quality control standards and those outlined for MAPs/Traditional Medicines according to WHO Good Agricultural Practices (GAP) and Good Manufacturing Practices (GMP) guidelines, and relevant national standards for commercial NTFPs/MAPs.
3. Generation of concomitant 'best-practices' guidelines on sustainable harvesting and ex-situ high-altitude cultivation developed and implemented by amchi across Nepal, in consultation with technical experts and local CBOs;
4. Multi-lingual dissemination of these 'best practices' guidelines in the Himalayan region where the amchi profession is practiced;
5. Training curricula for community-based conservation programmes and evaluations of initial trainings for further curricular development and outreach programme implementation;
6. Improved quality and availability of amchi medicines for local use; provision of amchi medicine to villagers in Mustang District;
7. Qualitative and quantitative data on unprocessed medicinal plants and compound medicines used, illnesses treated, and outlying health problems among villagers in participating VDCs;
8. Initial proposals / trials for the creation of local micro-enterprises based on the use of MAPs/NTFPs geared toward both sustainable sourcing and sustainable livelihoods;



Estimated budget to run the project (in US\$)

Budget	US\$
1. Allocated budget from GEF-SGP	\$49,691
2. Implementing NGO's own source	\$17,294
3. Co-financing agencies	- 0 -
4. Others if any	\$7,300
Total:	\$74,285



Stakeholders, Beneficiaries, and Financial and Scientific Partners

- | | |
|--|--|
| 1. United Nation Development Programme, Global Environmental Fund /Small Grant programme | 8. Ministry of Education and Sports, |
| 2. Himalayan Amchi Association of Nepal | 9. Ministry of Local Development – Remote Area Development Committee |
| 3. Mustang District-level Amchi Association | 10. WWF Nepal Programme |
| 4. Members of Community Based Organizations (CBOs) | 11. Annapurna Conservation Area Project |
| 5. Local institution (schools and clinics) of amchi medicine, Lo Kunphen Mentsikhang and School, Lomanthang VDC, Mustang | 12. SEEDS Nepal – DROKPA |
| 6. Ministry of Health and Population – Ayurveda Council, | 13. Plantlife International |
| | 14. Ethnobotanical Society of Nepal (ESON) |
| | 15. Pokhara University |
| | 16. Wild Earth |
| | 17. Atelior for Development and the future, Japan |
| | 18. Japan Foundation Asia Center |

The HAA Needs Your Help: An Appeal for Support

The HAA and its international partners hope to realize the above action plan through specific projects such as curriculum development workshops, teacher training, study tours, medicinal plant cultivation trials, etc. However, in order realize these goals and safeguard the future of amchi medicine, HAA seeks support from concerned individuals and organizations. Funds are needed to:

1. Fund curriculum development, textbook production and reproduction (especially of old and/or rare manuscripts), advanced study scholarships, and to support existing and future institutions of sowa rigpa in Nepal
2. Fund health care delivery and public health initiatives, such as small grants for raw material purchase and the development of maternal and child health care programs in rural areas
3. Provide HAA office and clinic with institutional development and support, including staff and management training
4. Continue international networking, knowledge sharing and specific workshops on topics such as diagnosis, medicine production, medicinal plant cultivation, etc.
5. Produce publications in relevant languages for distribution to amchi in Nepal and regionally.

Contact Us:

If you would like to make a donation to the HAA, or if you would like more information about our organizational history, board of directors and advisors, please contact:

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Himalayan Amchi Association Nepal

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Mission Statement

The Himalayan Amchi Association (HAA) is dedicated to the preservation and development of traditional amchi medicine, or sowa rigpa, in Nepal, and to networking with and mutually supporting amchi throughout the greater Himalayan and Central Asian region. Amchis' mission as medical practitioners is to serve people altruistically and help promote health through the balance of humanity and nature, as well as mind, body, and spirit. As such, the HAA aims to provide local communities in Nepal with reliable health care, safeguard amchi knowledge, improve educational opportunities for amchi, and contribute to the conservation of medicinal plants and the fragile Himalayan ecosystems on which amchi medicine depends.

Amchi Medicine: Past and Present

In general, amchi medical practice is also identified by the name sowa rigpa, which means "science of healing" in classical Tibetan as well as in regional Himalayan and Central Asian languages and dialects. The word amchi means "doctor." This system of medicine is a spiritual practice, a science, and an art that dates back thousands of years. Aspects of our medicine system were transmitted from India to Tibet between the 7th and 12th centuries, during the first and second dissemination of Buddhism. This system, combines the profound work of Sangye Menla, the Medicine Buddha, with indigenous Tibetan traditions such as Bön, and was shaped into sowa rigpa as it is known today.

Historically, amchi would begin their medical training at an early age. Their knowledge and skills have been transferred from teacher to student, often from father to son. Thus, lineages of amchi families exist throughout the Tibetan cultural world. After learning how to read and write classical Tibetan and studying relevant religious texts, students would learn their vocation by apprenticing elder amchi and studying the Gyud Shi, or the Four Root Tantra texts of Tibetan medicine. Young amchi would also learn how to identify and collect medicinal plants, make medicine, remove poisonous qualities of certain ingredients, diagnose disease using pulse and urine analysis, and provide prescriptions for patients. They would also be trained in moxibustion, cauterization, and other healing techniques. Likewise, amchi would receive training in astrology, as it is an essential component of diagnosis and treatment within Tibetan medical tradition.

Traditional Medicine in the Modern World: Challenges and Statement of Need

Amchi have been contributing significantly to the health care systems of remote mountain communities in the Himalaya and Tibetan Plateau for centuries. In many parts of Nepal, amchi are the sole providers of health care. However, despite the great benefit that comes from amchi medicine, this system is under threat in Nepal and other parts of the Himalaya and Tibetan Plateau. The younger generation is having a difficult time sustaining this practice amidst changing social, economic, and cultural circumstances. The dearth of traditional institutes of learning for Tibetan medicine has contributed to this decline. Likewise, the lack of government recognition for amchi practice by the government of Nepal has further hindered the amchis' abilities to pass on knowledge, serve communities, and protect the environments on which this medicine depends.

It has become clear that amchi living and practicing in the greater Himalayan region, including Nepal, must take effective and timely steps to revitalize this unique traditional medical system. By doing this, we will also help safeguard the health, well being, and cultural traditions of our remote mountain communities. If we do not protect and support our own knowledge and practice, it will soon be rendered obsolete.



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Himalayan Amchi Association: Organizational History, Activities, and Goals

Given these circumstances, amchi practicing in Nepal agreed to establish the Himalayan Amchi Association (HAA) with the objective of restoring the practice of amchi medicine and encouraging the restoration and support of this vital traditional knowledge within areas where amchi are still living and practicing medicine. The HAA has been registered with Government of Nepal as a non-profit organization since 1998. The organization represents a large number of traditional doctors from remote areas of Nepal, including those from the districts of Dolpa, Mustang, Gorkha, Sinduwapalchowk, Mugu, Humla.

Since its founding in 1998, the HAA has organized four national conferences of amchi in Nepal and three refresher training courses for novice amchi in the fundamentals of sowa rigpa, according to the Gyu Shi. These events have brought together more than 100 senior and novice amchi from Nepal, as well as guests from India and the Tibetan Autonomous Region of China. The HAA has also published and distributed four booklets based on the national conferences.

In 2003, the HAA opened its own clinic in Kathmandu. This clinic, staffed by member amchi on a rotational basis, not only provides medical care to people from remote mountain communities when they come to Kathmandu, but also provides the HAA with a source of income and a view towards organizational sustainability. It also serves as a site for clinical training and apprenticeship for novice amchi.

In 2004, the HAA held its first International Conference of Amchi, with delegates from Mongolia, Tibet Autonomous Region (PRC), Bhutan, Ladakh (India), and throughout Nepal. During this historic conference, delegates have discussed both constraints and potentials of our medical traditions and made several unanimous resolutions, in order to safeguard and develop amchi medical systems in the contemporary global context. Amchis from each country agreed to establish a coalition in order to realize the five-point action plan and resolutions listed below, in both national and international contexts. This action plan is as follows:

1. Recognition and Support

In Bhutan, Mongolia and the PRC, sowa rigpa is fully recognized and supported by national governments. In Nepal and India, however, the national governments have not recognized this medical system, although many citizens in both rural and urban environments rely on amchi for health care. As such, especially in the countries where our medical system has not yet been recognized, we strongly request the formal and full recognition of our medical practice, and concomitant and support by the government. Such support should include equal rights for medical practitioners and financial commitments toward medical education, medical production, medicinal plant conservation, and health care delivery.

2. Development of Medical Educational Systems

With the exception of Nepal, formal university level education of our medical system exists in all other represented countries; education in amchi medicine in Nepal is currently conducted through four small, private schools, none of which receive government support. It is crucial in Nepal to institutionalize medical education in collaboration with appropriate government agencies. We aim to combine ancient and modern systems of medical education and create curriculums that will be recognized and supported by both the government of Nepal and international institutions of sowa rigpa. There is great potential to develop existing educational structures, particularly through collaboration and knowledge sharing among amchi from diverse



countries and backgrounds. It is essential to conduct trainings and workshops with the aim of developing curriculums and teaching plans which combine traditional, lineage-based instruction with the structure and standards of modern medical institutions.

3. Health Care Delivery: Serving our Communities

It is necessary to develop and extend our reach and capacities as medical practitioners to serve local and national communities; it is especially important that we can continue to treat those who are poor, those who cannot access, prefer not to access, or cannot be cured by biomedicine. Our medicine should remain an affordable, quality health care option, especially for rural communities. It is also necessary to coordinate education, training, and health care delivery between this medical system and biomedical medicine now and in the future.

4. Conservation, Cultivation, and Sustainable Utilization of Medicinal Plants

Amchi possess a great deal of knowledge about the use, trade, history, and current situations of medicinal plants, from lowland species to the high-altitude species found in our home environments. We also understand that without reliable and renewable access to medicinal plants, we will be unable to make our medicines, serve patients, or preserve our unique medical cultures. As such, amchi are ready and willing to contribute toward the sustainable utilization of medicinal plants, as this has positive implications for the health of people and economies of all countries represented (Nepal, India, Bhutan, China).

5. Research, Documentation, and Intellectual Property Rights

Various research and documentation efforts are required to help ensure the future vitality of this medical system throughout the region, and the world. This includes clinical research, pharmaceutical research, sociological and anthropological research, etc. Alongside this growing need for, and interest in, research – particularly between our medicine and biomedicine – we must also be aware of Intellectual Property Rights (IPR) issues, and network with government and non-government institutions accordingly. Amchis must ensure our legal access to IPR with proper documentation and law.

In 2006, after more than two years of collaboration with the Council of Technical Education and Vocational Training (CTEVT) as well as partners at the Ministry of Health and Population – Ayurveda Council, the Ministry of Education and Sports, and Ministry of Local Development – Remote Area Development Committee, and nearly a decade of continued lobbying efforts, the HAA was granted initial recognition and support, through a grant from the Ministry of Education.

In 2007, CTEVT has pledged to continue to support ongoing curricular development for amchis. Currently, this support has been used to develop the Kanjenpa (TSLC/Amchi Health Assistant) programme, which is being implemented for the first time in Nepal at the Lo Kunphen Mentsikhang and School, Lomanthang VDC, Mustang. Graduates from this Kanjenpa course (2 years, 9 months) will receive an academic certificate from CTEVT and, as possible, a medical license from the Nepal Health Professional Council.

The new structure of project is designed to support the ongoing textbooks and curricular development for the next two levels of amchi training – that of the Durrapa/ Amchi Health Worker and Kapchupa/BS Doctor of Amchi Medicine.



Project Number: NEP/OP3/2/07/10

Project Title: Sowa rigpa (Amchi Medicine) Conservation Project (SCP)

Conservation, Cultivation, and Sustainable Utilization of Medicinal Plants: Integrating Amchis' Traditional Environmental Knowledge and Practices with Community-Based Biodiversity Conservation, Sustainable Livelihoods, and Culturally Appropriate Health Care in Mustang District, Nepal

Project location(s)

1. Kathmandu, Nepal
 - Himlayan Amchi Association office and clinic
 - Offices of relevant organizations/stakeholders
2. Mustang District
 - Lomanthang VDC

Project Start and End Date:

April 2007 to February 2010

SGP Focal Area: Biodiversity Conservation
Operational Programme: Alpine ecosystem

Project Goals and Objectives

1. **PLANT CULTIVATION, CONSERVATION, and RESEARCH:** Embark on increased and diversified cultivation trials of key medicinal plant species; improve the quality and increase the available information about in-situ harvesting and ex-situ cultivation of plants used in amchi medicine and implicated in the regional MAP trade.
2. **HEALTH CARE AND EDUCATION:** Support district-wide amchi clinical and educational institutions and bolster amchis' abilities to serve their communities as health care providers, conservation educators, and social entrepreneurs; support the continued development of government-recognized curriculum for amchi medicine, and related lobbying efforts.
3. **MARKETING AND INCOME GENERATION:** Promote networking and collaboration between participating amchi, local CBOs (including NTFP user-groups and women's

associations), relevant governmental institutions, and regional sites of medicinal plant processing / amchi medicine production toward benefit sharing, micro-enterprise development.

Planned Project Activities

To develop experimental cultivation trials of 10-11 key species (both threatened and those with income-generation potential) in herbal gardens and alpine pastures at sites in Lomanthang VDC. These species are chosen from the list of 28 species generated during the Fourth National Conference of Amchi in 2004. The initial species proposed, and sites proposed, are as follows:

1. Manu (*Inula racemosa* Hook)
2. Chumtsa (*Rheum moorcroftianum*/
Rheum palmatum)
3. Batu (*Boerhavia diffusa*)
4. Gangachung (*Gentiana capitata*)
5. Bongkar (*Aconitum navicular*)
6. Upal Ngongbo (*Meconopsis grandis*)
7. Tikta Gyatik (*Chiraita Swertia*; *N. chirayita*)
8. Ligadur Ngongbo (*Geranium donianum*)
9. Bashaka Asuro (*Lagotis kunuwurensis*)
10. Honglen (*Neopicrorhiza scrophulariiflora*)
11. Tiyangku (*Dracocephalum tanguticum*)

