

**Mental health in Tibetan medicine - *Sowa Rigpa***

**An analysis of the impact of globalizing Tibetan medicine by the example of its approach to mental health and the current use of the concept *rlung*-disease**

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## Abstract

The current globalization of the Sowa Rigpa has brought about several challenges. Its theory of three doṣas, going back to the Ayurvedic and Hippocrates theories of humors and respective exchange processes, was supplemented by Buddhist concepts and Vajrayāna practice, applying these doṣas to the channels and chakras of a subtle body. While education in its essential rtsa rlung training gets lost it is currently advertised a panacea for mental health issues due to this connection and the current trend of medicalizing spiritual methods of Vajrayāna. In expert interviews mental diseases were merely subsumed under one of the doṣas, *vayu (rlung)*, and its mode and localizations of disturbance. This development affects the preservation of knowledge of Sowa Rigpa and Vajrayāna reciprocally. Thus, the need for actualizing knowledge according to current medical and psychological science, conceptional discourses, clinical trials and quality standards in education, particularly concerning mental health issues, is revealed.

## Key words:

Tibetan medicine, Sowa Rigpa, Vajrayāna, *rlung*-disease, mental health

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## 1 Introduction

World Health Organisation defined traditional and complementary medicines an "important [...] part of health care" (World Health Organization 2013, p. 7) and described their current revival (World Health Organization 2019, p. 5). In its historical coverage at the introduction to *Mirror of Beryl* Tibetan medicine was emphasized a complementary medicine method (Gyatso 2010, p. 1). Furthermore, it was argued a complementary medical science based on its differentiated theory, complex models and analytic methods (Loizzo, Blackhall and Rapgay 2009, p. 218). Its reconstruction in exile due to political reasons over the past six decades has resulted in traditional lines of education and training facilities in exile with its recognition as an Indian medical system with the name 'Sowa Rigpa' in 2010 (Kloos 2016). However, when compared to other former local traditions of the respective geographical area, that has delayed its process of updating medical and psychological knowledge and scientific clinical research. Thus, although for geographical and historical reasons its methods overlap with Ayurvedic and Chinese medicines with regards to contents, concepts and methodologies, it does not appear in the *WHO global report* where acupuncture, Ayurvedic and Chinese medicine were stated complementary medicine methods (World Health Organization 2019, p. 52).

From an emic perspective, Tibetan medicine is defined one of the five major sciences (*rig gnas che ba lnga*) (Tsepak 2013, p. 258) and referred to with the phrase *Sowa Rigpa* (*gso ba rig pa*, and the Sanskrit term *cikitsā*) (Tsepak 2013, p. 258; Drungtso and Drungtso 2005, p. 523), a phrase with the meaning *knowledge of or science of healing* (with the term *gso ba* referring to *healing* according to Drungtso and Drungtso 2005, p. 523; sometimes translated as *nourishing* or *medicine* according to The Tibetan & Himalayan Library 2020). It is this particular approach of focusing on healing rather than on the disease which makes it a complementary method for whole person care (Hutchinson 2011). Together with the idealization and medicalization of Buddhist spiritual methods (Anders and Utsch 2020, p. 222), its preventive means and this this very approach may have contributed to its wide spread in recent years.

In the past six decades, this "traditional medicine" (World Health Organisation 2013, p. 15) of *Sowa Rigpa* has further developed. Within the current process of globalization, three different modes using the name *Sowa Rigpa* and overlapping due to frequent travel activities can be observed: its traditional efforts of preservation of knowledge and healthcare for the local population as found in India, Bhutan, Nepal and China; its use as a "complementary medicine" (World Health Organisation 2013, p. 15) in various countries, which is itself closely linked to the commercialization of Tibetan Buddhism in seminar-, meditation and retreat-centers, and the development of its own industries, such as massage and massage training currently being commercialized as Tibetan Medicine for Westerners (Tibet Center Austria 2020); and its medical industry in China which "generates almost 98 percent of the total sales value" (Kloos, Madhavan, Tidwell, Blaikie and Cuomu 2019, p. 1). The globalization of Tibetan Buddhism, *Vajrayāna*, with many international organisations commercializing it in their seminar-, meditation and retreat-centers (Anders, 2019b, pp. 1, 2, 6, 7,20), the idealization processes of a "myth Tibet" (Anders 2019b, p. 17; Kunst- und Ausstellungshalle der Bundesrepublik Deutschland, Dodin and Räther 1997), the maldevelopment of decontextualizing the Buddhist spiritual methods in distorting their meaning and medicalizing it for any clinical issues, especially individualizing societal issues with all kinds of mindfulness procedures in psychotherapy (Anders and Utsch 2020, p. 229), together with the expanding herbal medical industry has paved the way for its spread.

In recent years, due to its rapid expansion of production with a "total sales value of 677.5 million USD" (Kloos, Madhavanb, Tidwellc, Blaikiea and Cuomud 2019, p. 1) of its industry in 2017, its local spread throughout China, Mongolia, Nepal, India and Bhutan has expanded to a global market. However, in this current, very rapid process of globalization, *Sowa Rigpa* faces several challenges that contribute towards deflating and loosing of its differentiated knowledge, methods, and integrity. This refers to the required

considerations regarding the changes in meaning of terminology and concepts, the cultural transfer processes as well as the current certification of nonprofessionals by means of a few costly seminars only and the required quality assurance measures in education and treatment. Thus, the solution of these challenges and the diversity of standards impact on the knowledge of *Sowa Rigpa* itself, especially through current changes in the meaning of terms and concepts, and on the safety of patients.

Such impact is illustrated in using the example of changes in the conceptualization and use of the phrase '*rlung*-disease'. The model of three doṣas (humors) is the same for *Sowa Rigpa* and *Ayurveda*, one of which is translated as '*wind*' or referred to with the Tibetan term *rlung* (skt. *vayu*). Since their translations as '*wind*', '*bile*' and '*phlegm*' reveal lack of connection to the associations these English terms might induce, the corresponding Sanskrit terms will be used in the following text, just as when translating Buddhist philosophy. Thus, in *Sowa Rigpa*, all neurotic, psychosomatic and psychiatric diseases are subsumed under the doṣa *rlung* and its path through the subtle body with its channels. In view of the standards in differentiated diagnostics (World Health Organization 2020a) this seems a rather crude approximation to the current differentiated knowledge of mental diseases (World Health Organization 2020b). However, it is these handy simplifications and the seemingly exotic phrase '*rlung*-disease' that have served nonprofessionals in the centers of international Tibetan Buddhist organizations to denigrate, slander and stigmatize healthy individuals for mentally sick or even psychotic (Anders 2019b, p. 9, 2019c) since long.

Thus, the current commercialization in teaching *Sowa Rigpa* in costly certifying seminars regardless the medical or psychological education of the recipients, his or her *Vajrayāna* knowledge and training and Tibetan language and cultural skills, together with psychologizing and medicalizing even its spiritual techniques as if still embedded in Buddhist cultures pose severe challenges to the tradition itself and the path its recent rapid changes take. Moreover, the commercialization of *Vajrayāna* has already shown where a poorly trained teacher and therapist's activities are leading (Anders 2019a, b, c, d, e, 2020; Anders and Utsch 2020).

This paper presents an analysis of challenges in the current globalization of *Sowa Rigpa*. After describing how the conceptualization of the *Medicine Buddha* (tib. *sman bla*, skt. *bhaiṣajyaguru*) contributes to identification and projection processes and an overview of the way such dynamics get aggravated by the current decontextualization of terms and concepts in international groups of Tibetan Buddhism by the example of diagnosing '*rlung*-disease' by nonprofessionals, the use of philosophical terminology of *Vajrayāna* in Tibetan medicine, the current commercialization of its mental and spiritual methods and the impact of its decontextualisation are outlined. The historical overview leads to the diagnostic concept of 'imbalance' of humors found in the second byzantine tradition as well as in *Sowa Rigpa*. Then, it is shown how the emic perspective on mental health, which is referred to with merely one of these doṣas (humors), largely contrasts its use for denigrating and slandering group members in international *Vajrayāna* groups.

## 2 Historical overview and the current globalization of *Sowa Rigpa*

*Sowa Rigpa* has developed on the basis of the Bon tradition (Köttl 2009, p. 119, 126; Thokmay, Passang and Sonam 2008, pp. i-ii), the travel habits of physicians and their activities of extensive exchange of knowledge with several other medical traditions (Thokmay, Passang and Sonam 2008, p. iv). Its key text, the *Four Medical Tantras*, is said to contain "mantras and the names of some medicinal substances, compounds and diseases in the original *Bon* language" (Thokmay, Passang and Sonam 2008, p. ii) which is interpreted a "clear indication of the influence of Bon on Tibetan medicine" (Thokmay, Passang and Sonam 2008, p. ii). In the expert interviews with Tibetan *Amchis* (physicians of Tibetan medicine) in the years 2006/ 2007 in Nepal it was told that the Bon tradition would have been "purified" by the king Songtsen Gampo, which meant being cleansed of rituals regarded as impure (Köttl 2009, pp 131-132). A widespread narrative,

reported by Tibetan *Amchis* to this day, refers to this very key text going back to the period of Yuthog Yonten Gonpo I (708-833 A.D.) (Köttl 2009, p. 126) and his 13<sup>th</sup> descendent Yuthog Yonten Gonpo II (1126-1202) (Thokmay, Passang and Sonam 2008, p. vii). This fact not only shows the sociopolitical impact of the *Tulku concept* (Kollmar-Paulenz 2006, pp. 90-91), which pervades Tibetan culture and Buddhist monastic hierarchies in China as well as in exile to this day, in stating the younger Yuthog II an emanation of his predecessor, but also emphasizes the unquestionable authority of these two figures, the former of which is said to have received the knowledge of *Sowa Rigpa* by the *Medicine Buddha* (Köttl 2009, pp. 63-111) himself. Although attributions are not unusual in the context of Tibetan Buddhism, *Vajrayāna* (Anders 2019b), it has been usually considered a sign of modesty, showing the qualification of traditional Buddhist practitioners who have reached a certain stage of inner maturation and development through which visions might be accessible to them, to know how displayed arrogance and pride blocks the path itself and thus to keep silent and humble about such, to this day. In the eighth century of ancient Tibet and the following ones, basic education and the imparting of knowledge and science was very closely linked to its monasteries. For centuries *Sowa Rigpa* has been systematically studied and taught mainly by monks. Thus, not only the inherent interweaving of Buddhist-philosophical models with the medical concepts of *Sowa Rigpa*, but also deliberately integrating specific elements from *Vajrayāna*, such as using the sociopolitical impact of imputing supreme authority through attributing someone direct contact with the *Medicine Buddha*, publicly attesting him a highly advanced spiritual personality, become clear.

There is agreement that the text of the *Four Medical Tantras* (*rgyud bzhi*) was written by Yuthog Yonten Gonpo I, who had "traveled to Nepal, Persia, China and India during which time, he met many eminent scholars and physicians and received great deal of invaluable medical knowledge and instructions of other medical systems" (Thokmay, Passang and Sonam 2008, p. iv) after the "First International Conference on Tibetan Medicine" (Thokmay, Passang and Sonam 2008, p. iv).

"Yuthog represented Tibet at the 'First International Conference on Tibetan Medicine' held at *Samye* during the reign of King *Trisong Deutsen*. Many eminent scholars and physicians of then known medical systems participated in the historic conference. [...] After that conference, Yuthog wrote a book called '*Gyud Shi*' which was primarily based on the indigenous medical system and synthesis of various Asian medical system" (Thokmay, Passang and Sonam 2008, pp. iv-v).

These *Four Medical Tantras* consist of four essential texts called the Root Tantra (*rtsa rgyud*), Explanatory Tantra (*bshad rgyud*), Oral Instruction Tantra (*man rgyud*) and Last Tantra (*phyi rgyud*) (Drungtso and Drungtso 2005, p. 97) and since then have been supplemented by respective commentaries in the sense of interpretation and comments. It is said that it was

"concealed in a pillar of *Samye* monastery to be discovered later when the ripe time to use this text occurs. It was later rewritten into the present form of '*Gyud Shi*' by his famous descendent Yuthok Yonten Gonpo II, after discovering it from the pillar of *Samye* monastery" (Thokmay, Passang and Sonam 2008, p. v).

Desi Sangye Gyatsho (1653-1705) (Buswell and Lopez 2014) not only revised the edition of *Dathang GyudShi* by *Zurkar Lodoe Gyalpo* (Thokmay, Passang and Sonam 2008, p. x), but also wrote a commentary on the *Four Medical Tantras*, called "*Sowa Rigpai Tenchoe Menlai Gongyen Gyud Shi Seljed Bendurya Nyonpo Mallika*" (Thokmay, Passang and Sonam 2008, p. x) and his pictures on the *Four Medical Tantras* are well-known. He is said to have built the Chakpori monastery and medical college at the Iron Hill (Thokmay, Passang and Sonam 2008, p. x) next to Potala palace of the 5<sup>th</sup> Dalai Lama as well, which now, as *Sowa Rigpa* is practiced in exile, is no more. In the preface of a translation of the *Four Medical Tantras* into English by the translation department of *Men Tsee Khang* in Dharamsala/ India the translating *Amchis*

rationalized their translation activity in referring to the "popularity of Tibetan medicine" (Thokmay, Passang and Sonam 2008, p. xvii), but, instead of clarifying the meaning of concepts and terms in providing traditional word commentaries, limited the translation width saying that they would have kept key terms "in Tibetan" (Thokmay, Passang and Sonam 2008, pp. xvii-xviii) on purpose.

"with the growing popularity of Tibetan medicine worldwide and the need to pass on correct information out our medical system, it was felt necessary to bring out an English translation of *Gyud Shi*. Thus, the *Gyud Shi* translation project was formally started on July 2001 by the administrative management of *Men-Tsee-Khang*, Dharamsala. The responsibility of translation was entrusted to three doctors. [...] This edition of *Gyud Shi* is based on the *Chakpori* printing block of 1892 which was made under the able guidance of the young 13<sup>th</sup> Dalai Lama. In order to avoid the dilution of the original meaning of some key technical terms of Tibetan medicine such as *Nye-pa*, *Lhung*, *Tri-pa*, *Bad-kan*, *Cin*, *Chu-ser*, etc., we have kept them in Tibetan". (Thokmay, Passang and Sonam 2008, pp. xvii-xviii)

Thus, the English reader, who does not understand the original Tibetan script which is provided along with the English translation, gains an undifferentiated and superficial understanding only. The meaning of Tibetan terms is traditionally provided by word-to-word commentaries, which explain the meaning of the syllables of the Tibetan script and their use in nominal structures, thus commenting on the technical terms, connotations and respective concepts from within the emic perspective. If this is not provided for translations of *Sowa Rigpa*, a lot of meaning and understanding of connotations in context and complexity get lost. Thus, currently, changes in meaning are already evident in the use of central concepts such as 'rlung-disease' in English or German, with enormous consequences for *Sowa Rigpa* itself. Furthermore, although the above translation is complemented with the Tibetan text, the transliteration systems for Tibetan language currently used at Tibetology, South Asian or Buddhist Studies at Universities were not used. Such shows the many challenges in preserving the knowledge of *Sowa Rigpa*.

### 3 Impact of the narrative with regards to conscious and unconscious identification and projection processes and aiming at the formation of a prominent sociopolitical position

The practice of *Sowa Rigpa* has been closely interwoven with Tibetan Buddhism, *Vajrayāna*, with regard to its terminology, concepts and spiritual practices since its beginning. According to the narratives in expert interviews with Tibetan *Amchis* in Nepal in the years 2006/ 2007 the medical knowledge of *Sowa Rigpa* has developed integrating the knowledge of the *Bön* tradition with its "four hundred sutras" (Köttl 2009, p. 131), which were reported having been changed into the *Four Medical Tantras* (*rgyud bzhi*, Drungtso and Drungtso 2005, p. 97) at the time of the king Songtsen Gampo (Rechung 1973, p. 15), because of differences in their viewpoints (Köttl 2009, p. 131). Thus, whereas some refer terms for medicines and diseases in the *Four Medical Tantras* to coming from "ancient Shangshung language" (Gyatso 2010, p. 2), some of its commentators have even specified "the translator Vairocana, rather than translating it from Indian sources as others have suggested, took it from Bön medical literature" (Gyatso 2010, p. 2). Loizzo, Blackhall and Rapgay presented the dynamics of synthesis as follows: "A synthesis of Indian, Chinese, Central Asian, and Greco-Persian traditions, Tibetan medicine was unified into a single system using theories and methods from Indian Buddhist mind" (Loizzo, Blackhall and Rapgay 2009, p. 219).

In the above-mentioned expert interviews, most of the Tibetan *Amchis* emphasized that Yuthog Yonten Gonpo himself would have taught the *Four Medical Tantras* according to his visions of the *Medicine Buddha* (Köttl 2009, pp.111-145) while some of them said these would have been taught by others (Köttl 2009, p. 132). Thus, the medical Tibetan history was enriched with another Buddhist heroic story that has continued until today. While the *Amchis* mostly presented themselves as taking part in a kind of knowledge coming from highest authority, according to the narrative, their contribution to the impact of such

idealization as well as mythification of Tibetan Buddhism and *Sowa Rigpa* seemed to stay unreflected. The current process of rapid globalization, however, requires such processes of reflection and differentiation of one's own status beyond identification strategies. Although this projection of healing aspirations accompanied by creating spiritual legends has been part of a well-established sales strategy throughout the years, *Sowa Rigpa*'s knowledge will be judged against current medical-psychological knowledge and scientifically conducted surveys. Consequently, the preservation of its knowledge requires differentiated professional discourse beyond such.

Although the narrative of the *rgyud bzhi* coming from highest authority, the *Medicine Buddha* himself, was said having been propagated for political reasons in the seventeenth century (Meyer 1996, p. 4) and despite critical comments by scientists (Gyatso 2017, p. 602) as well as Tibetan scholars (Gyatso 2017, p. 603), it has served people to assume participating in the highest authority and thus perceive and present their own knowledge as exalted throughout centuries, just as for the Tibetan *Amchis* in the above-mentioned interviews (Köttl 2009, p. 70). This historical narrative, in which the *Medicine Buddha* and *Sowa Rigpa* are closely connected, may well have served to establish sociopolitical medical and *Vajrayāna* predominance. In it the *Medicine Buddha* was mingled with a sociopolitical concept (Kollmar-Paulenz 2017, p. 491), that is a *nirmāṇakāya* emanation in the form of the person *Yuthog Yonten Gonpo II* and in this way ascribed divine status to *Yuthog Yonten Gonpo II* in providing him the status of a *Medicine Buddha*, who is regarded a *nirmāṇakāya* emanation of the Buddha, from which the *Four Medical Tantras* have emanated. This is contrasted by historical accounts such as:

"in the second half of the first millennium, Tibet saw the appearance of learned physicians of their own. This had its beginnings with the call from King Trisong Detsen in the eighth century for bright young men to engage in the study of medicine, resulting in the arrival of the 'nine wise Tibetan physicians.' Among them was Drangti Gyalsang, whose lineage ultimately merged into the Sakya medical lineage; Nyawa Chösang, whose lineage continued well into the time of Desi Sangyé Gyatso in the seventeenth century; and Yuthog Yönten Gönpö the elder" (Gyatso 2010, pp.11-12).

Nevertheless, this retroactive socio-political influence and desired historiography could obviously hardly be distinguished from historical facts even from people who had studied *Sowa Rigpa* in the cultural context for long periods up to this day. In turn, this not only means that identification processes with historical and current leaders in such cultural contexts are seemingly merged with spiritual goals, but that with the globalization of *Sowa Rigpa* and *Vajrayāna* these dynamics have well spread all over. This, in turn, implies that endangering tendencies in such contexts can be contained through qualification standards and analyses of leadership styles and command structures, which are undermining the propagated compassion, as well as through legislation regulating teacher-student as well as therapist-/physician-client relationships.

The *Medicine Buddha* was already mentioned in the *Lotus Sūtra* (skt. *saddharmapuṇḍarīkasūtra*) and the *Sūtra spoken by the Buddha on visualizing the two Bodhisattvas Bhaiṣajyarāja and Bhaiṣajyasamudgata* which were translated into Chinese by Kālayaśas in the years 424-442 (Buswell and Lopez 2014, p. 109). That is, by the time of *Yuthog Yonten Gonpo I* and *II* (eighth and eleventh century, Gyatso 2010, pp.11-12), these two as well as the *Bhaiṣajyagurusūtra*, which had been translated into Chinese language by Dharmagupta and Xuanzang in the seventh century (Buswell and Lopez 2014, p. 109), were already established in the region. Furthermore, in the eight century, the *Bhaiṣajyagurusūtra* was cited in the tantric text *Mañjuśrīmūlakalpa* (Buswell and Lopez 2014, p. 109). Kollmar-Paulenz described the political power through religious identity and the practice of reincarnation which was formed till the eighteenth century as follows:

"This territory was linked together by a multi-ethnic and multi-linguistic network of persons and places which was configured by the practice of reincarnation. The Tibetan-Buddhist concept of religious succession by reincarnation significantly contributed to the constitution of a trans-regional Tibeto-Mongolian collective religious identity. Moreover, it legitimated political authority and enabled spatial mobility beyond political boundaries." (Kollmar-Paulenz 2017, p. 491)

As these concepts of *nirmāṇakāya* emanations, referred to as Tulkus, are globally used in Tibetan and *Vajrayāna* cultural contexts to this day – including their international organizations – such dynamics of mobility are true for commercializing *Vajrayāna* and *Sowa Rigpa* as well. Despite the recognition of principles going back to "the Bön phase of Tibetan history" (Gyatso 2010, p. 2) and the later influence of "Greco-Arab traditions" (Gyatso 2010, p. 9), ascribing the knowledge of *Sowa Rigpa* to an unquestionable authority, that is being derived from an emanation of the Buddha himself, has served to elevating it above all other medical systems in Buddhist contexts of the respective geographical area for many centuries, while even disregarding historical facts, just as the exchange of medical knowledge first international medical conference at Samye and the periods of travelling of the Yuthog Yonten Gonpo I. Such hubris can also be observed in the globalization process and resulting self-portrayal.

Apart from undermining the historiography, several challenges to *Sowa Rigpa* and *Vajrayāna* have emerged with the above narrative: in enhancing projecting one's own healing ideals to this figure, this is also true to anyone presenting him- or herself a representative, which gets enhanced in using certain symbols to further such. Furthermore, the belief in an unquestionable authority impacts on group projections to historical authorities as well as current group leaders and their entourage, but also to anyone seemingly holding Tibetan titles, in psychologically and sociologically challenging ways (Anders 2019b). Beyond that, the belief in unquestionable knowledge of *Sowa Rigpa* itself, including its representatives, has hindered its due actualization and in this way affected the medical and psychological knowledge itself. Thus, in the current process of expansion of Tibetan Buddhist organizations with their seminar-, meditation- and retreat-centers (Anders 2019a, 2019b, 2020; Anders and Utsch 2020) and the globalization of *Sowa Rigpa*, such historiography needs to get analyzed closely, particularly because such narratives lead to identification and idealization processes that have long-term repercussions to its clients, students, teachers, *Amchis* and particularly also to the knowledge of *Sowa Rigpa* itself. It is its very untouchability, constructed through narratives of absolute authority, which has not only blocked its actualization, but also the medical and psychological discourses urgently needed in this process of globalization. Thus, the cost of domination was that the updating of knowledge according to scientific developments in this field was blocked.

Furthermore, the belief in absolute authority and untouchable knowledge has also led to challenging narcissistic identification processes (Anders 2019a, pp. 35-37) and developments in the international field of *Vajrayāna* seminars, which actually has nothing in common with the traditional training of visualisations of light, but shows its unqualified use and the impact of unqualified teachers there. The hybris that reveals itself as a claim to absolute authority has already led to severe harming of people around international *Vajrayāna* seminar- and meditation centers. In referring to concepts like the one of '*rlung*-disease', borrowed from *Sowa Rigpa*, they were denigrated, slandered, and stigmatized by means of being 'diagnosed' in such ways by presumptuous nonprofessionals (Anders 2019b, p. 9, 2019c; Anders and Utsch 2020, p. 229). And although the knowledge on the workings of the unconscious has impacted on general knowledge and influenced many cultural and scientific aspects of western societies throughout decades, in the process of globalizing and transferring Asian knowledge to the West, the unconscious projection of healing ideals to persons and the symbol of the *Medicine Buddha*, stayed untouched.

From a spiritual perspective, the visualization of the *Medicine Buddha* of light in *Vajrayāna* practice serves to approach one's own qualities and to unfold abilities based on the development of *bodhicitta* (Anders



2019d, p. 19; Attersee 2014, p. 15; Attersee Anders 2016, p. 22; Coleman and Jinpa 2008, pp. 588–89; Dalai 1992, pp. 207–8; Köttl 2009, p. 160; Richard and Vivian 2010, p. 7; Tsepak 2013, p. 183), the training in the *four immeasurables* (Attersee 2014, p. 30; Attersee Anders 2016, p. 101; Dudjom 1991, II, p. 132 ;Tsepak 2013, p. 217), the *six pāramitās* (Attersee 2014, p. 31, Dudjom 1991, II, p. 153; Tsepak 2013, p. 170) in an individual process of training referred to as *five paths* (Attersee 2014, p. 27; Dudjom, 1991, II, 147; Tsepak 2013, p. 264) and *ten bhūmis* (Tsepak 2013, p. 279).

Thus, as for imparting the knowledge of *Sowa Rigpa* in exile over the past sixty years and its current globalization, this very narrative continues to have tremendous impact and is therefore of major importance not only for its historiography but also for the safety of patients and students. Particularly, assigning supreme authority and defining oneself as an entrusted knowledge holder provided with the authority of unquestionable knowledge has in turn impeded the refinement of clinical methods according to current medical knowledge and tools.

#### 4 Merging of Buddhist philosophy into *Sowa Rigpa* and the meaning of *bodhicitta* for healing

In its theory of diseases *Sowa Rigpa* employs the concepts of Buddhist philosophy. Thus, the model of its three basic emotional complexes, which are commonly translated as *attachment* (*'dod chags*, Skt. *rāga*), *aversion* (*zhe sdang*, Skt. *dveṣa*) and *ignorance* (*gti mug*, Skt. *moha*) (*dug gsum* - see Köttl 2009, pp. 38-42; Tsepak 2013, p. 132) - need to be understood before the background of the model of two types of obscurations (*sgrib pa*, Skt. *āvaraṇa*): negative emotions (*nyon mongs pa'i sgrib ma*, Skt. *kleśāvaraṇa*) and its inherent cognitions (*shes bya'i sgrib ma*, Skt. *jñeyāvaraṇa*) (Köttl 2009, p. 39). These emotional complexes and said to emerge from thought patterns (*sems pa*, Skt. *cintanā* - see Attersee Anders 2014, p. 20; Tsepak 2013, p. 286) and in *Sowa Rigpa* they closely relate to the three *doṣas* (*nyes pa*, humors): *wind* (*rlung*, Skt. *vāyu*), *bile* (*mkhris pa*, Skt. *pitta*) and *phlegm* (*bad kan*, Skt. *kapha*) respectively (Clark 1995, p. 12; Drungtso and Drungtso 2005, p.157; Köttl 2009, pp. 54-55). The use of Buddhist terminology and concepts in *Sowa Rigpa* was described by Tibetan translator *Amchis* from Men Tsee Khang in the preface of their English translation of the *Root and Explanatory Tantra* as follows:

"As Buddhism has had a great influence on Tibetan culture, so has it strongly affected Tibetan medicine. The impact of Buddhism is clearly evident in Tibetan medical concepts such as the mention of subtle consciousness during the formation of human body, the role of the three mental poisons in the development of disorders" (Thokmay, Passang and Sonam 2008, p. iv).

The '*imbalance*' of the three *doṣas* in the body is said to cause disorders and diseases:

"According to the theory of Tibetan medicine 'The Disease' is viewed as the result of improper proportion of the three humours – *rlung* (wind), *mkhris-pa* (bile), and *bad-kan* (phlegm) both in qualitative and quantitative aspects" (Drungtso and Drungtso 2005, p. 227).

One of the interviewed *Amchis* in 2007, who was educated in a medical tradition affiliated to monastic context since early age, has emphasized the knowledge of *Bodhicitta* (Tsepak 2013, p. 183) being the root of healing and *rtsa rlung* (the meaning of the phrase referring to "energy control practices", "yogic methods which lead to the control of the internal channels and the vital energy" or "(advanced yogic techniques of) subtle channels and energies" according to The Tibetan & Himalayan Library 2020; Padmasambhava 2012, p. 30-35; Köttl 2009, p. 145; Yangönpa 2015, p. 264-276) would get lost in the educational facilities for *Sowa Rigpa* in exile (Köttl 2009, p. 136-140). He emphasized *Bodhicitta* at the core of *Sowa Rigpa* as taught in his medical and monastic tradition, which he regarded a basis for developing and mastering healing, implicitly referring to the core of *Mahāyāna* and *Vajrayāna* (Attersee Anders 2014, p.14) and to a decline of the very attitude of a *Bodhisattva* (Tsepak 2013, p. 184) as well. This not only shows that key aspects of

education in *Sowa Rigpa* may have changed, but also the recipients it has spread to, who were merely within a Buddhist cultural context before, in exile and ever more with the process of globalization of *Sowa Rigpa* in recent years.

## 5 Impact of decontextualizing *Sowa Rigpa*

### 5.1 Influencing neologisms and decontextualized concepts from international *Vajrayāna* groups

The recent process of the globalization of *Sowa Rigpa* has led to profound changes, which ought to get addressed, because of their substantial impact. As in Buddhist contexts the issues of decontextualisation (Anders 2019a, pp. 32–37, 40, 47; Anders 2019b, pp. 1, 2, 4, 9, 15, 19, 21; Anders, 2020, p.1; Anders and Utsch 2020, p. 222), change of terms and concepts and neologisms (Anders 2019a, p. 32; Anders 2019b, pp. 4, 10, 16, 17; Anders, 2020, p.1; Anders and Utsch 2020, p. 227) ought get discussed and its cultural and transcultural issues as well as educational standards redefined. As *Sowa Rigpa* and *Vajrayāna* Buddhism overlap with regard to their terminology and concepts, the neologisms currently employed in Tibetan Buddhist groups may well pervade the discourses on *Sowa Rigpa*. While damage there is rationalized as the 'bad karma' (Anders 2019a, pp. 39, 40, 43, 45; Anders 2019b, pp. 7, 10, 12) of others, even psychiatric diagnoses are conferred by nonprofessionals employing the *Sowa Rigpa* concept of 'rlung-disease', which exacerbates their damage. Rationalization of ethical misconduct as 'crazy wisdom' (Anders 2019a, pp. 37, 42; Anders, 2019b, pp. 1, 4, 10; Anders & Utsch 2020, p. 228, Baxter 2018, p. 12; Standlee et al. 2017, pp. 3-5) is just another trick employed in such contexts. This decontextualisation and neologisms have in turn repercussions on *Sowa Rigpa*, in which no standards of quality assurance have yet been established in this respect. In turn, the manipulation and indoctrination of people through the neologisms in these organizations, which has resulted in severe mental diseases of group participants (Anders 2019b, p. 4), has not yet been addressed by *Sowa Rigpa*. Thus, while *Sowa Rigpa* continues to benefit largely from the commercialization and globalization of *Vajrayāna* Buddhism, the societal, international challenges of treating those abused in such groups (Anders, Utsch 2020, p. 227) has not yet been addressed by it. Furthermore, the educational efforts of teaching *Sowa Rigpa* to nonprofessionals (e.g. Academy for Traditional Tibetan Medicine Switzerland 2020; Nangten Menlang International 2020; Pure Land Farms 2020; Sorig Institute 2020; Tibet Center Austria 2020) are supplemented by various highly dubious seemingly psychological-therapeutic methods offered in some of these Tibetan Buddhist centers (Anders 2019a, p. 34, 42; Anders 2019b, p. 14; Baxter 2018, pp. 31-32; Standlee 2017, p. 4).

### 5.2 Commercializing mental and spiritual practices of *Vajrayāna* applied in *Sowa Rigpa* as tools to cure mental health issues

As for the medical tradition of *Sowa Rigpa*, there is no separation from the spiritual and philosophical concepts of *Vajrayāna* Buddhism, and beyond its herbal knowledge, its mental and spiritual practices (World Health Organization 2000, p. 9) are of essential importance. Due to the medical education taking place at monastic universities for centuries, resulting in *Sowa Rigpa's* close connection to *Vajrayāna* and its methods of visualizing a subtle body of channels (*rtsa*, Skt. *nāḍī*), bindus (*thig le*, Skt. *bindu*) and chakras (*'khor lo*, Skt. *chakra*) (Köttl 2009, p. 212), the *doṣa*-teachings have been applied to this subtle body in the sense of dynamic movements. The approaches to the subtle body supplements the knowledge, diagnostics and treatment of the *three doṣas*, thus also focusing on spiritual techniques of *Vajrayāna*, the key point of which was emphasized to be *bodhicitta* (Köttl 2009, p. 145).

Some of these methods show as treatment of the channels of the subtle body, the visualization of the *Medicine Buddha* and his mantra-recitation for the professionals and *Vajrayāna* practitioners, and the many longevity rituals. Thus, its training for healing purposes has been further refined with the spiritual techniques of *Vajrayāna* far beyond condensing the many categorizations of emotional complexes in Buddhist philosophy into three gross patterns the diagnostic model of *three doṣas*.

Currently, based on collective idealization, methods ascribed to *Vajrayāna* and *Sowa Rigpa* tend to get commercialized as a panacea, especially for mental health (Anders and Utsch 2020, p. 227). In the series of expert interviews in 2018 one *Amchi* argued that by referring to Buddhist philosophy, which would focus on cognitive aspects, *Sowa Rigpa* would refer to psychological problems, without even noticing the contradiction that spiritual methods (as in *Vajrayāna*) cannot be psychological, because these are conceptually contradictory in their objectives. Thus, a little bit of logical reasoning would provide clarity as to the objectives and the procedures for clinical trials.

Nevertheless, currently using the idealization of traditional spiritual techniques in ascribing psychological objectives to them (Anders and Utsch 2020, p. 227) misleads sick people. Furthermore, their use as a kind of self-help relaxation tool and the dynamics of individualizing structural issues, as in the mindfulness movement (Purser 2019, p. 108 ff.), not only decontextualizes but denigrates the differentiated knowledge of *Vajrayāna* and *Sowa Rigpa*.

6 Disorder defined as imbalance of humors in the second byzantine tradition as well as in *Sowa Rigpa*  
According to World Health Organisation disorder in traditional medicines

"refers to a set of dysfunctions in any of the body systems which presents with associated manifestations, i.e. a single or a group of specified signs, symptoms, or findings. Each disorder (TM1) may be defined by its symptomatology, etiology, course and outcome, or treatment response. Symptomatology: signs, symptoms or unique findings by traditional medicine diagnostic methods, including inspection such as tongue examination, history taking (inquiry), listening and smelling examination, palpation such as pulse taking, abdominal examination, and other methods." (World Health Organization 2020c; "TM1' refers to Traditional Medicine conditions")

Whereas the relative proportions of the *three doṣas* in *Sowa Rigpa* are diagnostically first used to determine the constitutional type of a person, the same *doṣas* secondly also serve to explain all different dysfunctions, that is the development and manifestation of physical and mental diseases, in the sense of their 'imbalances'. This essential concept of an 'imbalance' of bodily constituents (Drungtso and Drungtso 2005, p. 227), which was described in the early *Sowa Rigpa* texts, is still upheld today.

Considering the travelling of Tibetan physicians and their conferences with foreign specialists in the field since the eighth century, these *doṣas* - *vāyu*, *pitta* and *kapha* - are not only applied in *Ayurvedic* medicine but also found in Hippocrates' theory of humors (Eckert 2005, p. 15: "**Harmonie- und Gleichgewichtslehre**"). According to Eckert "Hippokrates von Kos (ca. 460-375 v. Chr.)" (Eckert 2005, p. 11), whose medical tradition began in the beginning of the fourth century B.C. and lasted for 2000 years, has travelled to Persia (Eckert 2005, p. 11). As for *Sowa Rigpa* up to this day, his model of diseases and respective therapies was based on a concept of balance (Eckert 2005, p. 15: "**schlechte Mischung der Körpersäfte (dyskrasie)**") just as this is still the case in *Sowa Rigpa* to this day. According to Eckert, these basic principles were differentiated into a canon by Galen in the second century A.C. (Eckert 2005, p. 16). Furthermore, the diagnostic methods of this balance theory were urine and pulse diagnosis (Eckert 2005, p. 29) with the therapeutic objective of developing "**syncrasie, eukrasie**" (Eckert 2005, p. 16). The time of the *Sowa Rigpa* congress and installation of *Sowa Rigpa* by Yuthog Yonten Gampo I (708-833) (Thokmay, Passang and Sonam 2008, p. iv) coincides with the beginning of the second period of byzantine medicine (643-1453, see Eckert 2005, p. 42), which was the period of differentiating diagnostic methods, just as pulse diagnosis and urine investigation (Eckert 2005, p. 46), diagnostic approaches to accurately identify the imbalance of the *doṣas* still used in *Sowa Rigpa* to this day. Even the central therapeutic tools with a focus on nutrition, herbal formula and spices (Eckert 2005, p. 46) of the second period of byzantine medicine are similar to *Sowa Rigpa's* herbal formulations and counselling considering the lifestyle.

Eckert described the typical exchange of Greek and Arabic elements, the latter of which are said going back to the middle Asian area (see Eckert 2005, p. 46). Thus, the exchange with Persian, Indian, Nepalese and Chinese physicians during the time of travelling of Yuthog Yonten Gonpo I and his first medical congress, as described by translator *Amchis* in the preface to the English translation of the *Root and Explanatory Tantras* (Thokmay, Passang and Sonam 2008, p. iv) is supplemented by the description of an opening towards Arabic, Persic and Indian healing traditions in the second period of byzantine medicine in Eckert's *History of Medicine*. Greek influence on *Sowa Rigpa* was also emphasized in Kollmar-Paulenz' book on Tibetan history (Kollmar-Paulenz 2006, p 54). And, contrary to the identification with highest authority by some of the interviewed *Amchis* (Köttl 2009, pp 113-139), the translator *Amchis* of *Men Tsee Khang* described in the year 2008:

"Tibetan medicine was taken to a new level of development due to the sharing of knowledge by eminent physicians from neighboring countries, the translation of many ancient Asian medical texts into Tibetan, and the integration of this knowledge into the already existing wisdom of the *Bon* medical tradition. Tibetan medicine is therefore a product of a creative combination of indigenous medical practices and knowledge from other traditions developed by many eminent scholars and physicians over many centuries. The reason why Tibetan medicine is revered over many other systems of healing lies in the fact that it is enriched with the essences of knowledge and practices of many other Asian medical traditions" (Thokmay, Passang and Sonam 2008, p. iv).

With this statement, they have expressed their due appreciation of the various medical systems from which *Sowa Rigpa* has evolved historically. Although the descriptions of a subtle body of energy channels (*rtsa*, Skt. *nāḍī*) and energy centers (*'khor lo*, Skt. *chakra*) again reveals various overlaps and parallels with Chinese medicine's meridians and acupuncture points, it seems that with the *rtsa rlung* derived from *Vajrayāna Sowa Rigpa* has further developed its own subtle diagnostic and curing system. This is an experience-bound approach to learning referring to one's own body, that is accessing knowledge through individual introspective training. This approach to gaining knowledge, which also forms the basis for an individual understanding of Buddhist philosophy and *Vajrayāna* practice, in addition to all the theoretical studies, also served *Sowa Rigpa* as a basis for acquiring an individual understanding of the structures and energies of the subtle body.

7 Mental Health and the concept of wind (*rlung*) diseases from an emic perspective  
From an emic perspective, the doṣa *vāyu* (*rlung*, skt. *vāyu*) was defined as follows:

"*rLung* is a vital principle in our body, that is responsible for both the proper functioning of mind and body. It manifests the nature of air element and is characterized by rough, light, cold, subtle, hard and mobile. It resides in the five main energy centers of crown, throat, heart, navel and genital chakras respectively" (Drungtso and Drungtso 2005, p. 457).

The definition of '*rlung*-diseases' in this medical dictionary reads: "*rlung.nad* [...] Diseases caused by imbalance of wind (wind disorders)" (Drungtso and Drungtso 2005, p. 459). In the *Explanatory Tantra* it is explained that the 42 "wind (*rlung*) disorders" are classified generally into 20 types and 7 locations and specifically into 5 imbalanced states and 10 disorders coming from the bile and phlegm aspects:

"The classifications of disorders on the basis of *nyepa* are *loong*, *tripa* and *baekan*. [...] *Loong* disorders are classified into two main categories: general and specific. The general category is further classified into two subcategories: type and location. There are twenty different *loong* disorders according to type. The classification according to location includes each of the six entrances of disorders [6] and one classification associated with the five sense organs, totalling seven. The specific category is comprised

of the five imbalanced states of the five subtypes of *loong* disorders and ten disorders that are combinations of each of the five types of *tripa* and *baekan* disorders. These forty-two categories are *loong* disorders" (Men Tsee Khang 2015, pp. 120-121, [6 "The six entrance of disorders are the skin, muscle tissue, blood vessels and nerves, bone, vital organs and vessel organs"]).

According to the interviews with Tibetan *Amchis* in Nepal in the year 2018, from an emic perspective, mental diseases are considered to refer to the category of *rlung* disturbance (Anders 2019e).

### 7.1 Description of the infiltrated parts, the symptoms and classification of five types of *rlung disorders* in the *Oral Instruction Tantra* and *Quintessence Tantra*

In the following enumeration of symptoms in the translation of the *Oral Instruction Tantra* some English terms with biomedical connotations are used instead of clearly explaining the meaning of the Tibetan terminology and concept within the *Sowa Rigpa* context. As there is little translation of differentiated emic perspectives on *Sowa Rigpa* available, this would provide a valuable basis on its own for the subsequent medical and psychological discourses needed. In turn, just introducing biomedical diagnostic terms in translations, although the Tibetan term is definitely not referring to the biomedical concept and its connotations, merely causes confusion in terminology and concepts referring to diagnostic criteria and treatment in the respective systems. Thus, the cited translation here should be understood from an emic perspective, not taking biomedical diagnostic terms at face value.

The symptoms vary according to the part of the body disordered by *rlung* (skt. *vayu*), which reads as follows:

"Briefly, *loong* disorders of the head cause dizziness, tinnitus, vomiting, fainting, and experiencing vertigo while standing up. *Loong* disorders of the heart cause body tremor, pressure on the upper body, hallucinations, indulgence in inconsequential talking, giddiness, loss of sleep, and sighing. *Loong* disorders of the lungs cause loss of sleep, difficult expectoration, drooling of foamy sputum, exertion of pressure on the upper body, nausea, puffy eyes, and frequent coughing at night. *Loong* disorders of the liver cause eructation, sharp pain in the upper back and *shulsha*, loss of appetite, blurred vision, and the sensation of sagging of the liver at dawn and dusk. *Loong* disorders of the stomach cause breathlessness, distension, empty eructation, a pricking sensation, and relief after food intake. *Loong* disorders of the large intestine cause abdominal distension and rumbling, diarrhea, and excessive flatulence. *Loong* disorders of the kidneys cause pain at the kidneys and waist, and tinnitus" (Men Tsee Khang 2017, p. 17).

In a translation of the *Quintessence Tantra* the symptoms of disturbance of the doṣa *rlung* and its diagnosis read as follows:

"In a disturbance of the wind humor the pulse is empty and floating whilst the urine is (clear) like water and becomes thin after discoloration. (Other symptoms are) restlessness, protracted sighing, light capricious mind (as reflected in the speech), dizziness like that experienced when intoxicated, humming or buzzing sounds in the ears, dry, red, coarse tongue, astringent taste in the mouth, shifting pains, coldness, shivering, pain throughout the body [when one moves], lethargy, stiffness and shrinking (of limbs), feeling of separation (of flesh from skin and bones) or (as if one's bones) are broken, bulging [sensation in the eyes, etc.], feeling (as if the body has been) bound, great pain when one moves, the raising of the hairs on one's body, formation of goose pimples, insomnia, yawning, trembling, a wish to stretch, short temper, feeling as if the hips, waist, bones and all joints have been beaten, shooting pains below the occiput (in the nape of the neck), in the chest and cheek bones, opening of the secret wind points [sixth and seventh vertebrae] and pain when they are pressed, dry heaves, coughing up soft

bubbles around dawn, rumbling of the stomach, and post digestive pain in the evening and around dawn" (Clark 1995, pp. 85-86).

The *doṣa rlung* (skt. *vayu*) may disperse or infiltrate (Men Tsee Khang 2017, p. 16), the symptoms of which are elaborately explained. The description of infiltrating the heart (*snying rlung*) – that in this context is the *heart chakra* rather than the physical organ itself - is provided here as an example of its general infiltration of certain parts of the body:

"Infiltration into the heart causes exertion of pressure in the upper back, sighing, and mental instability [...] *Loong* disorders of the heart cause body tremor, pressure on the upper body, hallucinations, indulgence in inconsequential talking, giddiness, loss of sleep, and sighing" (Men Tsee Khang 2017, pp. 16-17).

The Tibetan term *snying* translated as heart here, is often also referring to and translated as mind, as feelings or even as desire (see The Tibetan & Himalayan Library).

The above-mentioned general symptoms of *rlung* disorders are supplemented by the symptoms of the five types of *rlung* disorders, which are described in their dynamics and movement aspects, that is the movement along the channels (*rtsa*, Skt. *nāḍī*) and the wheels formed by them (*'khor lo*, Skt. *chakra*). They are called 1. life-sustaining *rlung*, 2. ascending *rlung*, 3. pervasive *rlung*, 4. fire-accompanying *rlung* and 5. descending *rlung* and defined as follows:

"Life-sustaining *loong*, which is disturbed by a diet having a rough potency, fasting, strenuous activities, and suppressing or forcing out the natural urges, shows symptoms such as giddiness, mental instability, and difficult inhalation and swallowing. [...] Ascending *loong*, which is disturbed by suppressing eructation and vomiting, excessive crying or laughing, and lifting heavy loads, shows symptoms such as stuttering, dumbness, difficulty speaking, a weak body, facial paralysis, and a weak memory. [...] Pervasive *loong*, which is disturbed by excessive walking or sitting, strenuous sports activities, fear, depression, and a diet having a rough potency, shows symptoms such as a sensation of the heart being twisted, fainting, talkativeness, restlessness, fear and panic, and is exacerbated upon hearing unpleasant words [...] Fire-accompanying *loong*, which is disturbed by intake of indigestible food and daytime sleep, shows symptoms such as a cold stomach, loss of appetite, vomiting, indigestion, and an amalgamation of blood and food particles in the stomach due to blockage of gastric channels [...] Descending *loong*, which is disturbed by forceful suppression or expelling of fecal matter, urine, flatus, and reproductive substances, shows symptoms such as unlocalized pain in the joints of the lower body, loose joints, lameness, and obstruction of the flatus, feces, and urine" (Men Tsee Khang 2017, pp. 18-19).

In the following passage the interconnectedness of the three *doṣas* shows:

"Any of these *loong* disorders, when combined with *tripa*, increase the body heat and cause yellowing of the eyes and urine, and when combined with *baekan*, cause a heavy, cool body and mental dullness" (Men Tsee Khang 2017, p. 19).

Thus, with regards to *rlung*, its quality, quantity and movement are applied to the parts of the subtle body and related to the other *doṣas* as well. Furthermore, the worsening of a patient's condition through what is called "mental stress", is defined as a confirming factor for diagnosing '*rlung*-disease' (Men Tsee Khang 2017, p. 19), thus forming its essential diagnostic criterion. As this diagnostic approach would be far too broad, this example clearly shows the importance of explaining phrases such as "mental stress" from an emic perspective in *Sowa Rigpa* context. The general diagnostic tools are said to "involve visual examination, palpation and interrogation" (Men Tsee Khang 2015, p. 243).

## 7.2 Treatment of *rlung* disorders and mental health issues as explained in the *Root Tantra* and *Explanatory Tantra*

The following treatment instructions refer to *rlung*-disorders.

"Regular oil massage, specially on the head, feet and ears, helps to overcome aging, fatigue and *loong* disorders" (Men Tsee Khang 2015, p. 141) and "sesame oil is the supreme medicine for *loong* disorders, associated with both hot and cold disorders. A diet including jaggery, *chhang*, aged butter, dried mutton, meat of marmot, horse, donkey and human, garlic and onion which are heavy, oily, smooth and warm in qualities should be consumed to treat *loong*. Lifestyle such as staying in a dim and warm place, enjoying the companionship of loved ones, listening to pleasant words, sleeping comfortably and wearing warm clothes are recommended. The medications include the three nutritious bones soup <sup>[1]</sup>, concentrated soup made from aged head of a lamb, decoction of the four essence <sup>[2]</sup>, decoctions of *Shingkun sumpa*, powdered compounds of *Zati* or *Shingkun* as the main component, dairy compound, broth compound, garlic compound and *chhang* compound, and medicinal butter compound of *Zati*, *Gokya*, *Tsendhug*, *Mirue*, three myrobylan fruits and the five roots. In short, *loong* disorders should be treated with sweet, sour, and salty taste, and oily and warm qualities. Mild enemas with aged butter and warm quality medicines are especially recommended. External therapies include performing massage with aged butter, compresses of oil on the site of pain and performing moxibustion on specific *loong* points such as the crown of the head, etc." (Men Tsee Khang 2015, pp. 276-277). [pg. 280: 1 "The three nutritious bones soup are prepared from ankle, cocyx and end part of scapula"; 2 "The four essences are meat, butter, jaggery and chhang").

This enumeration may demonstrate the need for commentaries as well as updating. As in recent years, external therapies with massage, oil and moxibustion have been taught in costly seminars to Western nonmedicals, who are neither familiar with introspective attitudes of Buddhist cultures and their differentiated clearly defined concepts nor speak Tibetan, questions as to where these together with such English translations of *Sowa Rigpa* texts without commentaries may lead to come up. The harm to people around so-called *Vajrayāna* groups by means of slandering and stigmatizing them '*rlung*'-diseased, with the connotation of psychotic, could serve as an impression.

## 8 Conclusion

An interdisciplinary approach, clinical efficacy analysis, an integration of current medical, psychological and psychotherapeutic knowledge on mental diseases and the dynamics of the conscious and unconscious, as well as appropriate educational structures are necessary conditions for the preservation of knowledge regarding the diagnosis and treatment of mental diseases by *Sowa Rigpa*. The World Health Organization emphasized the objectives in research concerning traditional medicines in the year 2000 as follows:

"In addition to evaluating the safety and efficacy of traditional medicine through clinical trials, there may be a number of different objectives when evaluating traditional medicine through clinical research, as when using clinical research to evaluate conventional medicine. Some of the objectives specific to the assessment of traditional medicine through clinical research are to:

- evaluate traditional medicine in its own theoretical framework (e.g. mechanistic studies);
- evaluate traditional medicine in the theoretical framework of conventional medicine (e.g. mechanistic studies);
- compare the efficacy of different systems of traditional medicine and/or conventional medicine; and
- compare the efficacy of different traditional practices within a system of traditional medicine." (World Health Organization 2000, p. 11)

Furthermore, due to the rapid process of its globalization, the cost-of-care studies suggested by Morris, Gomes and Allen to further medical integration and convergence of worldviews might bring in a key perspective:

"The development of acupuncture and Oriental medicine disease classification codes has implications for education, research, insurance reimbursement, medical integration, individual practitioners, international recognition, and professional identity. The single common denominator across the disciplines and between sovereign nations is the cost of medical care. Whether nationalized or privatized, there is a direct impact upon gross national product and the health of a nation. Furthering the prospect of medical integration and convergence of worldviews will be substantively enhanced through cost-of-care studies. The ICD-11 and the ICTM will enhance the prospects of such research." (Morris, Gomes and Allen 2012, p. 41)

Although most of the *Amchis* interviewed in Nepal in the year 2018 had started travelling to provide medical treatment for Westerners they were not aware of the ICD-10/ ICD-11 diagnostic criteria. Thus, ensuring adequate educational standards, continuous education, monitoring the safety of medicines, as well as ensuring treatment of those affected (Anders, 2019a) by the many questionable therapeutic approaches in international *Vajrayāna* groups has become an enormous societal and medical challenge. The manner in which these challenges posed by the increasing globalization of *Sowa Rigpa* are met will directly impact on its learning and knowledge preservation.



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