Psychotherapy, Buddhism and Tibetan Medicine

Mental health in Sowa Rigpa

Tibetan medicines conceptual contributions to medical diagnostics and treatment of mental diseases based on its merging with Anu- and Atiyoga techniques

Anne Iris Miriam Anders

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Internet: www.shaker.de • e-mail: info@shaker.de

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3 Abstract

For geographical and historical reasons *Sowa Rigpa* methods widely overlap with Ayurvedic and Chinese medicines with regards to contents, concepts and methodologies. However, its theory of three doṣas, going back to the Ayurvedic and Hippocrates theories of humors and respective exchange processes, was supplemented by Buddhist philosophical concepts and Vajrayāna practice, applying these doṣas to the channels and chakras of a subtle body. Drawing on Anu- and Atiyoga of Vajrayāna has particularly characterized its medical perspective on subtle energies, and energy-flow and -pathways, influencing various physiological and neuronal processes through a subtle energy structure of the body, and shaped its diagnostics as well as its treatment approach. Thus, before the background of the commonly known diagnostic concept of an imbalance of humors since the second byzantine tradition, its unique feature in approaching health and diseases refers to subtle energy dimensions that are assumed to impact on the doṣas and the physical body. It is this methodical approach to subtle energy structures and motions, that has formed over centuries of medical education bound to the monasteries in which the Vajrayāna was practiced, with which *Sowa Rigpa* may contribute to health care and complementary medicine.

However, precisely this distinguishing feature requires extensive training. It might also appear that this investment in time for education and authentic training -that is their applied knowledge acquisition of systematic, gradual techniques that are based on core concepts, such as bodhicitta, before a background of a self-reflective attitude and integrating these core elements - has been lost in the process of its commercialisation. These are regarded the necessary conditions for the therapists understanding which is to be developed by means of their own internal processes that are described in the Anu- and Atiyoga traditions.

Thus, although *Sowa Rigpa* being substantively and methodologically embedded in the core elements of Vajrayāna spiritual practice and experience, and their corresponding philosophical models, it seems that the gap between its healing approaches and the spiritual practice that once has enriched it has ever more deepened in exile. Furthermore, its globalization has brought about several challenges. The current commercialization

of some of its methods and the impact of decontextualizing terms and concepts are outlined by contrasting emic and etic perspectives. Its dimensions are also covered by describing how conceptualizations of the *Medicine Buddha* have contributed to identification and projection processes which refer to unconscious mechanisms that stay utterly unreflected and unaddressed by Buddhist philosophy, Vajrayāna or *Sowa Rigpa* and have particularly been employed for their idealization and commercialization.

Thus, for knowledge preservation, genuinely coupling Vajrayāna and *Sowa Rigpa* in its education and implementation as well as an updating of medical and psychological-psychotherapeutic knowledge to further mandatory scientific discourse is crucial.

Key words:

Tibetan medicine, *Sowa Rigpa*, Vajrayāna, Anuyoga, Atiyoga, energy, subtle body, *rlung*-disease, mental health, psychosis, neologisms, neologisms in Buddhism, decontextualizing Buddhist terms, decontextualizing Tibetan medicine, mental diseases in Buddhist organizations, identification, medicine buddha, unconscious

From an emic perspective, the Tibetan phrase *Sowa Rigpa* (*gso ba rig pa*, Skt. *cikitsā*) (Tsepak 2013, p. 258; Drungtso and Drungtso 2005, p. 523) when literally translated, refers to Science of Healing and is defined one of the five major sciences (*rig gnas che ba lnga*, Tsepak 2013, p. 258). In its expansion in exile contexts and commercialization it is currently widely referred to as *Tibetan medicine*

For geographical and historical reasons its methods widely overlap with Ayurvedic and Chinese medicines with regards to contents, concepts and methodologies. Thus, research is required to draw on their joint expertise for prevention and health care and for comparing and interpreting their subtle differences, e.g. the herbal medicine intake as isolated herbs or else herbal compounds, the course of the subtle channels for acupuncture or acupressure, and many other subtleties.

The necessity of its reconstruction in exile over the past six decades due to political reasons has placed the challenges of systematically documenting therapeutic results and quantifying its effects, remaining on the sideline. Thus, when compared to other former local traditions of the respective geographical area, this seems to have delayed also its process of updating to and comparing with current medical and psychological-psychotherapeutic knowledge, concepts and scientific clinical research in education and treatment. Such currently shows in some of its translations from Tibetan into English lacking the required terminological nuances to reflect the conceptual differences of the respective concepts, for instance when sadness, downheartedness or disappointment are turned into depression, a diagnostically well-defined disease with different grades of severity, which in turn impacts tremendously on knowledge preservation.

This book provides an overview of historical developments with regards to the theory of humors and the implications of drawing on Anu- and Atiyoga of Vajrayāna in *Sowa Rigpa* diagnostics as well as its treatment approach that has particularly characterized the medical perspective on energy, and energy-flow and -pathways, influencing various physiological as well as neuronal processes, and a subtle energy structure of the body. Thus, whereas the historical overview shows how the diagnostic concept of 'imbalance' of humors is found in the second byzantine tradition as well as in *Sowa Rigpa*, the

chapters on the emic perspective on body concepts and healing approaches and the unique feature of *Sowa Rigpa* hint at its very core of treatment.

The presentation of the dimensions of decontextualisation is initially addressed by describing how the conceptualization of the *Medicine Buddha* (tib. *sman bla*, Skt. *bhaiṣajyaguru*) contributes to identification and projection processes. This refers to unconscious mechanisms which, though still neither analyzed nor addressed as state of the art of psychodynamic knowledge by Buddhist philosophy, Vajrayāna or *Sowa Rigpa*, get particularly employed for their idealization and commercialization.

Then, the severe impact of currently employing decontextualized terms and concepts ascribed to *Sowa Rigpa* and Vajrayāna is exemplified by the example of diagnosing a '*rlung*-disease' of others by nonprofessionals in quite some of the international groups of Tibetan Buddhism. By reinventing the concept, people in contexts ascribing themselves to Buddhism haven been damaged, slandered and stigmatized. Thus, the current commercialization of its mental and spiritual methods and the impact of its decontextualization are outlined by contrasting emic and etic perspectives.

Furthermore, as refined translation and interpretation of terms and concepts lies at the core of these issues, the significance of translating *Sowa Rigpa* from Tibetan and interpreting its concepts based on a refined understanding of the connotations of terms of Buddhist philosophy, Vajrayāna methods as well as basic medical knowledge gets emphasized.

5 The unique features of *Sowa Rigpa* and its transformation into a complementary medicine method

Although throughout its history *Sowa Rigpa* has been considered a complete medical treatment with the training of its qualified professionals mostly within the monastic faculties, in the current process of its globalization some authors or translators rather consider and interpret it a complementary medical method. However, as it is not listed in the *WHO global report* where acupuncture, Ayurvedic and Chinese medicines were stated complementary medicine methods (World Health Organization 2019, p. 52) it is necessary to analyze and eliminate the reasons for this.

In its historical coverage at the introduction to the *Mirror of Beryl*, *Sowa Rigpa* was emphasized a complementary medicine method (Gyatso 2010, p. 1) or even argued a complementary medical science based on its differentiated theory, complex models and analytic methods (Loizzo, Blackhall and Rapgay 2009, p. 218). And it was said that the particular approach of focusing on healing rather than on the disease would make it a complementary method for whole person care (Hutchinson 2011). This approach of its idealizing and the current trend in medicalizing and psychologizing a few decontextualized Buddhist spiritual methods (Anders and Utsch 2020, p. 222) may well have contributed to its spread in recent years. These terminologies, however, rather indicate its current postulation and some strategies of its idealizing than addressing its therapy outcomes or systematics of diagnosis and treatment that are standard in the medical fields and required for approval as a widely accepted complementary medicine or healthcare method.

However, due to its proximity to and the major educational traditions situated within the Buddhist monasteries in which the Vajrayāna was practiced in Tibet, *Sowa Rigpa* has further developed over the centuries in terms of its content and methods by incorporating the Buddhist philosophical terms and concepts and the practice of Vajrayāna. Compared to other similar medicinal approaches and concepts, it has thus developed its own approach and distinctiveness, which, however, requires a considerable investment of time, and an authentic attitude of self-reflection and training on the part of its trainees. Its unique feature in approaching health and diseases, which

refers to the energy dimensions and a human body of subtle channels and centers that are closely related to core elements of Buddhist philosophy and respective training as well as the techniques taught in Anu- and Atiyoga, have evolved from this. Thus, in its genuine traditional approach to diagnosis and treatment it has blended its spiritual with the therapeutic approach. In this way the Vajrayāna methods were integrated into a body concept of subtle channels and applied in its preventive and curative approach since the eighth century. These methods, however, require an applied knowledge acquisition of systematic, gradual techniques. They are based on core concepts, such as bodhicitta (Anders 2019d, p. 19; Attersee 2014, p. 15; Attersee Anders 2016, p. 22; Coleman and Jinpa 2008, pp. 588–589; Dalai 1992, pp. 207–208; Köttl 2009, p. 160; Richard and Vivian 2010, p. 7; Tsepak 2013, p. 183) that are regarded necessary conditions and cumulate into the therapists themselves gaining understanding by means of their own internal processes which are methodologically described in the Anu- and Atiyoga traditions. Thus, *Sowa Rigpa* is substantively and methodologically embedded in the core elements of Buddhist practice and experience, and the corresponding philosophical models. Particularly, it has for long targeted interventions based on concepts and methods of Anu- and Atiyoga taught in the Vajrayāna. This precisely describes the significance of the visualizations of the *Medicine Buddha* in the respective developmental and completion stages of training. However, currently commercialized Tibetan medicine is not corresponding to this level of differentiation nor effectiveness.

As for the medical tradition of *Sowa Rigpa* there is no separation from the spiritual and philosophical concepts of Vajrayāna, beyond its herbal knowledge, also its mental and spiritual practices (World Health Organization 2000, p. 9) are of essential importance.

Thus, since the *World Health Organisation* has defined the 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) it seems worthwhile separating significant from redundant, commercial components, that even may put patients at risk when applied by the nonprofessionals, to include *Sowa Rigpa* as therapeutic practice to its list.

After this section on the unique features of the *Sowa Rigpa*, the next chapter addresses aspects of its historical development.

6 Historical overview and the current globalization of *Sowa Rigpa*

Sowa Rigpa has developed against the background of the locally flourishing *Bon* tradition (Köttl 2009, p. 119, 126; Thokmay, Passang and Sonam 2008, pp. i-ii), the travel habits of its physicians and their activities of extensive knowledge exchange 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 by its *Amchis* (physicians of Tibetan medicine) who translated this text was interpreted a "clear indication of the influence of *Bon* on Tibetan medicine" (Thokmay, Passang and Sonam 2008, p. ii). In the expert interviews with local Tibetan *Amchis* in the years 2006/ 2007 in Nepal it was emphasized 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). According to the narratives in interviews the medical knowledge of *Sowa Rigpa* has integrated 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).

A widespread narrative, reported by *Amchis* of *Sowa Rigpa* 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 13th descendent *Yuthog Yonten Gonpo II* (1126-1202) (Thokmay, Passang and Sonam 2008, p. vii). This fact in the historical narrative not only

emphasizes Yuthog Yonten Gonpo I having received the knowledge of *Sowa Rigpa* by the highest authority in context, the *Medicine Buddha* (Köttl 2009, pp. 63-111) himself, thus rendering him an unquestionable authority, but also shows the sociopolitical impact of the *Tulku concept* (Kollmar-Paulenz 2006, pp. 90-91) that pervades Tibetan culture and Buddhist monastic hierarchies in China as well as in exile to this day in stating the younger *Yuthog Yonten Gonpo II* an emanation of his predecessor.

Although such attributions are not unusual in Tibetan Buddhism, Vajrayāna (Anders 2019b), this contradicts the cultural rule of modesty that inhibits sharing visions which are regarded normal for well-trained Buddhist practitioners from a certain stage of inner maturation and corresponding practice. The standard traditional instructions to this day are rather about strictly keeping such to oneself, because displayed arrogance and pride block the spiritual path itself. However, this silent and humble approach makes it difficult for people not socialized in this tradition to identify charlatans from genuine practitioners or highly advanced, realized spiritual personalities.

As the basic education, imparting of knowledge and science, has been very closely linked to the Vajrayāna monasteries in Tibet since the 8th century, for centuries also *Sowa Rigpa* has been systematically studied and taught mainly by their monks and nuns. This might already hint to the sociopolitical impact of imputing supreme authority through attributing *Yuthog Yonten Gonpo I* direct contact with the *Medicine Buddha*. Particularly, it shows historical and substantive interconnections and influence of Vajrayāna on *Sowa Rigpa*. Thus, the historical reasons for inherently interweaving Buddhist-philosophical models with the medical concepts of *Sowa Rigpa* become obvious. It was emphasized:

> "The nature and functions of the mind, the subtle and intricate network of channels and energies, the complex nature and functions of the sensory consciousnesses, and the role of *Lhung* energy in health and disease are some of the important aspects of Tibetan medicine than can be understood only with the knowledge and wisdom provided by Tibetan Buddhist philosophy" (Thokmay, Passang and Sonam 2008, p. iv)

There is wide 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 interpretations, clarifications 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 form the pillar of *Samye* monastery"
>
> (Thokmay, Passang and Sonam 2008, p. v)

Desi Sangye Gyatsho (1653-1706) (Thokmay, Passang and Sonam 2008, p. x) 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 5th 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). However, instead of clarifying the meaning of core concepts and terms in providing traditional word and contextual commentaries, they shared 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 13th 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)

The meaning of Tibetan terms is traditionally provided by word-to-word commentaries, which explain the meaning of syllables, context and abbreviations, thus commenting on the technical terms, their connotations in the given context and respective concepts from within the emic perspective. As this is not provided for these translations of *Sowa Rigpa*, a lot of meaning and understanding of connotations in context and complexity got lost. Thus, the English reader, who does not understand the original Tibetan script which is provided along with the English translation, may gain an undifferentiated and superficial understanding only. Thus, currently, changes in meaning are already evident in the use of core concepts such as '*rlung*-disease' in English or German, with enormous consequences for and impact on *Sowa Rigpa* itself.

The many challenges in preserving the knowledge of *Sowa Rigpa* also show when noticing that in the above translation the transliteration systems for Tibetan and Sanskrit language currently used at Universities (Tibetology, South Asian or Buddhist Studies) were not used.

After this background to historical and current developments, the first focus is on the three humors as one of the core subjects of *Sowa Rigpa*.

7 Disorder defined as imbalance of humors in the second byzantine tradition as well as in *Sowa Rigpa*

According to the *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")

Disorder in Tibetan medicine refers to the three *doṣas* (humors) (Drungtso and Drungtso 2005, p.157) - *vāyu*, *pitta* and *kapha*- which are said to cause disorder when imbalanced. Due to their tendentially misleading associations, these humors (*doṣas*) are here referred to in Sanskrit. Their circulation extends well beyond the physical body. In particular, one *doṣa*, *rlung* (Skt. *vāyu*), that -depending on context- gets translated as energy, wind, etc., is circulating along subtle structures described in the medical as well as Vajrayāna texts, and may, for instance, condense, accumulate or congest and also blend with the other two *doṣa*s.

From the emic perspective, whereas the relative proportions of the *three doṣas* in *Sowa Rigpa* are diagnostically used to first 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.

These *doṣas* in turn are considered as closely linked to gross emotional categories. However, that broad association is not a causal relationship. Thus, a predominance of a *doṣa* does not necessarily indicate an issue in current emotional responses of the individual, but is traditionally rather regarded connected also to the *doṣa*-type of the

individual and many other factors, including past lives, which may hint to the complexity of this system. Particularly, as there is no causal but rather loose, crude and merely associative linkage that actually connects medical with spiritual aspects and concepts, this rough association of *doṣas* and emotional complexes does not make the *Sowa Rigpa* a kind of psychodiagnostic system.

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). Just 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***)"). 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 its installation by Yuthog Yonten Gompo 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). Such diagnostic approaches to accurately identify the imbalance of the *doṣas* are 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 which is regarded to impact on the doṣas.

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* method 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.

In the next two chapters this approach to energies is first related to the emotional complexes taught in Buddhist philosophy and then to the body concepts of *Sowa Rigpa*.

8 Merging of the emotional complexes taught in Buddhist philosophy into *Sowa Rigpa* and the major relevance of *bodhicitta* for healing

In its theory of diseases *Sowa Rigpa* employs the concepts of Buddhist philosophy and Vajrayāna. 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 are said to emerge from thought patterns (*sems pa*, Skt. *cintanā* - see Attersee Anders 2014, p. 20; Tsepak 2013, p. 286) and in *Sowa Rigpa* closely relate to the three *doṣas* (*nyes pa*, humors): *wind* (*rlung,* Skt. *vāyu*), *bile* (*mkhris pa*, Skt. *pitta*) and *phlegm* (*bad kan*, Skt. *kapha*) (Clark 1995, p. 12; Drungtso and Drungtso 2005, p.157; Köttl 2009, pp. 54-55) respectively. The use of Buddhist terminology and concepts in *Sowa Rigpa* was described by the translating *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* -*wind/ energy*, *bile* and *phlegm*- 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 *Amchis* interviewed 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). He regarded *bodhicitta* a basis for developing and mastering healing (Köttl 2009, p. 145), implicitly referring to the core of Mahāyāna and Vajrayāna (Attersee Anders 2014, p.14) and emphasized it to be at the core of *Sowa Rigpa* as taught in his medical and monastic tradition. He assumed that that this medical knowledge would get lost in the educational facilities for *Sowa Rigpa* in exile (Köttl 2009, p. 136-140) due to a decline of this core attitude of a *Bodhisattva* (Tsepak 2013, p. 184). 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 the globalization of *Sowa Rigpa* in recent years.

Thus, healing in *Sowa Rigpa* was traditionally regarded to be with regard to the subtle energies of the subtle body with its channels, paths and movements and centers as they are taught in the Anu- and Atiyoga traditions of Vajrayāna. As the mind is assumed to impact on emotions and actions, it is assumed, together with leading the breath, impact on the subtle energies of the body that further effects on its gross levels. As this underlying premise is at the core of *Sowa Rigpa* and has been practiced and refined over the centuries, this is precisely the specific therapeutic contribution of *Sowa Rigpa* as a healing method as carried out by its Amchis that were spiritual practitioners, by way of drawing on the aspiration of bodhicitta and its potency.

In the next chapter, that leads to the emic perspective that is necessary for interpreting *Sowa Rigpa*.

9 Body concepts and healing approaches in Vajrayāna

Based on ethics and the training techniques in the 2500-year-old Buddhist tradition, additional concepts and techniques have been accessible since the eighth century as Vajrayāna in Tibet. They have been refined over the centuries by the updating of corresponding theoretical models and with even more sophisticated and differentiated methods to the training and used by Vajrayāna meditation masters for individual spiritual progress as well as the healing approaches. As medical education was mostly affiliated to the monasteries and due to the role of Vajrayāna for Tibetan history and culture, the body and mind concepts and healing techniques were directly incorporated into *Sowa Rigpa* and have shaped its character.

For its conceptual theoretical framework *Sowa Rigpa* currently closely relies on Buddhist philosophy. Thus, its inherited therapeutic tools ought to get approached through very specific cultural concepts on thought, emotion and body that have been transmitted since the eighth century in Tibet and condensed into essential points of applied knowledge by the nineteenth century Rime movement (Ringu 2006).

Due to the medical education having taken 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.

In Vajrayāna the body is regarded as of channels (Köttl 2009, p. 8 ff.; Drungtso and Drungtso 2005, p. 359; Dudjom 1991, p. 349; Tsepak 2013, p. 211), thus sometimes referred to as subtle body. These are approached with a systematic, complex system of methods called the development (*bskyed rim*, Skt. *utpattikrama*) and completion stages (*rdzogs rim*, Skt. *sampannakrama*) by means of various precise visualizations of light. By combining the technique of subtle visualizations of the forms and rays of light with the one of subtly holding or guiding one's own breath, with the eye movements and other body postures to work on the subtle body activates its self-healing capacity (Köttl 2009, pp. 22-23). That is, the straightness of the channels is referred to the clarity of mind and the movements along them associated with health and disease. These are regarded advanced techniques to get performed only based on having accomplished respective

mental stability which is attained by gradually training *śamatha* (*zhi gnas*, Skt. *śamatha*) (Coleman and Jinpa 2008, p. 666) resulting in *samadhis* (Tsepak 2013, p. 105) and based on gradually, systematically applying the core fundamentals of mental training taught in Vajrayāna realizing one's own buddha nature and being able to guide one's own energies along the central channel.

The above necessary conditions show the principle of the applied knowledge acquisition to be crucial for one's understanding. Thus, fundamental to grasping the implications of these techniques are not only the body concepts, but the conceptualization of emotions referring to and induced by mental states and respective mental and subtle healing approaches as well.

> "The term *rtsa* in Tibetan medicine has a broad connotation. It refers to the network of blood vessels (veins and arteries); to the pathways of the energy-winds; to the lymphatic vessels, bile ducts, and other ducts; and to the nerves, tendons, and ligaments. So, when reading classical Tibetan medical texts, if the context is unclear, the term is often ambiguous. We find the same ambiguity in the context of Tantra. There is a widespread impression that the channels mentioned in Tantra are immaterial pathways of energy-wind and mind. But Yangönpa´s text and the Tantric texts themselves make it clear that the nature of the channels varies according to the content they carry: some carry energy-wind; some carry blood; and some carry vital essences"
>
> (Yangönpa 2015, p. 44)

The above body concepts are rarely even translated from Tibetan language least of all interpreted. However, it is this body knowledge that was used equally by the physicians (*Amchis*) of *Sowa Rigpa* and by monks, nuns and laypersons experienced in Vajrayāna training. One Amchi in my interviews in the years 2006-2007, who was educated in a monastery-affiliated hospital in former Tibet, not only referred to *bodhicitta* (Coleman & Jinpa 2008, p. 588; Tsepak 2013, p. 183) as the very key factor for such *rtsa rlung* training (the very specific meaning of this phrase is sometimes translated as "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, pp. 30-35; Köttl 2009, p. 145; Yangönpa 2015, pp. 264-276) but also indicated that this

knowledge currently would get lost in the Vajrayāna monasteries as well as in *Sowa Rigpa* education in exile (Köttl 2009, pp. 136-140). In emphasizing bodhicitta at the core of *Sowa Rigpa* he implicitly referred to the core of Mahāyāna and Vajrayāna (Attersee Anders 2014, p.14) as well. And in doing so he pointed out the loss of the essence in training versus rather superficial activities - use of terms, symbols and rituals - which since then has become even more evident quickly.

The emic perspective is crucial in this context. The methods derived from Vajrayāna and *Sowa Rigpa*, particularly its *rtsa rlung* methods that are applied to the subtle body of channels effect to the mind as well as to the physical body. Thus, whereas the focus in the beginning of the training is on developing and deepening self-reflection, dealing with one's emotions and integrating core attitudes into daily routines, these lay the foundation for developing emotional and social competencies at a later stage. However, at a well-defined point within the training process basic techniques are combined with the visualization of light as well as differentiated and refined breathing techniques, body postures and movements of the eyes. These are primarily methods of the spiritual path considered to impact on the mind and physical body. *Sowa Rigpa* focuses on this very key point.

Sowa Rigpa physiology thus corresponds with the descriptions of the body in the highest tantric texts of the Vajrayāna:

> "In Tantric physiology, there are three main channels whose functions are of primary importance and whose position in the body reflects the principles of method, knowledge, and nonduality: the *rasanā*, *lalanā*, and the central channel. These are generally described as extending from the lower body to the head. The two lateral channels insert into the nostrils, while the central channel insets at the crown of the head, or between the eyebrows. The position of the channels' upper and lower extremities are explained differently in different tantras"
>
> (Yangönpa 2015, p. 45)

Regarding the meaning of what is often translated as energy, the *rlung*, it is said:

> "But the main characteristic of energy-wind is motion. The energy-wind is present in and governs all the activities of body, voice and mind that involve motion. Energy-wind performs the various bodily functions: it enables breathing, swallowing, excretion, motor

> activity, and exertion. It supports the assimilation of the nutritive essence of food by distributing it through the vascular system, thus regenerating the body, and it confers physical strength. Energy-wind plays a key role in cognition and other mental processes. In particular, it sustains memory and awareness, enables the sense faculties to perceive, and provides the sense of physical as well as psychic equilibrium. As it accompanies every state of mind, energy-wind determines our feelings of happiness or sorrow, our overall emotional stability or instability. When activated through special techniques such as breath control, energy-wind can perform extraordinary functions, producing heightened states of awareness, mystical experiences, clairvoyance, blissful physical sensations, and the emergence of the natural state of mind."
>
> (Yangönpa 2015, pp. 62-63)

Thus, the above-mentioned introspective attitude in terms of integrating and stabilizing the trained techniques and their effect, and in these ways acquiring understanding and knowledge shapes the further access to understanding, e.g. the methodology of light visualizations that are essential for understanding the traditional *rtsa rlung* techniques.

These advanced methods and respective philosophical theories on the training process can only get comprehended well based on an applied knowledge approach using the systematic and gradual learning of vital aspects. Thus, the use of clearly specified techniques provides not only the knowledge on certain tools, but it leads through an inner process which forms the basis for further understanding, advancement in techniques and inner growth.

The techniques handed down as *rtsa rlung* that is explicitly described in the Anuyoga tradition of Vajrayāna are very specific methods of work with the subtle channels (*rtsa*) of the human body by means of visualizing light and forms of light, of subtle breathing, postures and eye movements with which basically the vayu (*rlung*) that is assumed to be circulating around these subtle channels gets influenced.

Thus, beyond *Sowa Rigpa's* herbal knowledge, also its mental and spiritual practices (World Health Organization 2000, p. 9) are of essential importance. Due to the medical education having taken 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.

Thus, the impact of understanding this emic perspective is emphasized in the next chapter.

10 Impact of the emic perspective and the corresponding translation and interpretation of the body and mind concepts of *Sowa Rigpa*

Interpretating and translating the body- and mind-concepts in *Sowa Rigpa* require the emic perspectives on Buddhist philosophy, Vajrayāna as well as the *Sowa Rigpa* itself that have traditionally been provided in the word-to-word commentaries in monastic traditions in which the meaning of those syllables which together form a word as well as the compounds that in Tibetan texts often appear in their first and last syllable only get explained elaborately. This very perspective constitutes a necessary precondition for a contextually accurate understanding, particularly also of the different connotations of terms within varying contexts, thus ensuring not only the preservation of Vajrayāna knowledge that is included in *Sowa Rigpa* but the knowledge and methods of *Sowa Rigpa* itself. Furthermore, lacking the applied knowledge acquisition that is traditionally considered an underlying condition for correct understanding and contextualization, translations and interpretations of *Sowa Rigpa* will hardly cover the intended meaning. Thus, it is this point of translating and transferring which is key to either preserving or distorting the substantive and contextual significance of *Sowa Rigpa*.

Furthermore, as Buddhist philosophy, meant to provide a background of models for spiritual development, lists coarse emotional categories - attachment, aversion and ignorance- it is currently promoted for therapeutic objectives, a purpose it is neither designed for nor suited to. Taking an example for the far-reaching impact on mental health: one currently can notice any concepts merely indicating sadness, feeling disappointed or a bit down being translated from Tibetan into the clearly defined diagnosis of depression, which is incorrect. Thus, in turn, assuming the spiritual methods of Tibetan Buddhism a cure for mental diseases, disorders, or depression as in the above example, fails.

Therefore, for translations and interpretations of *Sowa Rigpa*, not only some language skill, but the emic perspective of several fields of knowledge as well as the ability to differentiate and modulate the translation of terms according to their context as well as basic preliminary medical knowledge and interdisciplinary discourses are needed. This requires personal long-term educational and individual applied-training efforts.

This very background of decontextualisation, distorting meaning and rendering the essential hard to differentiate from the commercialized, or the damaging developments due to commercialization, and lack of quality standard criteria in its education and handling, may well be some of the reasons why *Sowa Rigpa* has not been included as a complementary medicine method by the WHO. Although the energy related concepts referred to as certain winds or energies (*rlung*) in Vajrayāna and *Sowa Rigpa* are somewhat similar to the Qi concept in Chinese medicine or the yogic concepts in Ayurveda, *Sowa Rigpa*, whose education has now become established in exile, it is not like Chinese medicine and Ayurveda mentioned in the "WHO traditional medicine strategy: 2014-2023" (World Health Organization 2013) and the "general Guidelines for Methodologies on Research and Evaluation of Traditional Medicine" (World Health Organization 2000).

In the next chapters the dangers of lacking quality standards in education and handling, the challenges in unconsciously identifying with any visualized figures without understanding the purpose of visualizing light or any group leaders, and the impact of decontextualizing mental health terms by nonprofessionals in Buddhist organizations are presented.

11 Impact of the narrative with regards to conscious and unconscious identification and projection processes

The practices of *Sowa Rigpa* have been closely interwoven with Vajrayāna and its methods of using its spiritual objective by means of visualizing light on one's path of spiritual transformation. Thus, from such 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 developing *bodhicitta*, 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).

However, it is important to reflect on the impact when it comes to identifying with historical figures and their transcending capacities, which is quite different than developing these within oneself by means of visualisations. For example, in the above-mentioned 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. And the *Amchis* mostly presented themselves as taking part in a kind of knowledge coming from highest authority.

Two levels ought to be differentiated here: first, the question of the analogies and mystical narratives of individual masters in Tibetan historiography, to be analyzed through historical research. Secondly, the unreflected identification with the supreme knowledge ascribed to the Medicine Buddha fuels portrayals and the idealization of persons and contents. This impacts on the profession, the preservation of knowledge and also on commercialisation and present aberrations. Unconscious identification only works as long as there is a lack of awareness of the issue and a lack of self-reflection. Yet precisely this lack of self-reflection would be an indicative feature of the absence of

the practice underlying this above-described knowledge, and hence a benchmark to be used.

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 some of 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 Gönpo 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 such dynamics have well spread all over. This, in turn, implies that endangering tendencies in such contexts ought to be contained

through qualification standards and analyses of leadership styles and those command structures actually 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 eighth 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 of the respective geographical area for many centuries, while even disregarding historical facts, just as the exchange of medical

knowledge at the 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-portrayals.

Thus, apart from undermining 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 of Buddhist groups 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 adversely affected its 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 ought to get analyzed closely, particularly because such narratives lead to identification and idealization processes that have long-term repercussions to its clients, students, teachers (Anders 2022), *Amchis* and particularly also to the knowledge of *Sowa Rigpa* itself. It is its very untouchability, constructed though narratives of absolute authority, which has not only blocked its actualization, but also the scientific and clinical medical and psychological discourses actually urgently needed in this process of globalization. Thus, the cost of domination was that the updating of knowledge according to scientific and clinical 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 rather shows the effects of its unqualified use and the adverse impact of unqualified teachers. The hybris that reveals itself as a claim to absolute authority has already led to severe

damage of people around international Vajrayāna seminar- and meditation centers (Anders 2019a, b, 2022).

In referring to concepts like the one of '*rlung*-disease', borrowed from *Sowa Rigpa*, people 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*, have stayed untouched so far.

Although this very 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 narratives. In short, the current process of rapid globalization of Vajrayāna as well as *Sowa Rigpa* requires processes of reflection and differentiation of one's own education and status far beyond identification strategies. Thus, particularly, an awareness of the impact of the unconscious, especially the unconscious identification with leadership or groups, and emphasizing the self-responsibility and accountability of group members present a current challenge that decontextualized Vajrayāna and *Sowa Rigpa* have ignored so far.

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.

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 of Vajrayāna or *Sowa Rigpa*. 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. It is the responsibility of teachers and their students alike to lead the discourse towards improvement and, in particularly, the protection of people from harm.

12 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"]).

Also, 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).

12.1 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 employed 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).

12.2 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 [1], concentrated soup made from aged head of a lamb, decoction of the four essence [2], 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. In recent years, external therapies with massage, oil and moxibustion have been taught in costly seminars to Western nonmedicals, who are neither familiar with the introspective attitudes of Buddhist cultures nor their differentiated clearly defined concepts or speak Tibetan. The harm to people around so-called Vajrayāna groups by means of slandering and stigmatizing participants '*rlung*'-diseased, with the connotation of psychotic, could serve as an impression where this may lead to and how far it has developed already.

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.

13 Three different modes using the phrase *Sowa Rigpa* in its process of globalization

Within the current process of globalization, three different modes using the term *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 (e.g. 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, particularly the individualizing of structural and societal issues with prescribing mindfulness (Anders and Utsch 2020, p. 229; Purser 2019, p. 108 ff.), 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, due to 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, the use of medical terms as if synonymous when not, the current certification of nonprofessionals by means of a few costly seminars only as well as lacking quality

assurance measures in education and treatment. Thus, the solution of these challenges and the diversity of standards impact on the knowledge and reputation of *Sowa Rigpa* itself, especially through current changes in the meaning of its diagnostic and therapeutic terms and concepts, and on the safety of patients.

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 2022; 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 and 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 standards of quality assurance have not 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, Anders 2022), has not yet been addressed by *Sowa Rigpa*. Thus, even while it continues to benefit largely from the commercialization and globalization of Vajrayāna Buddhism, the societal, international challenges of treating those abused in such groups (Anders and Utsch 2020, p. 227) has not yet been addressed by it. Furthermore, some educational efforts of teaching *Sowa Rigpa* to nonprofessionals are supplemented by various highly dubious seemingly psychological-therapeutic methods

offered in some of the Tibetan Buddhist centers (Anders 2019a, p. 34, 42; Anders 2019b, p. 14; Baxter 2018, pp. 31-32; Standlee 2017, p. 4).

14 Conclusion

The above presentation emphasized the uniqueness of *Sowa Rigpa* due to its connection with the Anu- and Atiyoga techniques of Vajrayāna. Particularly, as mental diseases are regarded by this medical system to be caused by a variety of disturbances in energies (*rlung*), and these yoga practices are directly involving those, they are particularly responsive to such practices as compared to other diseases. Furthermore, due to the enormous increase in mental diseases during the Covid-19 pandemic, taking up such knowledge that has been handed down over centuries, taught by individuals based on their authentic introspective training and their own implementation and integration of its very key points, is important at this period of time.

The World Health Organization has 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)

Due to the above mentioned current decontextualisation of terms and techniques ascribed to Buddhism, Vajrayāna or *Sowa Rigpa*, currently reflected for example in unprofessionals in Vajrayāna Buddhist organizations diagnosing, slandering and stigmatizing others as being mentally sick with seemingly Tibetan terms and *Sowa Rigpa* concepts, many qualifying measures and precautions of quality control are crucial in these contexts. Since it was repeatedly reported that Tibetan group leaders aware of such neither take a stand nor assume their due responsibility for the resulting group dynamics and the consequences for the victims, this monitoring and control needs to be external, by the society in which these groups have established and its legal tools.

Most of the *Amchis* interviewed in the year 2018 in Nepal had started travelling to provide herbal medical treatment for Westerners but were not aware of the ICD-10/ ICD-11 diagnostic criteria. Thus, for ensuring evaluation of *Sowa Rigpa* in its own theoretical framework or that of conventional medicine, and comparing their efficacy, professional integrity, higher educational standards and continuous education are mandatory. Furthermore, introducing an obligation for continuous medical education and knowledge updating, so that for example people with a compulsive washing disorder would no longer be judged as possessed by spirits as became evident in the interviews in the above-mentioned interview-series, lies in the responsibility and hands of the directors and teachers of the training institutions for *Sowa Rigpa*.

For establishing *Sowa Rigpa* as university education, and also with regards to providing all people with the highest quality of mental health care, integrating current medical, psychological and psychotherapeutic knowledge about mental diseases, particularly the dynamics of the conscious and unconscious, that have so far been disregarded in its medical and philosophical system, and a discourse about actualizing

and updating medical text chapters like the ones on ghosts causing mental diseases, are urgently needed.

Thus, the way these above challenges posed by the increasing globalization, decontextualization and commercialization, and the actualizing of standards in the education of *Sowa Rigpa* are met will directly impact on its learning and knowledge preservation.

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