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Bariachi of Ulaanbaatar

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SIT MONGOLIA: SPRING 2012

Bariachi of Ulaanbaatar

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Abstract

Baria zasal is a distinct branch of traditional Mongolian medicine that heals *tarkhi khodlokh* (shaken head), *tarkhinii daralt* (brain pressure), broken bones, *huuhdiin bailal uurchlugduh* (the angular or horizontal position of a fetus), and *savnii bairlaliin uurchlult* (the position changing of the uterus). Traditionally, practitioners of *baria zasal*, termed *bariachi*, have healed these ailments using a combination of massage and bioenergy. Recently, however, there has been an outcropping of formally-trained lay *bariachi* who do not purport to possess this hereditary gift. This, combined with the new profitability of being an urban *bariachi*, has led to a flood of *bariachi* in Ulaanbaatar in the past ten years.

Due to the lack of academic research on *baria zasal*, the evolution of *baria zasal* in the past hundred years has been undocumented. The following paper is perhaps the first that showcases the alterations in training of urban *bariachi*, the new emphasis on scientific knowledge, the development of *baria zasal* as a full-time occupation, the ailments treated, and the evolution of *baria zasal*'s role in the medical system.

Twenty-seven informants were interviewed about the shifts in *baria zasal* in the past hundred years as well as the perceived causes. Eighteen of these interviews were conducted with urban *bariachi*; nine were conducted with community members. The three main perceived causes behind these changes were the suppression of *baria zasal* during the socialist era, biomedicine's emergence into the Mongolian medical landscape, and the Mongolian population's rapid urbanization.

Introduction

Queues of mothers cradling feverish toddlers wrap around interior staircases of rundown apartment buildings in Ulaanbaatar. The mothers gently rock their children in their arms as the line moves towards the wooden door. From the window, Mercedes and Honda Fits are visible in the overcrowded parking lot. In this line, wealthy and impoverished stand together. Their children are sick with *tarkhi khodlokh* (shaken head). *Tarkhi khodlokh*, an illness unrecognized by the biomedical system and roughly translated as concussion, can only be healed by *baria zasal*, a combination of massaging and bioenergy application.

Bariachi, literally ‘those who heal,’ are the traditional medicine practitioners who practice *baria zasal* (Hruschika, 1998: 24). Best-known for treating *tarkhi khodlokh*, *tarkhinii daralt* (brain pressure), broken bones, *huhdiin bailal uurchlugduh* (the angular or horizontal position of a fetus), and *savnii bairlaliin uurchlult* (the changing position of the uterus), *bariachi* typically use no medicines or surgical instruments. Most maintain that all a talented *bariachi* needs is ten fingers and special sensitivity. This sensitivity, also termed gift, intuition, sixth sense, and/or bioenergy, is hereditary. Though it can skip generations, if one has it, it is assumed one’s ancestors must have had it as well (Khevlv, 2009: 117). In addition to this heritage, *bariachi* are legitimized by a supporting set of criteria, including a record of previous successful treatment, a physical deformity (blindness), a previous illness, and/or the extent to which

respected members of the community frequent the *bariachi* (Hruschika, 1998: 25).

Predating the influence of Tibetan medicine, *bariachi* have existed in Mongolia for thousands of years. Their presence can be traced back to the period of Inner Asian nomadism before the establishment of the Mongol Empire (Saijirahu, 2008:347). It is believed that it developed as a result of the numerous injuries that these nomadic herders received from dealing with their livestock. In fact even urban *bariachi* who have spent their entire life in the capital city of Ulaanbaatar describe *tarkhi khodlokh* as ‘when a man falls off his horse.’ Due to Mongolia’s traditional herding lifestyle, broken bones and head injuries were commonplace. The development of healers who could treat these ailments was critical to this livestock-based, nomadic society. Additionally, these nomadic herders were infamous for raiding other clans. *Bariachi* assisted in the treatment of war injuries that developed as a result (Informant #9).

Bariachi were healers as well as nomadic herders. They would often study the anatomy of slaughtered livestock and would gain experience healing herds before performing *baria zasal* on humans. These born healers neither performed charms nor preformed rituals. Rather, they used their hands to reset broken bones and fix them with wooden splints (Saijirahu, 2008:347).

While *baria zasal* existed for thousands of years prior to the Qing dynasty, it gained prominence under Manchurian rule. During this period (1644 to 1912) eminent practitioners such as Chuoerji Moergen, Jueluo Yisanga, and Naran-Abai

practiced the art of *baria zasal* and developed techniques still used today (Saijirahu, 2008: 347).

When Mongolia proclaimed independence in July 1921, her medical system consisted of *shamans*, *bariachi*, *otoch* (healing Lamas), and *maarambas* (healing Lamas with a higher degree than *otoch*). The establishment of the Communist-led Mongolian People's Republic in November 1924 brought the first biomedical hospital to Mongolia (Bold, 2009). While traditional medicine and biomedicine worked side by side for the first decade of communist rule, politics soon shifted to favor biomedicine. In 1936, the USSR signed a mutual aid pact with the Republic, thus formalizing the close relations between the two countries. The purges of 1937 followed and slew the practitioners of traditional Mongolian medicine. Despite the five decades of suppression that followed, the *bariachi* have reemerged in the last twenty years as an integral part of the Mongolian medical landscape (Hruschika, 1998: 22).

Nevertheless, the *baria zasal* that resurfaced in 1990's was different from the *baria zasal* practiced in the past. The introduction of biomedicine, decades of suppression, education, and the urbanization of Mongolia's historically nomadic population changed the practice of *baria zasal*. No studies have been done on this independent branch of Mongolian medicine in recent years, and these changes remain undocumented. In fact, few articles even mention *baria zasal's* existence in the Mongolian medical landscape (Hruschika, 1998; Saijirahu, 2008; Bold, 2009).

The following research study seeks to document and analyze these changes in an urban setting. Ulaanbaatar, the capital city of Mongolia, holds one third of the Mongolian population. As the weather harshens and the difficulties of herding increase, more and more herders move to this city and develop a ‘Western lifestyle’ (Wachter, 2009). The ailments of urban residents differ from nomadic, and the *bariachi* have had to respond to these shifts as well as changes in their own training, occupation, and role in the medical landscape. This study showcases these changes and attempts to identify the most prominent perceived causes.

It is important to note though, that the *bariachi* seldom agree with each other and the opinions showcased in this paper do not necessarily represent all *bariachi*. There are no organizations, associations, or venues that provide *bariachi* with the chance to discuss, argue, or even converse about such matters. In fact, most *bariachi* interviewed had little, if any, knowledge about the other *bariachi* in Ulaanbaatar.

Methods

To obtain information about urban *bariachi*, the researcher conducted interviews with community members and *bariachi*, collected articles about traditional medicine from the National Archives, and did participant observation.

Eight community member interviews were conducted in either Mongolian or English, depending on the language choice of the informant. Due to the length of the interviews, informants were members of homestay families, part of the translator's social network, or elderly individuals sitting alone on park benches. The interviews ranged from thirty minutes to two hours. Questions were asked about their use of *bariachi*, their knowledge of the suppression of *bariachi* during the socialist period, and their opinions about the changes in *baria zasal* practices, methods, and usage.

Eighteen *bariachi* interviews were conducted. It should be noted that three of these eighteen *bariachi* did not consider themselves *bariachi*, though their patients and fellow practitioners tended to do so. While one of the informants was a *shaman* who performed *baria zasal*, the other two admitted there was no term that described them. Therefore, though they didn't consider the term *bariachi* applicable, they admitted there was no other title that better fit them.

All of the *bariachi* interviews were conducted in Mongolian and translated during the interview or after it had concluded, depending on the *bariachi*'s preference. If translated after the interview, the answers were voice recorded. If translated during the interview, translation occurred immediately after the informant answered each question.

Initially, the researcher attempted to find *bariachi* by asking store owners for the names of informally-trained *bariachi* in their districts. Informally-trained *bariachi* differ from formally trained *bariachi* because they are required to have the hereditary gift that enables them to heal. Additionally, they have a greater likelihood of being self-taught or trained by relatives. Meanwhile, any Mongolian with enough dedication and knowledge about pressure points and human anatomy can be considered a formally-trained *bariachi*.

Searching for informally-trained *bariachi* through shop owners proved unsuccessful, and the researcher realized that these *bariachi* tend to be found through one's social network of family and friends. By requesting this information from strangers, the researcher was breaking the social norm, and thus, was not given answers.

Additionally, while there are advertisements and signs for *bariachi* around Ulaanbaatar, these *bariachi* were formally-trained. Due to the researcher's emphasis on informally-trained *bariachi*, the researcher chose not to contact these advertising *bariachi*. For these reasons, all interviewed *bariachi* were found through the translator and study abroad administration's social networks.

Bariachi were interviewed about their family history, their practice of *baria zasal*, the changes they have witnessed within their years of practicing, *baria zasal* during socialism and the transition period, and the role of *bariachi* in the current medical system.

Of the eighteen interviewed *bariachi*, five had more than one interview session. Interviews, broken up in different sessions, ranged from twenty minutes to six hours. The duration depended on the influx of patients, *bariachi*'s time, and the quality of the information provided. Due to the length of these interviews, some *bariachi* requested compensation for their time. Payments ranged from three thousand Tugrik (\$2.28) to thirty-thousand Tugrik (\$22.77).

Due to the social networks utilized to find *bariachi*, most of the *bariachi* the researcher interviewed lived in apartments in central locations in Ulaanbaatar. Only three of the eighteen interviewed *bariachi* live in the *ger* districts, which are the areas of Ulaanbaatar with the highest density and lowest infrastructure. This alone, shows the disproportional nature of this study. The *bariachi* interviewed tended to be of slightly higher social-economic class than most Ulaanbaatar residents. However, residents of all social-economic classes visited these *bariachi*.

Participant observation was also conducted to better understand the healing techniques and tools of the *bariachi*. Three of the interviewed *bariachi* diagnosed the researcher; two used their techniques and tools to demonstrate their usage, one treated the researcher's ill *tsus* (gallbladder), one gave a relaxation massage, and one performed fortunetelling.

To obtain information about the suppression of traditional medicine and the promotion of biomedicine during the socialist period, the researcher sought materials from the national archive. However, because a PhD was required to

search through the materials by oneself, all articles needed to be requested through an archive employee. Thus the materials requested were related to the key words ‘traditional Mongolian medicine’ and ‘the promotion of biomedical.’

Additionally, there are multiple national archives in Ulaanbaatar. The researcher was only given permission to access one of them. Though specific materials from other archives were gathered, this could only be done if the researcher already had the date and/or resolution number.

In 1941, the Mongolian government mandated the substitution of the Cyrillic alphabet for the classical Mongolian script, Uyghur (Rossabi, 2005:33). Thus, all resolutions prior to 1941 had to be translated from Uyghur to Cyrillic to English. Resolutions after this period were simply translated into English.

Results & Discussion

Theme: The Shift in the Training of *Bariachi*

Bariachi training has shifted in the last century from familial training to self-teaching and formal education. For thousands of years, the *baria zasal* knowledge was passed down through the generations. The elderly *bariachi* of the family would teach the younger generation, and the hereditary intuition the *bariachi* trainee was born with would guide him/her the rest of the way. This intuition, sometimes termed gift, was rare even in families that had *bariachi* ancestors. Sometimes it would skip complete generations. Other times, only one or two children out of seven would be born with this healing gift.

If the child chose not to accept this gift, he/she would be able to continue life as normal. Unlike *shamans*, who get physically ill if they don't accept their ancestral spirits, individuals with the *baria zasal* gift could choose whether or not to be a *bariachi* with little consequence. However, it was an honor to be *bariachi*, and herders from all the surrounding districts used to set up *gers* (felt houses) next to the most powerful *bariachi* in times of need. This, however, has changed with herders' use of motorcycles and cars. It is easier for nomadic herders to access rural *bariachi* than it has been in the past.

Before socialism, *bariachi* held honored positions in Mongolian society with close ties to influential members of the community. Their knowledge was closely guarded and usually only passed down to the next generation of *baria zasal* gifted children (Khevlv, 2009: 117). These *bariachi* were nomadic herders,

who migrated four times a year with their livestock to new pastures. They tended to have no formal education and no knowledge of biomedicine or the Tibetan-derived traditional Mongolian medicine (Saijirahu, 2008:347). As one *bariachi* informant stated:

Before socialism, the country was poor. Mongolia was a livestock country. There weren't any official schools that offered a degree of *baria zasal*. The only way to become a *bariachi* was if you and your relatives had the heritage... In other cases, it was impossible to learn about it (Informant # 22).

The previous statement showcases the importance of informally bequeathing *baria zasal* knowledge to the younger generation. Though monasteries taught Tibetan-derived traditional Mongolian medicine, the degree and title one obtained was *otoch* or *maaramba*. Though some *maaramba* were able to fix broken bones and heal concussions (Informant #26), most healed their patients using herbal drugs.

Baria zasal training changed during the socialist era. The 1937 purges demolished the Buddhist monasteries and killed the famous *otoch*, *maaramba*, and *bariachi*. The mass murders and imprisonment of these traditional medicine practitioners frightened those practitioners who had not been caught. From then on, *baria zasal* was practiced in secret on close family and friends. Propaganda against traditional medicine taught the young generation that *baria zasal* was outdated, and the *baria zasal* patients dwindled.

One of the main reasons the communists targeted traditional Mongolian medicine was the populations' resistance to accepting the new biomedicine system. When biomedicine entered Mongolia, the communists promoted it as an

effective way to treat ailments and diseases. However, many Mongolians who believed in the *shamans*, *bariachi*, and *maaramba* were unwilling to accept this new foreign medical system. One Ulaanbaatar emergency doctor explained:

Many years ago, there were a lot of sexually transmitted disease[s]. One Russian doctor came to Mongolia to treat them, but the Mongolians didn't like the Russian doctor because they believed in the [healing] Lama[s]. They didn't want to get treated. They asked the Lama[s], and the Lamas said, "Take this herbal medicine." It was not based in science, but people believed in it. The Russian doctor [eventually] helped the Mongolian patients who suffered sexual transmitted diseases (Informant # 11).

This resistance to biomedicine was a driving factor for the communists to eliminate traditional Mongolian medicine from the available choices. On March 13, 1937, the Central Committee of the Revolutionary Party passed a resolution which strongly encouraged *scientific medicine as traditional medicine was becoming a barrier for its development, and it had the potential to become a weapon in Lamas' hands to strengthen religious influence* (Khevlv, 2009: 188).

The communist leaders indoctrinated the youth with propaganda that traditional Mongolian medicine was unscientific, outdated, superstitious, and feudalistic. This affected not only the general population, but also the *baria zasal* gifted children and grandchildren of *bariachi*. As one *bariachi* who began practicing in 1998 stated:

When I was young, I was a member of the Communist Party. It was a high title for the youth. Communist Party members were supposed to be against traditional medicine. The motto was that we should be against superstitious things: Lamas, *bariachi*, and *shamans*... I partly thought *baria zasal* was wrong during that time. But I also saw my [*bariachi*] grandmother's sincere will to help others. I thought, "Please don't get caught." I believed it was wrong to perform *baria zasal*, but I also partly

understood my grandmother's sincere will to help other people (Informant # 19).

This passage showcases the dilemma of the younger generation which was born with the *baria zasal* gift during socialism. The propaganda that they had been taught in school conflicted with what they saw at home in the secret of the early morning and late night. They witnessed their elderly *bariachi* relatives risking their lives and freedom to perform *baria zasal* on herders, *sum* (district) center residents, and sometimes even authorities or police.

Conflicted and disbelieving of *baria zasal*'s healing ability, many youth of this younger generation chose not to learn the *baria zasal* techniques, methods, and secrets. Important knowledge, which had been passed down for dozens of generations, is believed by some *bariachi* to be lost (Informant # 27).

Many of these untrained *bariachi* descendants, who were conflicted about *baria zasal* during socialism, became *bariachi* in the freedom that democracy provided. Unknowledgeable about the skills, methods, and techniques their *bariachi* relatives had used, they searched for an alternative form of training. Many of these *bariachi* choose formal training courses. Others decided to teach themselves human anatomy using medical books.

Additionally, many of the *bariachi* descendants who had the *baria zasal* gift chose to be biomedical doctors or nurses during the socialist era. Perhaps the healing ability within them propelled them to choose a medical profession, and biomedicine was the only officially acknowledged and allowed medical system to choose. Nevertheless, medical practitioners tended to maintain a strict dichotomy

between traditional Mongolian medicine and biomedicine. Many *bariachi* informants, who chose not to be trained by their *bariachi* relatives during the socialist period, attribute their former lack of interest in *baria zasal* to their medical profession. A *bariachi* informant that graduated from medical university in 1965 stated:

Because I graduated from medical university, there was no need to know about *baria zasal*... Even though I saw my father practicing *baria zasal*, I ignored it. I wasn't interested. I never asked my father to teach me (Informant # 17).

Biomedical practitioners, during the early socialist era, tended to be even harsher in their distaste for traditional Mongolian medicine than most. *Sum* (district) and *aimag* (state) doctors would often inform the authorities if they knew of a practicing *bariachi*. Part of their aversion probably had to do with their patients' continual use of *baria zasal*, even though it was illegal. For example, when children were brought to the hospital after falling from a high place, some parents assisted their temporary escape from the biomedical hospital. The mothers would stuff pillows under the comforter and tell the doctors their child was sleeping. Meanwhile, the child would crawl out of the ventilation system, meet a relative outside the hospital, visit the *bariachi* for healing, and return to the hospital before the doctors realized the child was gone (Informant # 6). The biomedical doctors recognized that *baria zasal* was corrupting their patients' use of biomedicine and believed it potentially harmed them more than helped. Some believed it was their duty to turn the *bariachi* into the authorities.

What happened to these caught *bariachi* differed by the decade. From 1937 to 1945, it is believed that they were killed with the Lamas and *shamans* in political purges. However, there is little, if any, mention of the killing of *bariachi* in historical books or references. The *bariachi* informants believe this is due to their small numbers and the authorities' confusion about their relationship to *otoch* and *maaramba*. Their punishment, if caught, lightened after 1945; *bariachi* were notified and imprisoned.

While most of the *bariachi* informants referred to their disinterest and ignorance of *baria zasal* as the prominent reason they didn't learn *baria zasal* from their relatives, others suggested their relatives were too afraid to pass their knowledge to the next generation. Parents didn't want this fate for their children and dreaded that this *baria zasal* knowledge would lead to their child's eventual capture. One *bariachi* who started practicing in her fifties stated:

My mother was afraid if she taught me *baria zasal*, the authorities would catch me, put me in prison, and maybe kill me. Because of this fear, my mother only gave me the basics. I wasn't taught deep knowledge or the specific secrets about the *baria zasal* (Informant # 16).

Years after this mother refused to teach her daughter the basics, the informant's mother was caught by the authorities. They warned her to stop performing *baria zasal* and asked what she was charging her patients. Old and frail, she was put under 'house arrest' rather than prison. It was believed that she would have died in prison if they had taken her. As it was, she continued practicing *baria zasal* for five more years.

Bariachi informants, such as this woman's daughter, had three choices when democracy started. They could choose to practice with the little basics they knew and let their *baria zasal* intuition guide them, they could read medical textbooks and attempt to teach themselves more in-depth knowledge about human anatomy, or they could obtain formal training through traditional medicine classes. It should be noted that initially *bariachi* were only allowed to practice in the 1990's if they had a diploma. While many still practiced in the secret of their house, they could be sent to prison if caught (Informant # 3 and 26).

While the *bariachi* in her fifties continues to rely solely on the limited knowledge her mother taught her and her own intuition to perform *baria zasal*, many informants, who received little to no knowledge from their relatives, sought lay formal training when the option came into existence in the 1990's. Unlike the formal medical training that existed prior to socialism, one didn't have to be a Lama to receive this training. A *bariachi* who started practicing *baria zasal* in 1998 stated:

When I was seventeen-years-old, my grandmother requested I learn her techniques. She wanted her skills to be inherited. But I was very young and not interested in *baria zasal* at this point, so I ignored it... After my grandmother died, I took the [traditional Mongolian medicine] course [in 1998]. I regretted not listening to my grandmother and learning her knowledge (Informant # 19).

However, the traditional medical courses that arose were not specific to *baria zasal* nor did they check to make sure students had a *baria zasal* heritage or gift. All paying Mongolians could attend and potentially receive a diploma. At the conclusion of the course, they would be knowledgeable about herbs, *bumba*

(moxibustion), *acupuncture*, *baria zasal*, and other traditional healing techniques (Informant # 6). Some courses even combined Japanese or Korean massage with *baria zasal* (Informant # 25).

Additionally, much of the knowledge that had been essential to the practice of *baria zasal* and identity of *bariachi* for thousands of years was not taught in these courses. For example, bonesetting, a crucial skill still tied into the identity of *bariachi*, was not taught in these 45 day courses. Rather the teachings revolved around those treatments and ailments that biomedicine had difficulty healing, such as relief for chronic pain. This was perhaps the first time in traditional Mongolian medicine history that *bariachi* were trained in mass.

Both, gifted and ungifted, attended these courses and came out with a physical degree that ‘proved’ they were *bariachi*. The term *bariachi* changed after the first of these graduates began their own practices. For the first time, *bariachi* could be lay practitioners who didn’t necessarily have a gift. Rather, they could heal using pressure points and tools.

These formally-trained *bariachi*, who lack the gift, treat their patients with a combination of massage, acupuncture, and pressure point application. Most *bariachi* informants mentioned that these formally-trained *bariachi*, who lack the gift, don’t heal as well. However, they are still able to treat basic ailments using pressure points and other learned techniques. The *bariachi* informant who graduated from medical university in 1965 stated:

For trained *bariachi*, the basic principle is to massage pressure points. But for those like me [with a gift] it is totally different. I don't need to find any

pressure points. I use my gift. I don't need anything but my hands to heal (Informant # 17).

The past century has seen a shift in the training of *bariachi*. While previously *bariachi* were trained by elderly *bariachi* relatives, today there is an outcropping of self-taught and formally- educated lay *bariachi*, neither which existed before the socialist era.

Of the eighteen interviewed *bariachi* for this research project, only three had been solely trained by relatives. Seven had received formal training, through four of these *bariachi* had also received some basic training from their relatives. Seven were self-taught. Of the *bariachi* who were self-taught, three of these had had relatives that could have taught them during the socialist era (Appendix A: Figure 1).

The Venn Diagram (Appendix A: Figure 1) showcases the current trend of *baria zasal* training. While traditionally *bariachi* were trained by relatives, the current trend is to be formally educated or self-taught, even if there are (or had been) relatives that could have taught these *bariachi*. This shift in *baria zasal* training from familial to self-taught and formal is a result of the communist suppression of traditional medicine from the 1930's to the 1980's as well as biomedicine's influence.

Theme: Emphasis on Scientific Knowledge

Before the socialist era, *baria zasal* knowledge came from intuition, generational experience, the practitioner's own experience, and livestock handling. Most *bariachi* were nomadic herders and learned anatomy from

splinting broken livestock bones and slaughtering livestock. For example, Naren Abi, a *bariachi* during the Qing dynasty, learned the anatomy of the human body through the study of skeletons of cattle and sheep. She also dissected human bodies after death from typhoid fever (Ling, 2006: 63). Most *bariachi*, however, didn't have the opportunity to examine or study human anatomy. Rather they applied their livestock anatomy knowledge to the human body.

Some *bariachi* informants mentioned that this lack of awareness about human anatomy was at the root of *bariachi* mistakes, potentially resulting in miscarriages or patients' death. During the socialist era, such a result in the outcome of a *bariachi*'s patient could lead to the *bariachi*'s eventual imprisonment or demise. Scientific knowledge about human anatomy was not only a way to heal one's patients but also keep away the sweeping gaze of the authorities.

If the *bariachi* was put in prison, it was the *bariachi*'s fault because it meant the *bariachi* harmed the patient. For example, if a pregnant woman went to a *bariachi* and then had a miscarriage, it was due to the *bariachi*'s wrong knowledge. Or if a *bariachi* killed someone performing *baria zasal*, they would get in trouble with the authorities (Informant # 21).

Prior to biomedicine's entry into Mongolian in 1924, medicine and healing existed on a trial and error basis. If a healing technique worked, it was used again. If it did not, it was revised or went unutilized. More healing techniques were passed down through generations and had thousands of years of revision and perfection. However, this did not provide the formal analysis that the Communists considered scientific proof.

Due to traditional medicine's lack of scientific proof, communist propaganda portrayed it to the general public as outdated and superstitious. The fact that *baria zasal* had not scientifically proven its healing abilities, and *bariachi* didn't necessarily know human anatomy was viewed as evidence for its compulsory demise.

During the purges from 1937 to 1940's, many *maaramba*, *otoch*, and *bariachi* were killed because they were told they were old and feudalistic. They were not scientifically proven, and you cannot heal anyone without using pills. They denied Mongolian traditional medicine in terms that there cannot be *tarkhi khodlokh* and *savnii bairlaliin uurchlult*. They said, 'These things are not scientifically proven, so they are not true.' They forbid the practice of *baria zasal*. It was believed you cannot heal people without the pill (Informant # 18).

By the 1960's, Mongolians had begun to internalize this belief that had been promoted by the communists for the past three decades. The newly educated population had grown up with this mainstream perspective and was trained in Russian or Germany universities. While in the 1930's and 1940's *bariachi* had been viewed as a threat to the acceptance and use of biomedicine, by the 1960's the Communists believed that most Mongolians accepted the truth that only biomedicine would cure and heal them. They deemed that traditional medicine had been wiped out of Mongolia's medical landscape and didn't have the patient basis or practitioners to return. However, *baria zasal* was never forgotten. When children fell and got *tarkhi khodlokh*, their parents would take them to the *bariachi* in secret (Informant # 27).

Even in secret, *baria zasal* was evolving. Because of the potential consequences of harming a patient and Communists' jives about traditional

medicine's lack of scientific knowledge, *baria zasal* began to incorporate medical knowledge into its training. For example, biomedicine textbooks about human anatomy were memorized by *bariachi*, and research began on the bioenergy of gifted individuals. Multiple *bariachi* informants mentioned that even the Soviets were testing bioenergy levels during this period, and they had been some of those selected for the testing (Informant # 21).

Today even informally-trained *bariachi* acknowledge scientific knowledge as a critical component of being a 'good *bariachi*.' For example, one elderly, self-taught *bariachi* stated:

Before healing someone, *bariachi* should have knowledge about human anatomy. They should have the scientific knowledge and not just guess. They should know the exact position and functions of the organs. That way they will be a good *bariachi*. They need the gift of the *baria zasal* plus scientific knowledge (Informant # 14).

While in the past it was enough for a *bariachi* to have *baria zasal* intuition and livestock anatomy knowledge, the requirements have shifted in the past few decades. For some *bariachi*, proof of obtaining scientific knowledge has encouraged them to attain formal training. The diploma they receive at the conclusion of the course certifies to their patients and fellow medical practitioners that they understand the inner workings of the body.

These courses usually range from 45 days to four years, depending on the type of the degree. However, some *bariachi* believe that even four years is not enough time to study *baria zasal*. Prior to socialism, *bariachi* trainees studied the techniques and methods of *baria zasal* for decades to develop their knowledge.

The shortened length means that within the first few years of *baria zasal* practice, the *bariachi* are prone to mistakes (Informant # 27).

Still youth are flocking to the formal-training courses. While the elderly *bariachi* do not agree with the time frame, the younger *bariachi* view it as a way to gain the trust of their patients. As a twenty-one-year-old *bariachi* stated:

You should actually have something visual and physical to prove that you have the healing ability. My grandmother taught me many things, but this knowledge is only in my head. I cannot show that I have obtained this knowledge to my patients. I cannot show all the old books I read to prove my knowledge either. Nowadays people are interested in viewing the official document that guarantees I have knowledge (Informant # 25).

The license, he believes, certifies his scientific knowledge. Because of the emphasis on the importance of scientific knowledge in medicine, this document helps him achieve the trust of his patients. It proves that he ‘knows’ methods, techniques, and anatomy. This trust, integral, not only to his livelihood by attracting patients in the first place, also leads to better healing outcomes. This twenty-one-year-old *bariachi* explained that patients’ belief affects the speed of the healing process and the outcome. If patients believe in his *baria zasal* knowledge, the healing process is faster and better.

The emphasis on scientific knowledge is relatively new to the thousands-year-old tradition of *baria zasal*. It entered Mongolia with biomedicine in the 1920’s and has since become integral to *bariachi* training. While one *bariachi* informant mentioned that he never received any scientific knowledge training, from medical books or teachers, he is the only we spoke to who believed this scientific knowledge was unnecessary for those with the *baria zasal* gift

(Informant # 27). All the rest believed scientific knowledge was a critical component.

Theme: Urban *Bariachi* as an Occupation

Baria zasal healing as a full-time occupation is a relatively new phenomenon. In the last twenty years, *bariachi* across Ulaanbaatar have established full-time practices in private clinics, renovated apartments, and their own flats. With hours from 9 a.m. until 7 p.m., these *bariachi* tend to spend six days a week healing. Some have schedules, where patients can book appointments in advance. Others have queues that start at their door and extend four staircases below. The development of *baria zasal* healing as a full time occupation is a result of many factors, including urbanization, changing payment, openness, and high demand.

Since World War II, Mongolia's urban population has increased from a quarter to half of the population at large (Strickland-Scott, 2002: 8). This rapid urbanization was a result of the government's efforts at industrial development. With the support of the USSR, the Mongolian government encouraged rural-to-urban migration to supply the labor force and support services for enterprises (Rupen, 1979: 32). Reflecting this general trend, from 1956 to 1989, Ulaanbaatar experienced an almost five-fold increase in population. In 1956, the capital's population was 118,400, but by 1989, it had risen to 548, 400 (Rupen, 1979: 32). The provincial towns have also enjoyed population growth proportionately greater than their pastoral hinterlands. In total, the urban proportion of the population increased from 28 percent in 1956 to 40 percent in 1973 (641,000 people out of

the total population of 1.4 million in 1973) (Rupen, 1979: 101). The growth in Mongolia's rural population has been disproportionately lower than the rise in its urban population, despite the fact that rural families tend to be larger (Strickland-Scott, 2002: 8).

Urban centers have a much higher density than rural areas. Nomadic herding families, who tend to move four times a year, are spread out from each other. Some families live two to three kilometers from their closest neighbor. The *bariachi*, meanwhile, are few and far between. For example, while visiting the *Galut sum* (district) of *Bayanhogor aimag* (state), the researcher learnt of only two *bariachi*. One was located in the *sum* center, which was similar to a small provincial town. The second lived far in the mountains. Nomadic herders, tend to only visit the rural *bariachi*, if they direly need to be healed. The long horseback or motorcycle ride to the *bariachi* is both time-consuming and strenuous on precious resources. Thus for rural *bariachi*, such as the *bariachi* who live in the mountains, there are relatively few patients.

Historically, most, if not all, *bariachi* were rural. They lived as their patients did, herding livestock and migrating from season to season. One informant stated:

In the past, the *bariachi* lived the same lifestyle as others. They had livestock. In Western culture, doctors are separate people. But *bariachi* were not. They were herders and livestock owners. Some still are (Informant # 9).

However, this has begun to change. Nowadays only two in five Mongolians herd livestock (Langfitt, 2012). As the population of potential

patients has increased in urban areas so has the number of *bariachi*. While some may have moved for more patients, others have come for medical, environmental, educational, and familial reasons. Regardless of their reasons for migration, urban *bariachi* have a high density of potential patients who can easily access them. This is especially true in Ulaanbaatar. With more patients, these urban *bariachi* are able to have a large enough consumer basis to make *baria zasal* a full-time occupation.

Furthermore, urbanization has led to a change in payment. In the past, rural *bariachi* weren't always compensated for healing. Rather, patients, if truly appreciative, gave a small present to thank the *bariachi*. Because monetary compensation was not important to self-sustaining livestock herds in the past, these gifts tended to be food or animals. The food would be eaten, whereas the animal would be incorporated into the rest of the livestock herd. An elderly informant explained:

You could have given something to the *bariachi* for healing you, like a small present. In the countryside, you might have given dairy products or a sheep. But even this was very rare. The *bariachi* were for free. After the 1990's when the democracy came and society changed, the *bariachi* started to take money. But then, it's my experience that the true *bariachi* take whatever amount they are given. They have no fixed prices. Usually whenever you go see the *bariachi*, you ask, "How much?" They answer, "Whatever amount you give is good." This is considered a very good quality because it is not a sign of greediness (Informant # 5).

However, there has been a shift in the payment as well as the expectations of that payment. Whereas in rural communities compensation tended to be a sheep or dairy products, urban residents no longer produce or barter those

resources. Rather urban residents pay in Tugriks, since that is the compensation they receive in their own professions.

Additionally, in urban communities, compensation is now expected, even if the *bariachi* do not have a fixed price. Although one *bariachi* mentioned that she does not expect payment from the impoverished and is content with healing them for free (Informant # 3), more and more *bariachi* formally require payment. Three *bariachi* we visited had a price listing on the wall (Informant # 10, 18, 17). Treatment on these lists ranged from five thousand to twenty-eight thousand Tugriks (Appendix B). Other *bariachi* verbally state the price after the treatment (Informant # 6).

While in the past *bariachi* couldn't financially survive off their *baria zasal* healing, today urban *bariachi* are able to do so. In exchange for their treatment, they receive Tugriks. *Baria zasal* healing has become profitable. With the high demand due to the abundance of patients in urban centers, *bariachi* has become a full-time profession.

While rapid urbanization began after World War II, the trend of *bariachi* as a full-time occupation is much more recent. Because *baria zasal* was suppressed from 1937 to 1990, urban *bariachi* who were practicing during this period had additional jobs to keep the authorities' attention away. For example, some of the *bariachi* informants were construction engineers and builders during this period (Informant # 3 and 14). It should be noted, however, that one *bariachi*, a blind man practiced *baria zasal* as his full-time occupation during this time

(Informant # 18). However, he was an exception, since he was protected by his vast social network that included ministers, wrestlers, high authorities, and police. Most urban *bariachi* practiced *baria zasal* part-time until the 1990's and 2000's.

Even after *baria zasal* was allowed in 1990, there were few full-time *bariachi* for the following ten years. Most of the *bariachi* informants started practicing *baria zasal* full time in the early 2000's. One *bariachi* informant explained:

If I had started practicing in 1990, no one would come. I would have no patients at this time. I might even be put in prison. It was a new period. It was shifting. It was a time when people's belief in *baria zasal* wasn't reborn yet (Informant # 20).

This passage describes the lack of patients in the early 1990's. Many were skeptical of *baria zasal*'s healing ability. For decades, they had been told that *baria zasal* was unscientific, outdated, and feudalistic. The view, even if not fully believed by Mongolians, still colored the perception of *baria zasal*.

Although this *bariachi* believes it has to do with the lack of belief in *baria zasal*, other *bariachi* believe it has to do with people's fear. Potential patients were afraid to visit *bariachi* during this unstable, chaotic period. One elderly *bariachi* informant was even put in prison two separate times from 1990 to 1991. She explained that the communist perception of traditional medicine persisted in the early 1990's.

I asked them, 'Why are you are doing this? I didn't do anything wrong. I am just helping others.' The police responded, 'You are making people superstitious. When they break their legs or arms, they don't go to the hospital. They go to you. You are against the hospitals' (Informant # 3).

It took almost a decade before the perception changed, and most *bariachi* felt comfortable enough to practice in the open. Meanwhile, these ten years were a transition time for patients as well. While official medicine only came from Russia, Bulgaria, and Romania during the socialist era, medicines came from all over the world when the neoliberalism policy started in 1990. Because of the limited distribution centers of medication in the past, doctors had known the side effects, the treatments, and the dosages. But with the sudden influx of new drugs in the 1990's, doctors began prescribing medicines with unknown or significant adverse side effects, and patients began searching alternative non-chemical treatments (Informant # 20).

This frustration with biomedicine led to a revival of traditional medicine, including *baria zasal*. As more Mongolians turned to *baria zasal* to heal ailments that biomedicine couldn't treat effectively or holistically, the number of full-time practicing *bariachi* grew.

In fact, it grew so drastically, that a common complaint is that there are too many *bariachi*. While *bariachi* used to be rare in the past, there are now many. Some of these *bariachi* are believed to be 'fake' and only in it for the money. For example, one informant explained:

Fake *bariachi* came into existence in the twenty-first century. People started looking for treatment without chemically derived drugs. Because there was a high demand of individuals seeking alternatives, people realized *baria zasal* was a good business. Just because of money, they will say, 'I can heal you' (Informant # 25).

It is believed that this boom of fake *bariachi* started in 2006 (Informant # 22). *Bariachi* informants deem that *baria zasal* healing became a profitable

business during this time, and this attracted practitioners who would charge tens to hundreds of thousands of Tugriks to heal patients. However, these patients weren't healed, for these 'fake' *bariachi* didn't have the knowledge or gift of *baria zasal*. Frustrated and pained, the patients eventually visited the interviewed *bariachi* where they told their stories and received the treatment they needed.

Whether or not these 'fake' *bariachi* mentioned by the informants exist, the stories about practitioners who heal for money showcases the shift that has occurred in recent years. Prior to urbanization and neoliberalism, there was no significant economic incentive to be a *bariachi*. *Bariachi* were nomadic herders, who rarely received any form of compensation for their healing treatments. However, in recent years, *baria zasal* healing has become profitable in urban centers. *Bariachi* receive and expect monetary payment, and as the demand for *baria zasal* healing has grown they can have formal price lists to compensate them for their time, effort, and bioenergy expenditure.

Theme: *Bariachi* Patients' Changing Ailments

Some of ailments that urban *bariachi* treat are different from the ones historically treated by *bariachi*. The following sections will explain what these ailments are and how they shifted in relation to urbanization, neonatal care, and suppression.

Urbanization not only means a clustering of potential patients, but also a change in lifestyle. While rural Mongolians tend to be nomadic herders who chase after livestock on horseback, most urban Mongolians spend their days working desk, factory, or mining-related jobs. Unlike their ancestors who had daily

physical activity, urban Mongolians have a 'sitting lifestyle.' This lifestyle has led to a shift in the ailments that *bariachi* treat. In the past, *bariachi* dealt mostly with broken bones, *huuhdiin bailal uurchlugduh*, and *tarkhi khodlokh*. Today the non-active lifestyle has meant stress, shoulder and back pain, muscle aches, and headaches.

Two possibilities for the shift in the *bariachi* treatment of these ailments are that these ailments didn't exist in the countryside to the extent they do in the city and/or rural herders didn't visit the *bariachi* for these ailments because of their difficulty in accessing the rural *bariachi*. One *bariachi* informant stated:

The 'sitting lifestyle' causes many headaches. Many people who work in offices with computers come to me. They ask my help. They took painkillers, but painkillers no longer help (Informant # 16).

The 'sitting lifestyle,' termed by some *bariachi* informants as 'Western lifestyle,' is believed to have led to an abundance of ailments. As income rises, more urban residents are able to afford computers. One community member explained that sitting in front of her computer pains her shoulders. To remedy this, she visits a *bariachi* every two months (Informant # 1).

Another informant explained that even the concept of sitting in a chair is relatively new to Mongolia. Rural Mongolians sit on the floor of their *gers* or on stools; both of which are believed to be good for the back. Historically, this was all that was available and practical. However, as more Mongolians move into apartments and work in office buildings, stools are being replaced with wooden, plastic, and metal back seats. The adaption of this seating has led to back pain and headaches and is affecting mostly the middle and upper class.

Although many *bariachi* informants believe that the sitting lifestyle has caused more of these ailments than existed in Mongolia prior (Informant # 12 & 16), the fact that rural *bariachi* were far and difficult to access is also significant. *Baria zasal* healing often cannot be done in one session. On average it takes three to five sessions, though more or less is possible. For herders, the trip to the rural *bariachi* is a time and resource consuming process, especially since the patient would have to return multiple times. Ailments such as back pain and headaches are painful but livable. Rural herders might have foregone care for these ailments due to the difficulty of accessing rural *bariachi*.

In the socialist period, neonatal care also changed. Birthing used to take place in *gers* but this shifted to the biomedicine hospitals in the early 1920's. In recent years, the modernized birthing process has meant a high rate of caesarean sections (Chongsuvivatwong et al, 2010) and drugs. This is especially true in urban areas, such as Ulaanbaatar. In 2008, a research study was conducted in Taiwan that found that high urbanization levels were associated with higher odds of caesarean sections (Chen et al, 2008).

Urban *bariachi* agree with the conclusions of this research study. They have found that Ulaanbaatar has a high rate of caesarean sections, and these caesarean sections have led to the birth of children with *tarkhinii daralt*. *Tarkhinii daralt* is a disruption of brain blood circulation and is often termed brain pressure. Though biomedicine recognizes it as a disease, *bariachi* believe that biomedicine doesn't treat the disease effectively nor does biomedicine realize the rising rates

of *tarkhinii daralt* are due to the current birthing process. As one *bariachi* informant explained:

Mothers' don't give birth naturally anymore. A lot of C-Sections are used. Whenever C-Sections are used, children are born with brain blood circulation disruption (Informant # 18).

In the past, *tarkhinii daralt* was deemed to be relatively rare in Mongolia (Informant # 6). However, in the twenty-first century, it became a common occurrence. Children, born in biomedicine hospitals, had a high probability of acquiring this illness (Informant # 18, 14, 17, 16). Older *bariachi* state that they have seen this shift. When they first started practicing, very few patients had *tarkhinii daralt*. Nowadays, almost eighty percent of children who visit them have this circulation disruption (Informant # 27).

Tarkhinii daralt is also believed to be positively correlated with the use of epidurals. In urban, public biomedical hospitals, there are few beds and many patients. To accelerate the birthing process, doctors are believed to give epidurals to speed contractions. An elderly *bariachi* stated:

Many babies, nowadays, are born with *tarkhinii daralt* because babies are born in the Western way. Their mothers' are given medicine to speed their contractions. When you fasten this process, you don't give the mother or child a time to rest. Everything happens too fast. The drugs have very bad side effects on the baby. They influence the baby's brain circulation because the baby emerges too rapidly. Whenever the doctors see the head of the baby, they pull it out fast. They don't give the baby a chance to go through the process naturally (Informant # 14).

The importance of a natural birth in *baria zasal* should not be overlooked. It is believed that the environmental change from the womb to the outside world should be slow to allow the baby to adjust. If accelerated using cesarean sections

and epidurals, the baby's brain's blood circulation has a high probability of becoming disrupted.

Patients with *tarkhinii daralt* tend to visit medical professionals when they have a cold. Because colds worsen blood circulation, they are believed to worsen *tarkhinii daralt* as well. As the symptoms increase, parents take their children to either biomedicine doctors or *bariachi*. *Bariachi* report that they are able to treat this ailment in a handful of sessions. Biomedicine, however, attempts to heal *tarkhinii daralt* by giving the child drugs that temporarily relieve the pain. These children become inactive under the biomedicine treatment, whereas the *baria zasal* increases activity. Furthermore, biomedicine does not actually fix the disease as *baria zasal* does (Informant # 27).

While most *bariachi* believe that the modernized birthing process has caused the increase in *tarkhinii daralt* in recent years, some *bariachi* believe that environmental factors have also affected the rates. Global warming, air pollution, and climate variations have all been asserted as potential causes. For example, a *bariachi* informant explained:

In early times, children came to me when they hit their heads and had *tarkhi khodlokh*. There weren't many children with *tarkhinii daralt*. Because of global warming, there are a lot of people who have *tarkhinii daralt* now (Informant # 18).

Cancer, a disease that some of the *bariachi* informants treat, is also thought to be related to environmental factors. Prior to socialism, the term for cancer was *nariindah*, which described stomach cancer. Because there were few types of cancer before, this terminology was used to describe cancer in general.

Recently, the term changed to *hort khavdar* due to the huge variety of cancers that are now prevalent in the Mongolian population. As the cases of cancer have increased, some *bariachi* have started to treat it as well. The increase in cancer rates is believed by *bariachi* to be correlated with the low food quality and air pollution in Ulaanbaatar, some of the worst in the world. In 2011, the World Health Organization released a report that evaluated the air pollution of 1100 cities in 91 countries. It found that Ulaanbaatar had the second worst air-pollution of all evaluated cities (Walsh, 2011).

As the rates of cancer increase, more patients are visiting *bariachi* with the hope of eliminating the cancer from their body without surgery or radiation. The *bariachi* who treat cancer also tend to be the *bariachi* who make or sell herbal medicines (Informant # 14 & 26).

Though cancer was not on the price list of diseases treated by the *bariachi* informant in the *ger* district (Appendix B), patients often come to her for cancer treatment. The *baria zasal* only costs 5,000 Tugriks a session. However, the herbal medicines to strengthen the patients' immune system and clean the cancer out of their body can cost almost twenty-times as much (Informant # 26).

Mentioned a few paragraphs above, cancer is also believed to have increased in recent years due to the low quality of food sold and eaten in Mongolia. Other ailments, such as weak bones and difficulty giving birth, are also deemed to be correlated with the low quality of food. During the socialist era, food tended to be grown in Russia or Mongolia. However, with the opening of the

market, cheaper Chinese vegetables, meats, and grains flooded into Mongolia. This food from China is believed by *bariachi* to be chemically preserved or covered with pesticides. As one *bariachi* informant explained:

During socialism, we didn't have much food. But the food was high quality. We didn't use chemicals. But nowadays the food is low quality (Informant # 17).

According to many *bariachi*, this shift in the quality of food has led to an increase in food-related ailments and diseases in general. It is believed that the lower quality of food has made Mongolians weaker and more susceptible to broken bones and overall health problems.

The shift in these ailments, due to urbanization, neonatal care, environmental changes, and low food quality, has also meant that *baria zasal*'s role in Mongolia's medical landscape is continually evolving. While prior to socialism *baria zasal* was known for bonesetting, today it tends to be used for ailments biomedicine doesn't recognize or doesn't effectively treat.

Theme: Bariachi's Role in the Medical System

With biomedicine's introduction into the medical landscape of Mongolia, the role of *baria zasal* in the medical system changed. Formerly, it used to be the first choice for Mongolians with broken or fracture bones, *tarkhi khodlokh*, and *huuhdiin bailal uurchlugduh*. While some *bariachi* still treat all these ailments, most *bariachi* have lost the ability to set bones due to biomedicine's effective treatment and the suppression of traditional medicine that occurred during the socialist period. While *bariachi* have maintained the ability to treat *tarkhi khodlokh* and *huuhdiin bailal uurchlugduh*, patients now tend to seek biomedical

care for most other ailments. Only if biomedicine provides ineffective treatment or treatment with major side effects, do patients now seek out *baria zasal*.

Bariachi, termed bonesetters in academic literature (Hruschika, 1998; Saijirahu, 2008; Bold, 2009), were known historically for being able to set broken bones and dislocations. In the last century, most urban *bariachi* have lost this skill. Nevertheless, it is integral to the very identity of *bariachi*. For example, a *bariachi* informant, who doesn't heal bones due to the current biomedicine technologies, stated:

Bariachi should be able to heal broken bones and dislocations. Some just work with concussions and other types of injuries. They should be called *ileech*. The trained *bariachi* should be called *ileech* too because they don't have real power and can't heal broken bones (Informant # 18).

As seen from this passage, setting bones, even if not used, is integral to the identity of *bariachi*. If one is unable to do it, other *bariachi* do not consider that practitioner a true *bariachi* (Informant # 18, 22, 17). Rather, the practitioner is termed *ileech*. However, it should be noted that many *bariachi* informants were considered by their patients and themselves to be *bariachi* even if they are unable to set bones.

Prior to biomedicine, if one had a broken or fractured bone, one would visit a *bariachi*, *maaramba*, or *otoch*. To heal a fractured bone, *baria zasal* maintains that a good supply of blood in the fracture part is needed because this blood supply accelerates the healing process. Biomedicine, introduced to Mongolia in 1924, believes this will damage the hematoma of the fracture, injure

soft tissue, adversely affect blood supply, and lengthen the healing process (Ling, 2006: 66).

Furthermore, biomedicine denied *bariachi*'s intuition to set broken bones and promoted casts instead of wooden splints for the treatment. The belief in *bariachi*'s intuition was considered feudalistic and superstitious. The use of wooden splints was considered outdated. Biomedicine took x-ray pictures that showcased the break in black and white film, and doctors use these to set the bones in the correct position as well as gain the trust of their new patients.

During the suppression of *baria zasal*, Mongolians were forced to utilize biomedicine to set their broken bones. Some, perhaps, believed the negative propaganda that the communists promoted about traditional medicine. Others understand the difficulties it would require to hide the wooden splint. One *bariachi* informant explained:

If you had a *bariachi* heal your broken arm, then the authorities will ask you, 'Where did you get that [wooden splint]?' They would try to find the *bariachi*, and he would get in trouble (Informant # 22).

While it was easier to hide these wooden splints in the countryside, it was nearly impossible in the cities. The broken bones in wooden splints took weeks to heal. The splints were an obvious sign that one had visited a *bariachi* and knew where one was located.

As more potential patients turned to biomedicine to treat broken bones, *bariachi* had fewer patients visiting them with this ailment. The lack of patients

with broken bones meant that the *bariachi* no longer had a chance to practice this skill and teach the next generation this knowledge.

Even after the suppression of traditional medicine ended, potential patients sought out biomedicine for this ailment. While their parents or grandparents might have taken them to *bariachi* for *tarkhi khodlokh* or *huuhdiin bailal uurchlugduh*, they had taken to biomedical hospitals for broken bones. The tradition of visiting the *bariachi* for this ailment was lost by the majority of the urban population.

Nevertheless, *bariachi* believe *baria zasal* treatment for broken and fractured bones has better results than the equivalent biomedicine treatment. They state that *baria zasal* treated bones heal faster (Ling, 2006: 66). Unlike a cast that shelters one's arm from the outside environment, the wooden splint allows the skin to breathe and the muscles to maintain more of their strength. One *bariachi*, who is unable to set broken bones, stated:

When one of my patients was younger, he broke his arm. His grandmother [a *bariachi*] put the bone in the previous position and fixed it in place with wooden splint. Several years, he broke his other arm. He went to the hospital for a cast. The arm that his grandmother healed has no pain. But the arm that the hospital healed hurts when the weather changes (Informant # 6).

As showcased in this story, a patient who is healed with *baria zasal* has bones that feel as though they'd never been broken. Biomedicine, *bariachi* believe, cannot make this claim.

Bariachi also believe that biomedicine doesn't take into account the fact that urban Mongolians have less calcium in their diet than they previously did. Less calcium means weaker bones. Biomedicine doctors and nurses tend to

reposition bones without taking this into account. The outcome can be injured bones. A *bariachi* informant that heals bones mentioned:

Some hospitals don't take into account that bones are weaker nowadays. When they try to heal patients, they actually injure them. Many patients come to me after visiting [biomedicine] hospitals. In the hospital, they couldn't properly put the bones into their previous position. It is much better and faster if they came to me first (Informant # 17).

Although the *bariachi* are disillusioned with the biomedical system of treating broken bones, most of the urban *bariachi* who still heal bones use biomedical tools to do so. For example, one *bariachi* has his patients bring him x-rays before he repositions and splints bones (Informant #24). Another *bariachi* sets the bones using her intuition and then has her patients get a cast from the nearest hospital (Informant # 17).

While patients seldom visit *bariachi* for broken or fractured bones, patients have continued to visit urban *bariachi* for *tarkhi khodlokh* and *huuhdiin bailal uurchlugduh*. Perhaps this is due to the fact that biomedicine doesn't acknowledge either of these ailments and provides no effective alternative for them. Additionally, the consequences of not treating these ailments are considered dire by many *bariachi*. One *bariachi* informant explained:

I lost one child in 1992. I didn't know that my two-year-old had *tarkhi khodlol*. My child was diagnosed with *hoolnii hordlogo*. They took a spinal tap. Because my child was diagnosed incorrectly, the child died... During this time, it was forbidden for the *bariachi* to enter the hospital. If the doctors saw the *bariachi* practicing, the *bariachi* would be caught. They will tell the officials. The rules were softer in 1992, but it was still a forbidden thing. There was no way to bring a *bariachi* to a hospital. Even though it was becoming more open, the fear of the people didn't disappear (Informant # 19).

This story showcases the potential result of misdiagnosis. Because the biomedical system historically hasn't recognized *tarkhi khodlokh* or *huuhdiin bailal uurchlugduh*, patients' families often had to recognize the symptoms themselves and choose the correct medical system. Few doctors referred their patients to *bariachi*, though a select few began doing so during the socialist period in the 1970's (Informant # 6). The medical system choice could have dire results, as seen in this story.

Even in the late 1990's, there was an observable dichotomy between biomedicine and traditional medicine. This dichotomy made it difficult for families to correctly choose which medical system to use in times of need. Biomedicine, since it was the predominate choice, tended to be the system that patients tried first. If the treatment was unsuccessful or had too many side effects, they sought out *baria zasal* healing (Informant # 3). For example, one informant explained how biomedicine's inability to heal her own daughter encouraged her to practice *baria zasal*:

My daughter had *tarkhi khodlokh* in 1998. When she was getting out a car, someone slammed the steel door into her head with full force. The doctor had all the symptoms: high temperature, fever, unstable stool. But they couldn't heal her. We first took her to the hospital for seven months. She left the hospital, but the symptoms didn't disappear. We took her to the hospital again. This happened again and again for three years. Because the doctors couldn't help my daughter, I, by intuition, touched my daughter's head. I had known that my father had the *baria zasal* ability, but I never paid attention to *baria zasal* before my daughter's accident. Only when I touched my daughter's head to heal her, I realized I had this healing power too (Informant # 17).

This passage showcases the dichotomy that existed, to a somewhat lesser extent, in the late 1990's. Gradually, as traditional medicine has become more

accepted by urban residents, biomedicine and *baria zasal* have formed a closer relationship with each other. *Baria zasal* is often formally taught using biomedical terminology for human anatomy. Practitioners of both medical systems have begun referring patients to each other (Informant # 14 & 24). Additionally, some practitioners are obtaining joint degrees, a welcomed development for many Mongolians (Berstein, 2002: 43).

Conclusion

Only twenty-two-years since the freedom of democracy, *baria zasal* is still in a period of immense transition. Though *baria zasal* never completely disappeared from the medical landscape, its revival has been sporadic and heavily based on Mongolian's search for alternatives to biomedicine's drugs. For the first ten years of democracy, *baria zasal* cautiously gained ground as practitioners emerged from secrecy. Through patient use was low in the early 1990's, as the *baria zasal*'s success stories spread, more Mongolians began to visit urban *bariachi* from ailments ranging from back pain to *tarkhinii daralt*. In the last twelve-years, *baria zasal* practices have rapidly developed as profitable businesses inside of apartment complexes and office buildings.

Prior to socialism, *bariachi* lived as nomadic herders in the countryside, raising livestock and healing patients. With Mongolia's rapid urbanization, *bariachi* have moved to the capital city of Ulaanbaatar. Their urban training, which was historically generational, has shifted in light of socialist suppression and biomedicine's influence. This shift has meant that lay individuals who have no hereditary intuition are able to learn to the basic principles behind *baria zasal* and become *bariachi*. This has led to a dichotomy between trained *bariachi* and informally-trained *bariachi*.

The aim of this research was to interview informally-trained *bariachi*. However due to the emphasis on scientific knowledge as well as the break in the generational training of *bariachi*, a large percentage of the *bariachi* interviewed had been formally-trained even though they believed they had the *baria zasal* gift.

The research study's criteria were thereby changed to include *bariachi* who believed they had the *baria zasal* intuition. Finding solely informally-trained *bariachi* in Ulaanbaatar through the researcher's limited social networks proved too difficult.

Due to the rarity of informally-trained *bariachi* in Ulaanbaatar, one has to wonder whether informally-trained *bariachi* will continue to exist in Mongolia if the rapid urbanization and lifestyle changes continue with the same speed as they do today. The easy access to formal traditional medicine courses in city centers is enticing to young urban residents, providing them with a diploma to certify their training. While these courses teach the basics of *baria zasal*, they tend to teach quick overviews rather than in-depth, apprenticeship knowledge. One has to wonder whether much of the knowledge that has been passed down informally from generation to generation will be lost to future *bariachi* as they turn to a formalized education system for their knowledge.

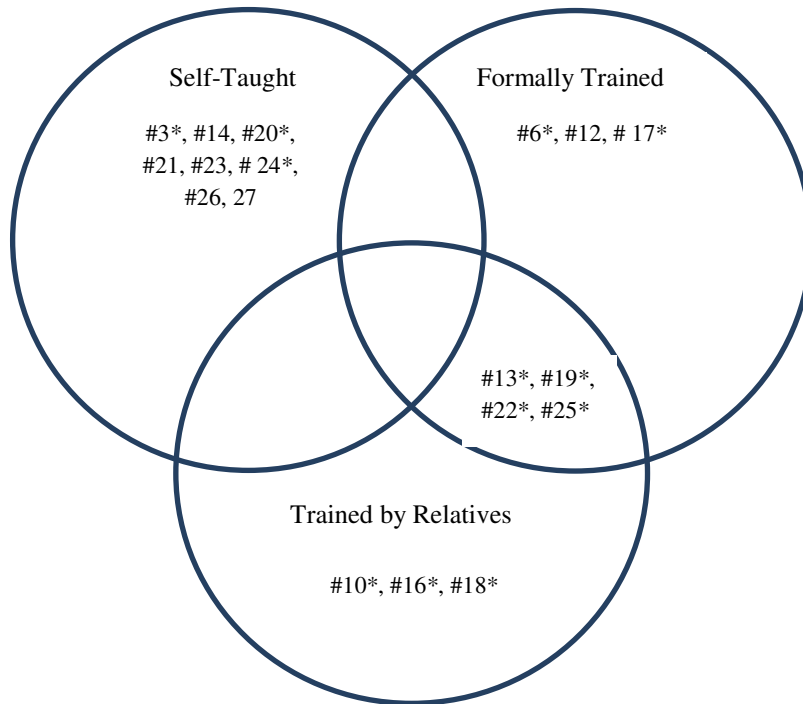
It is especially important that the shifts and trends within informally-trained *bariachi*'s practices be documented and discussed by the academic community. Little, if any, research has been done on the subject of the evolution of *baria zasal*, and it is recommended that further study be conducted on the changes that have occurred specifically within informally-trained *bariachi*'s practices within the last hundred years. It is not only important from a historical perspective but also from a medical one. Research studies that further delve into aspects of *baria zasal*'s shifts are necessary for deeper understanding of this ancient traditional medicine that is deeply imbedded in Mongolian culture.

Terminology

| <u>Transliteration</u> | <u>English</u> | <u>Mongolian</u> |
|------------------------------------|---|-----------------------------|
| <i>yas hugarah</i> | broken bones | щяс хугарах |
| <i>tarkhinii daralt</i> | brain pressure | Тархины доргилт |
| <i>tarkhi khodlokh</i> | brain blood circulation disruption | тархи хөдлөх |
| <i>ue multrah</i> | dislocations | үе мултрах |
| <i>bulchin changarah</i> | sprained muscles | булчин чангарах |
| <i>huuhtiin bailal uurchlugduh</i> | fetus position changing | хүүхдийн байрлал өөрчлөгдөх |
| <i>savnii bairlaliin uurchlult</i> | uterus position changing | савны байрлалын өөрчлөлт |
| <i>nuruunii uvchin</i> | back pain | нурууны өвчин |
| <i>bariachi</i> | practitioner who performs <i>baria zasal</i> | бариагч |
| <i>baria zasal</i> | a distinct traditional medicine branch | бариа засал |
| <i>nariindah</i> | term used for cancer in the past | нарийдах |
| <i>hort khavdar</i> | term used for cancer nowadays | хорт хавдар |
| <i>shamans</i> | a traditional medical practitioner | бөө |
| <i>otoch</i> | a healing lama | оточ |
| <i>maraamba</i> | a healing lama with a higher degree than <i>otoch</i> | маарамба |
| <i>hoolnii hordlogo</i> | food poisoning | хоолны хордлого |
| <i>bumba</i> | moxibustion | бумба |
| <i>illech</i> | <i>bariachi</i> who cannot heal bones | илээч |
| <i>sum</i> | district | сум |
| <i>aimag</i> | state | аймаг |

Appendix A

Figure 1: The Training of *Bariachi* Informants (Identified by ID Number)



* This *bariachi* has relatives who could have taught him *baria zasal*.

Appendix B

Price list in Tugriks (Informant # 26):

Diagnosis by “listening to the pulse:” 5000

Whole body *baria zasal*: 28000

Baria zasal for the head: 3000

Baria zasal of the back and blood pressure: 5000

Baria zasal of the kidney, uterus, arms, legs, joints 5000

Baria zasal of heart: 10000

Setting broken bones: 10000

Baria zasal of liver, gallbladder: 5000

Baria zasal of the lungs: 5000

Bumba: 3000

Baria zasal of the spine: 8000

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