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Shamanic Healing or Scientific Treatment?—Transformation of Khorchin Mongolian Bone-Setting in China

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Abstract: This paper, taking the medical practice of Khorchin Mongolian bone-setting as an example, examines the conflict and connection between religious healing and modern (or Western) medicine as well as the transformation of shamanisms in the discourse of nation-state building in China, and argues that the relationship between shamanic healing and modern medicine is not a binary opposition. Khorchin Mongolian bone-setting is the product of the interaction between alternative medicine and syncretistic local knowledge.

Keywords: bone-setting; shamanic healing; intangible culture; scientific medicine; traditional medicine

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1. Introduction

In today's Hohhot, the capital city of the Inner Mongolia Autonomous Region of China, people, who break or dislocate their bones, usually visit hospitals for treatment. However, sometimes, some would recommend going to a private clinic, saying that the bonesetter there is a shaman, who has possession of an "ongon" (spirit) with strong healing power. At present, almost all bonesetters of that kind in Hohhot are Khorchin Mongols from eastern Inner Mongolia. Khorchin Mongolian bone-setting is seen either as a part of shamanic healing practices (Narangoa and Altanjula 2006; Wurenqiqige 2006; Altanjula 2006) or originated from shamanism (Seyin 2014; Caijilahu 2017). This paper mainly discusses the medical practice and transformation of Khorchin Mongolian bone-setting in the context of Chinese state ideology.

Shamanism has been successively "discovered", imagined and constructed by Western colonial authorities (Taussig 1987; Hutton 2001), explorers (Znamenski 2003), and scholars (Eliade 1964; Lewis 1971) during the last two centuries. In the strict sense, the term "shamanism" was only applied for denoting the technique of ecstasy among indigenous Siberians and Central Asians for achieving various spiritual powers (Eliade 1964, p. 4), but was later also used to describe in a more general sense religious practices among Arctic peoples, American Indians, Australian Aborigines, and even some African groups. Since the Manchu-Tungus word "šaman" was introduced to Europe, shamanism was treated as a "unitary and homogenous" religious practice of those "primitive peoples". Therefore, one should stop referring to "shamanism", and instead use the plural form "shamanisms", or use terms like 'shamanary' or 'shamanizing' (Bumochir 2014). In other words, as some postmodern anthropologists have argued, "shamanism" does not "exist" but is a Western Orientalist (Said 1977) concept for purposes of constructing the civilized West versus primitive "others" (Bumochir 2014; Humphrey and Onon 1996, p. 4).

Scholars debate whether the origin of the term "shaman" has a Buddhist vestige or indigenous origin. S. M. Shirokogoroff, G. J. Ramsfedt and Michel Strickmann, based on ethnological, linguistic and historical sources, argue that the Manchu-Tungus word "šaman" was to be derived from Chinese šamen, itself a transcription of the Pāli term samana corresponding to the Sanskrit term Çramana, a technical term for the designation of a Buddhist monk or ascetic (Shirokogoroff 1923; Ramstedt 1947; Strickmann 1996, p. 425). Especially S. M. Shirokogoroff points out the formula—"shamanism stimulated by Buddhism"

in his *Psychomental Complex of the Tungus* (Shirokogoroff 1935). However, Berthold Laufer, as early as 1917, questioned the Indian etymology of "shaman" by noting that "tungusian saman, šaman, xaman, etc., Mongol šaman, Turkish kam and xam, are close and inseparable allies grown and nourished on the soil of northern Asia,—live witnesses for the great antiquity of the shamanistic form of religion" (Laufer 1917). Dorzhi Banzarov, a famous Buryat Orientalist and linguist, believes that the term "shaman" originated from the Manchu-Tungus word "šaman", which has the literal meaning of "one who knows". The Manchu verb "šamaranbi" and the Mongolian verb "samarakh" both mean to ladle up a liquid and let it drop back, which is consistent with a shaman's practice to achieve various powers through trance or ecstatic experience (Banzarov 2013, p. 66). The root of the word "šaman" is "šam", which is synonymous with the Mongolian word "sam", meaning to stir up a liquid and make it diluted (Buyanbatu 1985, pp. 1–2). Moreover, the Jurchin word "shanman" (珊蛮), denoting a Jurchen witch doctor who has abilities and power similar to a deity, is recorded in the Chinese chronicle *The Compiled History of the Northern League of the Three Dynasties* from the Southern Song Dynasty as early as the twelfth century CE (Liu 1995). Therefore, most Chinese scholars believe that the word "shaman" originates from the Jurchen language, and has been inherited by the Manchu-Tungus ethnic groups (Guo 2015). I concur with Mircea Eliade's emphasis on the fact that "southern influences have, indeed, modified and enriched Tungus shamanism—but the latter is not a creation of Buddhism." (Eliade 1964, p. 498)

Under the influence of the Western concept of shamanism, ethnic Mongol scholars in China have continuously been forging a concept of "national shamanism" by reconstructing "primitive" shamanism into a "civilized" religion. In Inner Mongolia "böge" (male shaman) and "idughan" (female shaman) play the role of shamans. Bumochir (Bumochir 2014) argues that the word "böge" (shaman), and its extended terms "böge mörgul" (shamanism) and "böge-yin šashin" (shamanic religion) are recent introductions and generally used to construct the institutionalized "shamanism". Since the 1980s, after the implementation of China's Reform and Opening-up policy, Inner Mongolian scholars have been using the words "böge mörgul" (which literally means "shaman praying") and "böge-yin šashin" (shamanic religion) as synonyms for the term "shamanism" (Buyanbatu 1985; Khürelsha et al. 2018), trying to construct a national shamanism of "Mongol böge-yin šashin" (Mongolian shamanism), and argue that "shamanism is the 'bentu zongjiao' (本土宗教 native religion) or 'yuanshi zongjiao' (原始宗教 original religion or primitive religion) of the Mongols.[1]

The major discussion among Inner Mongolian scholars on shamanism focuses on the concept of it as having ritual and spiritual healing functions and techniques of possession and ecstasy and aims at constructing a "civilized" religion, by arguing that shamanism is a cognitive science (Bai 2008; Seyin 2000; Caijilahu 2019; Wurenqiqige 2008). As for shamanic healing in Inner Mongolia, previous studies mainly focus on its psychiatric healing practices, that is the stimulation of patients' mental states through rituals, on legitimizing shamanism as cognitive science (Caijilahu 2017; Wurenqiqige 2008), and even attempted to illustrate that shamanic healing belongs to the category of psychiatry (Seyin 2014). However, little attention has been paid to its physiotherapeutic healing method of bone-setting.

Regarding the revival of Khorchin shamanic bone-setting, Li Narangoa and Li Altanjula (Narangoa and Altanjula 2006) analyzed the experience of bonesetters in the socio-economic context of Inner Mongolia today and attributed the success of their practices to the transformation from shamanic healing to scientific medicine. In addition, Saijirahu Buyanchogla (Saijirahu 2020) argues that the revitalization of shamanism is due to the suffering of both individuals and the community from cultural tensions, tradition losses, and identity crises in modern Inner Mongolia. The effectiveness of these healing practices or rituals is why they have survived in Inner Mongolia as the world has been modernized. However, there is still a huge research niche regarding the healing practice and transformation of Khorchin Mongolian bone-setting in the context of Chinese state ideology.

Taking the medical practice of Khorchin Mongolian bone-setting as an example, this paper examines the conflict and connection between religious healing and modern (or Western) medicine as well as the transformation of shamanism in the discourse of nation-state building in China, and argues that the relationship between shamanic healing and modern medicine is not a binary opposition. Khorchin Mongolian bone-setting is the product of the interaction between alternative medicine and syncretistic local knowledge.

2. Bone-Setting: Shamanic Healing or Intangible Culture?

Bone-setting was a major treatment method for bone-related injuries in many cultures before the advent of modern chiropractors, osteopaths, and physical therapists. Bonesetters are practitioners who draw on traditional skills and practical experience instead of formal medical training (Narangoa and Altanjula 2006). Traditionally, the practice of Mongolian "bariyachi" (i.e., bone setters, literal meaning: "one who holds") is a distinct form of traditional healing by means of massage, using no equipment but just the ten fingers, in order to treat broken bones, sprained and dislocated joints, pulled muscles as well as mild concussion (or "brain shaking") (Atwood 2004, p. 35). "Bariyachi" are legitimatized not by a license or a diploma but by "having ancestors" or "possessing the feeling or bio-energy" and their "healing power" is linked to a spiritual power, identified as a "bariyachi" ancestor and believed to follow through the fingers (Atwood 2004, p. 35; Hruschaka 1998). In other words, the healing knowledge of a "bariyachi" comes from an ancestral spirit (ongon), and "bariyachi" are chosen healers following the family tradition, without any medical training. However, unlike shamans who focus on psychiatric healing practices, bonesetters mainly treat physical illnesses, without entering a trance when performing rituals.

Mongolian bone-setting is believed to predate the influence of Indo-Tibetan medicine. According to the Mongolian medical historian Jigemude, bone-setting was practiced by the ancient Mongols before the 13th century (Jigemude 1997). One view is that the history of Mongolian bone-setting is connected with Inner Asian nomadic culture. Inner Asian nomadic people, including Mongols, often suffer from bone injuries in their daily nomadic life, thus initiating bone-setting experiences (Wangqinzhabu 2005, p. 2). According to the Biography of Suwu in *The Book of Han*, after Suwu was cut, the Xiongnu (Hunnu) doctor quickly dug a hole and filled it with hot ash, and put him on it and massaged his back to heal his wounds (Ban 1962, p. 2461). In addition, Daniel J. Hruschka citing C.K. Dev, notes that "the authors of the early Chinese Nei-jing which described the practice of baria zasal (bone-setting) were actually Mongolian, and Yondon Gombo's medical encyclopedia (the Four Tantras) mentions the Mongolian technique of setting bones" (Hruschaka 1998). Another view is that the history of bone setting can be traced back to the healing of war wounds in the 13th century. Bone injuries and war wounds during successive years of cavalry campaigns directly contributed to the development of Mongolian bone-setting (Jigemude 1997, p. 33). According to *The History of Yuan*, in 1262 AD, a Mongolian general had an arrow wound, and doctors had to dissect two prisoners to detect the exact position of shoulder blades and successfully pull out the arrows (Song and Wang 1976, p. 3873). The third view is that, Mongolian bone-setting "has always been regarded as an indigenous skill, practiced especially by the shamans, who are heirs to the oldest religious traditions of the Mongols" (Narangoa and Altanjula 2006). However, there is insufficient historical evidence so far to prove the indigenous origins of Mongol bone-setting. Of course, the origin of bone-setting is a very important topic, but when we try to investigate the origin of bone-setting by using historical literature, it may be easy to ignore its transformation under the context of contemporary Inner Mongolian social culture and China's state ideology.

In ancient Mongolian society, there was no separation between shamans and doctors. The traditional Mongolian bone-setting practice was once mastered by shamans. Therefore, the shamans who treated bone injuries were also called "yasu bariyachi böge" ("bonesetter shaman"), and their healing power was often passed down from generation to generation in the way of the family inheritance. Khorchin bone-setting is seen as part of shamanic healing practices, which is attributed to the shamanic bone-setting traditions of the region.

In today's Inner Mongolia, the best bone-setters are direct descendants or disciples of the legendary powerful "idughan" (female shaman) Naran Abai (1790–1875). She was a famous Khorchin shaman bonesetter in the period of the Qing Dynasty and was believed to be the disciple of the descendants of Chinggis Khan's master shaman Kukochu (also known as Teb Tenggeri). She inherited Mongolian shamanic skills, organically combined them with bone-setting techniques, and became the founder of the Khorchin Bao clan's bone-setting (包氏正骨). It is said that Naran Abai, as having been a shaman, performed a spirit worshiping ritual every time before treating patients. She put the "ongod" (sprits) on a wooden box filled with millets and sang the song to the inviting spirit and then, after possessing the spirit, began to treat patients (Bao 2015, pp. 75–79). Since Naran Abai, Khorchin bone-setting healing practices have been passed down to the fifth generation present. As a hereditary shaman lineage, Naran Abai's descendants were all recognized as respected powerful shamans until the third generation, and their healing power was passed on to the next generations in traditional ways through special shamanic rituals on the day of the ancestral sacrifice on 2 December of the lunar calendar (Bao 2015, p. 86).

However, since Bao Jinshan (1939–), by the fourth generation of Bao, bone-setting began to deliberately hide the influence of shamanism or even completely reject the Khorchin bone-setting being a shamanic healing practice, which might be related to his adaptation to the Chinese state ideology towards shamanism. Shamanism and its derivative bone-setting practice have encountered a process from being prohibited to being allowed in China. The Chinese state ideology against "superstition" is a product of constructing the modern nation-state, since "superstition" is regarded as a "legacy" of the "feudal society", a symbol of "backwardness". Therefore, anti-superstition is associated with the establishment of a new modern political system, promoting the "backward" culture to a "progressive" society. Since the founding of the People's Republic of China in 1949, the Chinese Communist Party, following the Marxist view of religion, had actively carried out a socialist transformation of religious people, and party members were forbidden to be religious. Especially since the 1960s, China has regarded religion as a "feudal superstition" and "opiate of the people", used by the exploiting classes to oppress the working masses. Therefore, shamanism, like other religions, was a "stumbling block" in the process of modern nation-state building. Shamanism was regarded as the "ignorant" imagination of blind "superstitious" spiritual belief, and shamans were regarded as "devils of the cow and spirit of the snake" (牛鬼蛇神)[2] (Altanjula 2006). In this socio-political context, shamanism and bone-setting practices were banned. With the implementation of China's Reform and Opening-up policy in the 1980s, the revitalization of Shamanism in China is understood as a cultural rebound after religions were suppressed for a long time during the "Cultural Revolution" and other political campaigns (Seyin 2015). Different from the shamanic practice of spiritual healing hidden in rural areas, the practice of bone-setting gradually moved from the countryside to the cities, with a growing trend of revival. However, the inheritance of supernatural powers via dreams or special shamanic rituals has not been "politically correct".

At present, in Inner Mongolia, bone-setting is practiced in three different settings: home-based practice, private clinics, and state-owned medical institutions. They provide different healing services to patients. Home-based practice is an unofficial form of medical practice without obtaining a national medical certificate. Home-based bonesetters are often shamans, who have high prestige among local patients since they believe that "true bonesetters must have spirits". Most of the patients are local Mongolian farmers and herdsmen, and most of their problems are bone injuries caused by falling off from horseback or other farming accidents, or mental illness of unknown causes. These shaman bonesetters offer patients a mix of bone-setting and "dom" (folk remedies) and even psychiatric healing and fortune-telling. Often hidden in rural areas, they successfully escaped the state's ideological censorship of shamanism as "ghost dance" (跳大神) and "feudal superstition". This is fully reflected in the treatment practice of Goa, a shaman bonesetter in Khorqin Left Middle Banner, Inner Mongolia. She is a female shaman who had suffered from a

shamanic illness. Later, she learned bone-setting via dreams, followed the instructions of her "ongod" (spirits) to heal, and became a bonesetter shaman. She had no medical education in bone-setting and was not qualified to take the national exam for professional physicians. But she is skilled in bone-setting, believes in her own supernatural healing powers, and has high prestige among local patients.

Private clinics are privately owned bone-setting hospitals, set up by bonesetters in cities and towns. They emerged after China's Reform and Opening Up period had started when the state allowed private medical practice. Especially since China's huge urbanization process started in the 1990s, some of the famous home-based shaman healers moved from rural areas to cities to provide treatment services for patients of different ethnic groups accommodating market demand. To be licensed as a private clinic, these bonesetters must first obtain qualification certificates for physicians, but then "straddle the line between professional and traditional practitioners" (Kleinman 1980, pp. 63–65), identifying themselves both as doctors and shamans. In the cities, their patients' ethnicities and backgrounds have also become much more diverse, from solely rural Mongolians to urban Mongolians, Han, Hui, and representatives of many other ethnic groups. The causes of patients' diseases in cities are also very different, with most patients suffering from various bone injuries caused by car accidents, sports games, and cervical syndromes caused by long-term office work. Moreover, the importance of the patients rate the bonesetters' identity versus their treatment methods depends on their ethnicities. Generally, Mongolian patients emphasize shamanic healing power, while patients of Han and other ethnic groups highly rate effective bone-setting skills. This can be seen in the words written by patients on the silk banners given by them to Buren, a Khorichin shaman bone-setter, who runs a private clinic in Hohhot. The Mongolian words embody the supernatural healing power of the Mongolian shaman, while the Chinese characters often highlight his effective bone-setting healing art (医术) (Figure 1).



Figure 1. The silk banners were given by patients to Buren. The Mongolian text reads "by the power of eternal heaven, the miracle of the Mongolian shaman", while the Chinese text reads "excellent healing art, noble medical ethic". Photograph taken by Author at Buren's bone-setting hospital. Hohhot, 15 February 2022.

As a shaman bonesetter, Buren has learned bone-setting for many years from Renchinzhongnai, an apprentice of Naran Abai's grandson Bao Mashi. He stressed that "if a bonesetter is not a shaman and does not have 'ongon', that person cannot really 'hold' (set) bones." In front of Mongolian patients, he usually highlights his identity as a shaman bonesetter, claiming to have a powerful "ongon" of the black dragon. Meanwhile, in regard to patients from other ethnic groups, he often emphasizes his identity as a traditional Mongolian doctor who has effective bone-setting skills.

Different from the above two forms, almost all bonesetters in state-owned medical institutions, especially in public hospitals, which do not allow religious medical activities, deliberately hide or even reject the influence of shamanism on bone-setting healing practices, but instead identify bone-setting as a traditional Mongolian medical practice. As

a result, the representatives of the first two forms of bonesetters identify themselves as shamans, while the latter regard themselves only as doctors. Therefore, in order to be "politically correct", Bao Jinshan, the founder of the Mongolian Bone-setting Hospital in the Khorchin Left Rear Banner, no longer identifies himself as a shaman bonesetter.

Today, both shamanic and none-religious bone-setting practitioners emphasize the idea of "balance" during the treating processes, which is the combination of "xing" (形 literally means form) and "shen" (神 spirit), and "yi" (意 thought) and "qi" (气 vital energy). It is known that the unique character of Mongolian bone-setting practice is that bonesetters blow distilled alcohol onto the injured part of the patient's body with their mouth, and then use both their hands for a manipulation massage, to achieve the effect of "stabilizing bones and refreshing flesh" (骨静肉动). Blowing alcohol makes a unique sound, which reduces the patient's "subjective" pain and anxiety, and at the same time stimulates the "objectively" existing skin to promote blood circulation, and muscle relaxation, and balancing the patient's "mental" and "physical" effects. Sometimes, depending on the injury, the bonesetter uses a small movable splint to prevent the re-displacement of the fracture, which keeps the fracture "static", but ensures the "mobility" of the injured limb. During the recuperation period, patients are required to be in a state of balancing "static and dynamic," to promote the self-healing ability and eventually "return" the bone injury to a healthy state of its original "nature". Therefore, the idea of balancing between "spirit" and "body", "static" and "dynamic", "internal healing" and "external manipulation" is the key to bone-setting healing practices (Bao 2015, pp. 110–11). This healing concept is fundamentally different from surgical therapy in modern medicine.

In China, since the implementation of the Reform and Opening-Up policy, the state ideology toward shamanism has changed dramatically from regarding it as a "feudal superstition" to viewing it as a folklorized culture, that needs to be protected and developed as part of the Chinese national culture (中华文化). Article 36 of the Revised Constitution of China on religion clearly states that "Citizens of the People's Republic of China shall enjoy the freedom of religious belief" and "the state shall protect normal religious activities."[3] Chinese President Xi Jinping has issued an important directive on the protection of intangible cultural heritage, stressing that "we will do a solid job in systematically protecting intangible cultural heritage and promote Chinese culture to the world"[4]. Therefore, the protection and development of intangible cultural heritage have become a linking bridge between folklorized religious culture and policies for the protection of the national culture. As a result, shamanism has turned from "feudal superstition" to the essence of traditional folk culture and became a national intangible cultural heritage. Various "folk" cultures and arts originating from shamanism have been included in China's national Intangible Cultural Heritage list, such as: in 2006, the Mongolian Andai dance, as a traditional folk dance, was included in the National Intangible Cultural Heritage list; the Ewenki shaman dance and the Manchu shaman mythology were included in that list in 2011. However, in Chinese state ideology, shamanism is not regarded as a religion, but as a folk belief, and related customs and arts are all categorized as traditional folk customs. According to China's National Religious Affairs Administration, there are five recognized religions in China: Buddhism, Taoism, Islam, Catholicism, and Christianity.[5] Shamanism-related practices are classified as folk cultures and arts, not religious activities. For this reason, China's official Chinese Folk Literature and Art Association established the Chinese Shamanic Cultural Inheritance Base in 2005, aiming at the protection and promotion of excellent folk cultures and arts.[6]

Works following Chinese state ideology stress that bone-setting practices are part of a traditional Chinese medical culture rather than a shamanic healing art. In 2011, Khorchin Mongolian bone-setting, as a traditional (Mongolian) medicine, was listed in the National Intangible Cultural Heritage list. The official description reads as follows.

> The Khorchin Left Wing Rear Banner of Inner Mongolia has a long history and profound culture. Bone-setting, as a Mongolian medical therapy, is representative of the rich cultural heritage of the banner. The Mongolian people are horse-

> riding people, and often encounter bone injuries caused by falling off the horses. Mongolian bone-setting therapy came into being to heal bone-related injuries. Mongolian bone-setting therapy is an important symbol of Mongolian medical achievements, which is filled with the scientific spirit and cultural creativity of the Mongolian people.[7]

Bone-setting is regarded as a scientific medical practice with Mongolian characteristics created due to the long-term nomadic lifestyle, which required specialization in treating bone-related injuries caused by falling off the horses. According to Article 2 of the Law of the People's Republic of China on Traditional Chinese Medicine, "Traditional Chinese medicine" refers to "the medicine of all ethnic groups in China, including the medicine of Han and ethnic minorities, and is a medical system that reflects the Chinese nation's understanding of life, health, and diseases, and has a long history and tradition, unique theories, and therapies".[8] Mongolian traditional medicine is an inseparable part of traditional Chinese medicine, which is recognized by the state. Bone-setting is listed as Mongolian traditional medicine, which is an important representative of Chinese medical cultural heritage. Notably, the statement includes nothing about the close relationship between Khorchin Mongolian bone-setting and shamanism. In the state's ideological discourse, shamanism, and cultural features, arts, and medicines, which derived from it, were seen as forms of witchcraft, rather than scientific rational practices. Therefore, Khorchin bone-setting is legitimized as Mongolian traditional medicine with a scientific basis.

In conclusion, Khorchin bone-setting is closely related to shamanism, which has experienced a trend from being prohibited to being allowed and even being revived in China. At present, the bonesetters have gradually moved from the countryside to the towns and bone-setting practices have changed dramatically. There are different forms of healing practices meeting the demands of the market and the expectations of patients of different ethnicities. At the same time, under state regulation, shamanism has been folklorized and has become an intangible cultural heritage of the Chinese Nation as a way of "reproducing" folk culture. Shamanism has been revitalized in a new form, and shamanic cultural features, including bone-setting, became representative of what is called the ethnonational culture and the indispensable culture of the Chinese nation.

3. Bone-Setting: Scientific Medicine or Traditional Medicine?

In addition to the above-mentioned policies on shamanism, the scientific medical-orientated nation-state building in China has been shaping the development of Khorchin bone-setting. At present, Inner Mongolia has a plural medical system based on syncretistic knowledge. Specifically, patients can freely choose modern medicine or traditional medicine, which is recognized by the state as scientific medicine according to their ethnicities and illness. In China, modern medicine usually refers to Western medicine, which is based on the theory of allopathy to direct antagonistic treatment of symptoms. Traditional medicine often refers to traditional Chinese medicine, which includes Mongolian medicine and other ethnic medicines. During the late 19th and early 20th centuries in China, modern medicine was regarded as the world's mainstream medicine of rational science. In order to build a healthy Chinese nation, irrational religious-oriented traditional medicines had to be rejected, because science was seen as a rational system of knowledge, whereas religion was considered as supernatural superstition. Thus these two medicines were regarded as being incompatible, and their relationship was a binary relationship of mutual opposition. Therefore, Mongolian Buddhist lama doctors and shamanic bonesetters were considered primitive quacks. After the founding of the People's Republic of China in 1949, the Communist Party of China fostered modern medicine. However, since the end of the 1950s, modern medicine has been regarded as a Western bourgeois medical system according to China's state ideology, but was not completely rejected. Since the 1960s, "people's medicine" has been introduced, combining traditional Chinese and Western medicine, but most rural doctors still did not receive modern medical education, and their treatment practice was often based on just traditional medical knowledge (Narangoa and Altanjula 2006).

Despite the described socio-political background, the bone-setting practice kept playing an important role, especially in the rural areas of Inner Mongolia.

Recently, China's nation-state construction has been paying more attention to traditional medicine, trying to prove that traditional Chinese medicine is as scientific as Western medicine, and even emphasizing that the "holistic regulation" (整体调节) of traditional Chinese medicine is superior to the "partial allopathy" (部分对抗) treatment of Western medicine. In Chinese medical discourse, modern medicine is an allopathic medicine based on science and technology, aimed at diagnosing "partial" diseases and applying different chemically synthesized drugs to different diseases. Traditional Chinese medicine, on the contrary, is a medicine based on natural philosophy, using natural (herbal) medicine and focusing on a patient's overall condition to treat the diseases (Bao 2015, p. 107). In this context, the spiritual treatment of shamanism was not recognized by the state, while bone-setting has become an accepted practice. Due to its good therapeutic effect and no visible "superstition" in religious rituals, it was called scientific.

Nowadays, with the nationalization of traditional Chinese medicine, Mongolian bone-setting therapy has been constantly constructed as a scientific medicine, and even considered a precious cultural heritage of the Mongolian nationality (蒙古民族). In China today, "the revival of folk religion reflects the process of transforming the culture of the 'past' into a mode of communication that can express current social problems"(Seyin 2015). Local scholars in Inner Mongolia regard shamanism as the native religion of the Mongolian nationality, and consider it as the "national religion" before the spread of Tibetan Buddhism in Mongolia in the 16th century. In the 16th century, the Mongols converted to Tibetan Buddhism for the second time, which resulted in the combination of the Mongolian aristocracy and the Buddhist clergy. Since then, shamanism has suffered from the persecution of Tibetan Buddhism, and only the Khorchin shamans in eastern Inner Mongolia have survived and they gave shelter to many shamans who fled to the region (Khürelsha et al. 2018, p. 8). Therefore, Khorchin shamanism is considered to be the "legacy" of the native religion of the Mongolian people. Khorchin Mongolian bone-setting, which derived from shamanism, is regarded as a valuable national and religious cultural heritage, as Bao Jinshan, a famous Khorchin bonesetter and "master of Chinese medicine" (国医大师), notes "it is not from Tibet, nor Western Europe, but a unique therapy invented and developed by the Mongolian people" (Bao 2015, p. 69).

Moreover, Mongolian bone-setting is endowed with comprehensive scientific medicine superior to Western osteopaths. It is known that Mongolian bonesetters do not operate any surgery, instead practice manual joint manipulation, sometimes using a small movable splint and herbal medicine. Compared with Western osteopaths, it has the advantages of not damaging the patients' vital "qi", less pain during healing, and recovery in a short time (Bao 2015, p. 108). Today, Khorchin Mongolian bone-setting is combined with various kinds of medical knowledge, is constantly breaking traditional healing methods, adapting to the rapidly changing market economy, and is coexisting with other medical systems in Inner Mongolian society. The most important features of these combinations are the following.

First, the identity of bonesetters has changed from shamans to professional doctors, who are engaged in scientific medical practice. At present, under the impact of modern medical knowledge, most of the Khorchin bonesetters, whether shaman or layman, have received higher education and have a certain degree of knowledge in Western anatomy. For example, Buren, a shaman who runs a private clinic, graduated from Inner Mongolia University for Nationalities with a bachelor's degree in Mongolian medicine. He obtained the Chinese National Doctor's License in 2006 and was honored as a "model doctor" (模范医生) of Inner Mongolia in 2019. In addition, his business license and the permit for medical institutional practice are prominently displayed at his clinic. Therefore, Buren, a mysterious shaman bonesetter, successfully constructed Khorchin bone-setting as a scientific medicine with various certificates issued by the state, highlighting his identity as a doctor who engages in scientific medical practice rather than a shaman who engages

in shamanic healing art. Meanwhile, the tradition of shaman bonesetters changed significantly. The traditional bonesetters who legitimatized not by a diploma, but by "having ancestors", have changed into professional doctors who highlighted various certificates focusing on scientific medical practices approved by the state.

Secondly, Khorchin bone-setting practices changed from "using no equipment but their ten fingers" for joint manipulation to comprehensive scientific medicine using diverse medical technologies. Under the influence of Western medicine, traditional Chinese medicine, and Tibetan medicine, Khorchin bone-setting practices have undergone great changes. According to Bao Jinshan, bonesetters should first make "three diagnoses" (三诊), namely look (望), ask (问), intimate(切), and then complement the "three diagnoses" with X-rays, in order to make an accurate diagnosis of the bone injury (Bao 2015, pp. 126–28). At present, the influence of modern medical technology can be seen everywhere in both private and public hospitals. For example, bonesetters use X-ray or Computed Tomography (CT) to make a more accurate diagnosis, apply disinfection methods to prevent inflammation of injured parts of the bone, and intravenous injection to promote recovery. Moreover, Khorchin bonesetters' blowing of distilled alcohol and manipulation massage is influenced by combining "yin" (阴) and "yang" (阳) energies in the traditional concept of Chinese Qigong. Bao Jinshan believes that the bone injury of the patients is "hot" (热) and hence falls under the category of "yang", while the blown-out alcohol is "cold" (凉) and hence belongs to the category of "yin", which quickly reduces the swelling and provides the energy for healing the patients (Bao 2015, p. 146). In addition, based on the theory of Tibetan medicine, he also improved the ancestral secret herbal prescriptions—"shurt-urel" (literal meaning "coral pill") and "nomin-urel" ("sutra pill"). These two herbal medicines are widely used in bone-setting treatments, and, as clinically verified, the therapeutic effect of these two drugs is considered significantly better than that of other prescriptions.[9] Khorchin Mongolian bone-setting has gradually turned from a shamanic healing practice to a comprehensive scientific medicine based on syncretistic knowledge of several different medical systems.

Thirdly, Khorchin bonesetters explain bone-setting therapy within the frameworks of traditional Chinese medicine and modern medicine, arguing that it is therefore no longer mysterious shamanic healing, but scientific medicine. Based on the oral transmission of ancestors, Bao Jinshan sorted out traditional Khorchin bone-setting skills and created the Mongolian bone-setting medical theory and treatment standard, which was written into *the Chinese Medical Encyclopedia* and *The Unified Compilation of Mongolian Medicine Textbooks for Higher Education*. His most recent monograph, *Mongolian Medicine Bone-setting*, published in 2015, systematically explains Mongolian bone-setting therapy in terms of modern osteology. Furthermore, he broke the ancestral tradition of family male line succession and undertook the teaching and training tasks for master's students, doctoral students, and post-doctoral program of Mongolian bone-setting in the Inner Mongolia Autonomous Region. The inheritance of traditional shamanic bone-setting culture has been transformed into an education system based on the modern medical concept.

Thus, today Khorchin Mongolian bone-setting is no longer seen as a mysterious shamanic healing practice, but a scientific medical method recognized by the state. However, the essence of the medical practice of bonesetters is still based on the shamanic traditional idea of "balancing", which is the combination of "xing" and "shen", and "yi" and "qi", even if combined with a syncretistic knowledge of several different medical systems. In other words, Khorchin bone-setting recognized as a scientific medicine still retain shamanic healing concepts. This shows that religious healing art and scientific medicine are not binary opposites, but complementary concepts.

Meanwhile, Khorchin shamanic bone-setting is defined as traditional Mongolian medicine, although bonesetters are traditionally not educated in the Indo-Tibetan-derived tradition of Mongolian medicine or biomedicine (Saijirahu 2020). In today's Inner Mongolia, bonesetters are recognized as Mongolian traditional medical practitioners rather than shamanic healers. This is closely related to China's medical policy. The Constitution of China stipulates that "the state develops medical and health services, and supports modern medicine and traditional Chinese medicine."[10] The Law on Traditional Chinese Medicine stresses that "the state should vigorously develop traditional Chinese medicine, put equal emphasis on traditional Chinese medicine and Western medicine, and make full use of traditional Chinese medicine in medical and health undertakings."[11] The traditional medicine here refers to Chinese medicine, but includes also Tibetan medicine, Mongolian medicine, Uygur medicine, Dai medicine, and other traditional medicines of China's ethnic minorities. The State Ethnic Affairs Commission of China established the Chinese Association of Ethnic Medicine in 2007, "to actively explore, organize and promote ethnic medicine, and make full use of its role in protecting the health of the people of all ethnic groups."[12] The association has set up a Mongolian Medicine Committee under the auspices of the Inner Mongolia University for Nationalities in Khorchin District, aiming to inherit and protect the culture of traditional Mongolian medicine and promote the innovation and development of the Mongolian medicine industry. According to the Tongliao (a prefecture of Khorchin region) Mongolian Medicine Bone-setting Protection Regulations, issued in 2020, bone-setting is defined as traditional Mongolian medicine, which "refers to the treatment with ethnic characteristics of various fractures, joint dislocation, soft tissue injury and a series of other diseases, passed down from generation to generation and regarded as part of Mongolian cultural heritage."[13] The regulations completely ignore the relationship between bone-setting and shamanism. As mentioned above, in the official discourse, shamanism and its derived medical skills are regarded as a kind of witchcraft practice, without any scientific basis, and bone-setting is classified as traditional Mongolian medicine. In this context of the national medical policy, almost all bonesetters in public hospitals deliberately hide the influence of shamanism, calling themselves traditional Mongolian physicians.

Although Khorchin bone-setting is seen as a shamanic healing practice, it has been deeply influenced by Tibetan medicine in the course of its development and gradually emerged as a treatment therapy integrating Tibetan medicine and shamanic healing. When Buddhism was introduced to Mongolian regions again in the 17th century, shamanism was marginalized and called "burugu üzel" (wrong view). Shamanism is known as "khar shashin" (black religion), which corresponds to "shar shashin" the common name for Buddhism in Mongolian regions. The struggle between shamanism and Buddhism was also very fierce in the Khorchin area. It is noted that the collective burning of 300 Khorchin shamans took place in 1800 (Khürelsha et al. 2018, p. 49). Later, the shamans who compromised with Buddhism were known as "tsagaan zügiin böge" (white shamans). They borrowed Buddhist beliefs and practices to consolidate and increase their influence in the Mongolian regions. Since then, the rituals, deities, spiritual possession, and healing arts of Khorchin shamanism have been influenced by Buddhism and Tibetan medicine. Therefore, the home-based shaman bonesetter Goa and the private clinic shaman bonesetter Buren also claim themselves as traditional Mongolian medical practitioners, and see the Tibetan Medical Buddha (Sanskrit: Bhaiṣajya guru) as their patron saint (Figure 2).

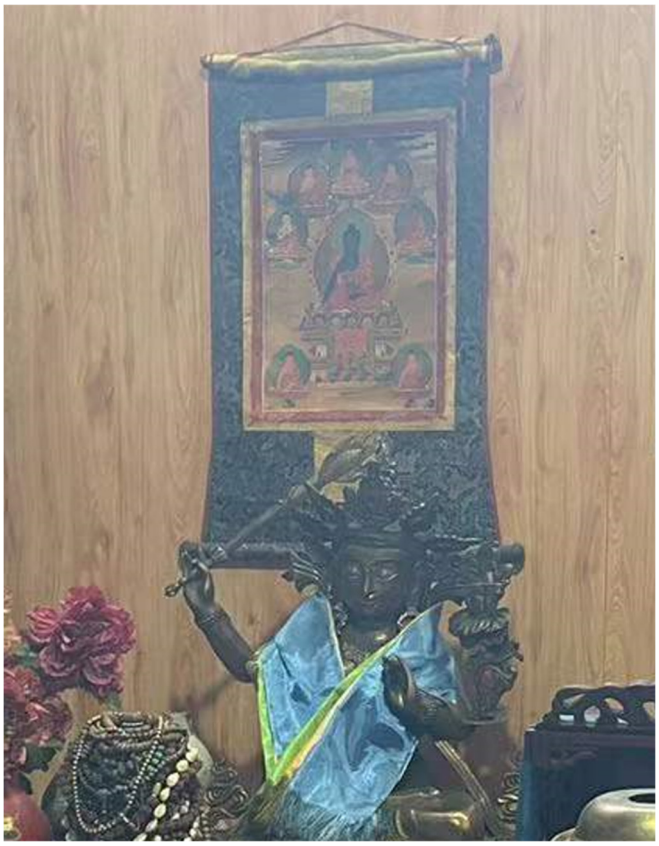


Figure 2. The Tibetan Medicine Buddha. Photograph taken by Author at Buren's bone-setting hospital. Hohhot, 15 February 2022.

Thus, today's Khorchin bone-setting has changed from shamanic healing to Mongolian traditional medicine, deeply influenced by Tibetan medical theories. Traditional Tibetan medicine, also known as Sowa-Rigpa medicine, is a complex system of medical knowledge and practices. *The Four Tantras* (rgyu-bzhi རྒྱུད་བཞི), written between the 8th and 12th centuries, is the foundational literary work of Tibetan medicine. Tibetan medicine is derived in large part from Indian Ayurvedic practices. According to Traditional Tibetan medical theories, the human body's physiological systems are considered as consisting of the three principles of humors—Wind (gas), bile, and mucus. Meanwhile, the physical human body is understood as composing of five elements—fire, wind, water, earth, and space (Yutuo Ningmayundungongbu 1983). To have good health, one needs to maintain a balance between the humors and elements. These fundamental theories fully reflect the influence of Ayurveda, which includes the three Doshas (vata, pitta, kapha) and the five elements (earth, water, fire, air, and ether) from which the human body is composed (Liao 2002). After the Tibetan *Four Tantras* spread in Mongolian regions, it became the main literary source of the theoretical system of traditional Mongolian medicine. Bone-setters believe that the theoretical basis of bone-setting is the tripartite theory, that is, "khii" (wind), "shar" (bile) and "batgan" (mucus), which are the three body humors that make up the physiological system and are constantly supplemented by the five elements—water, fire, earth, wood, and space (空间) and maintain the overall balance of the human body (Bao 2015, p. 122). This is the explanation of bone-setting within the framework of the Indo-Tibetan-derived Mongolian traditional medical theory, highlighting it as traditional medicine instead of the mysterious shamanic healing. Therefore, it is natural for bone-setters to say that bone-setting is a traditional Mongolian medicine recognized by the state. In conclusion, Khorchin bone-setting is a traditional Mongolian medical practice, based on Mongolian and Tibetan medical theory, to manipulate bones back to their proper position, that is, a treatment pertaining to a "return to nature" (回归自然).

4. Conclusions

This paper, taking the medical practice of Khorchin Mongolian bone-setting as an example, examined the conflict and connection between religious healing and modern (or Western) medicine as well as the transformation of shamanisms in the discourse of nation-state building in China, and argues that the relationship between shamanic healing and modern medicine is not a binary opposition. Khorchin Mongolian bone-setting is the product of the interaction between alternative medicine and syncretistic local knowledge.

Khorchin bone-setting practices have had different variations in different historical periods and different social cultures and bonesetters chose different identities, reflecting the changes in society, culture, economy, and politics. First, the theoretical concept of treatment has changed. Khorchin bone-setting practices changed from "using no equipment but their ten fingers" to adopting comprehensive scientific medicines using diverse medical technologies. Secondly, the concept of inheritance has changed. Originally, the shamans who treated bone injuries were called "yasu bariyachi böge" (bonesetter shaman), and their healing power was often passed down from generation to generation in the family. Today, the inheritance of traditional shamanic bone-setting culture has been transformed into an education system based on the modern medical concept. Finally, the patients and the identity of the bonesetters have changed. Different from the shamanic practice of spiritual healing hidden in the rural areas, the practice of bone-setting gradually moved from the countryside to the cities, providing treatment services for patients of different ethnic groups and accommodating market demand. Bonesetters identify themselves as doctors and shamans based on the patient's expectations.

In short, Khorchin bone-setting practices have been transforming from a strong shamanic healing practice into a unique comprehensive medical system, integrating religion, culture, and science. In the context of the scientific medical-oriented nation-state building in China, Khorchin bonesetters straddle the line between religious healers and scientific doctors. Shaman bonesetters still believe in "ongod" (spirits) and a strong healing power inherited from their ancestors. At the same time, they rely on scientific medicine to rationalize the practice of bone-setting with a scientific basis. Therefore, Khorchin bone-setting has the religious character of shamanism and the scientific nature of medical therapy. Religious healing and scientific medicine are not binary opposites in this sense, but the interaction between alternative medicine and syncretistic local knowledge.

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Notes

1 According to Qu (2021), primitivism is a mis-understanding of shamanism.

2 牛鬼蛇神 literally means that the devil with the head of a cow and the body of a snake, that refers to demons and ghosts in general.

3 The Constitution of China, 中华人民共和国宪法 https://www.gqb.gov.cn/node2/node3/node5/node9/userobject7ai1273.html (accessed on 2 February 2023).

4 Xi Jinping's directive on the protection of intangible cultural heritage, 习近平对非物质文化遗产保护工作作出重要指示 https://www.gov.cn/xinwen/2022-12/12/content_5731508.htm (accessed on 2 February 2023).

[5] In China, Catholicism and Christianity are considered different religions. 宗教活动场所基本信息 https://www.sara.gov.cn/gjzjswj/zjjcxxcxxt/zjhdcsjbxx/index.shtml (accessed on 18 February 2023).

[6] In 2021, the association abolished the base for an unknown reason. Decision on Revocation of "China Shamanic Cultural Inheritance Base". 关于撤销"中国萨满文化传承基地"的决定 http://www.cflas.com.cn/mx/GS/407e3d0d7cdd4348ae601a8d15e3860c.html (accessed on 6 March 2023).

[7] Khorchin Mongolian bone-setting, as a traditional (Mongolian) medicine, was listed in the National Intangible Cultural Heritage list. 蒙医药（蒙医正骨疗法）—中国非物质文化遗产网·中国非物质文化遗产数字博物馆 https://www.ihchina.cn/project_details/14878/ (accessed on 12 March 2023).

[8] The Law of the People's Republic of China on Traditional Chinese Medicine, 中华人民共和国中医药法 http://www.npc.gov.cn/npc/c12435/201612/b0deb577ba9d46268dcc8d38ae40ae0c.shtml (accessed on 20 March 2023).

[9] A special report on Bao's bone-setting practices, 非遗不"遗": 让蒙医整骨术永续传承http://epaper.tongliaowang.com/paper/pc/content/202208/08/content_8062.html (accessed on 24 March 2023).

[10] Medical and health development and the Constitution of China, 医疗卫生事业发展与我国宪法 http://www.npc.gov.cn/npc/c30834/202001/56715688324343d09219175b802c88a0.shtml (accessed on 30 March 2023).

[11] See Note 9.

[12] The Chinese Association of Ethnic Medicine, 中国民族医药协会 https://www.neac.gov.cn/seac/mwjs/mzyy/jj.shtml (accessed on 10 April 2023).

[13] The Tongliao Mongolian Medicine bone-setting Protection Regulations, 通辽市蒙医正骨保护条例 https://flk.npc.gov.cn/detail2.html?ZmY4MDgxODE3YjYzYjkzNTAxN2I3MTE0ZDRjZDA3YmE (accessed on 10 April 2023).

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