



Feature Article: Vignettes

Understanding and management of epidemic disease: A Tibetan Medicine perspective



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*“Enveloped though with negative mental afflictions,
I may not be the perfect medium for your divine
instructions,
Yet, be compassionate; bless and empower me.
For, I am quite determined”.*

*“For all the sentient being in this time and space,
Needy and suffering beings in particular.
I pledge to serve with all my dedication.
Bless me with your wisdom, compassion and
power”.*



Mandala medicine Buddha



With Compassion, you serve all the sentient beings.

*Simply hearing your name is enough for relieving
all the suffering.*

*Healer of the diseases of three inborn mental
poisons,*

*I prostrate myself before you, “O, the Buddha of
Medicine.”*

1. About the author: Dr. Dorjee Rapten Neshar

Dr. Dorjee Rapten Neshar, is currently the Chief Physician at the Tibetan Medical Centre in Mahalakshmi Layout, Bengaluru. After his graduation from the Tibetan Medical College in Dharamshala in 1988, he worked as a Resident doctor for two years at the Tibetan Medical and Research Centre in Bylakuppe at Tibetan Settlement in South India. He was then transferred to Bangalore city in 1991. Since then, he started expanding his services to most of the neighboring states namely Hyderabad, Tamil Nadu, Kerala, etc.

He has over three decades of practice in Tibetan Medicine; has authored and co-authored several books on Tibetan Medicine, represented Tibetan Medicine in many international conferences abroad, has many articles and publications to his credit, and has received several awards for his achievements.

In addition, he has long been closely associated with the Clinical Research Department of Tibetan Medical Institute in Dharamshala, and has actively participated in several collaborative clinical research on Tibetan Medicine against some major diseases like cancer, diabetes, and asthma to name a few.

He has served as the chairman of the Central Council of Tibetan Medicine (CCTM) under the Central Tibetan Administration, Dharamshala for 3 years (from year 2008–2011).

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In this interview, during the pandemic period, he shares his perspectives on Tibetan Medicine's understanding of mass afflictions (Epidemic Proportions) and potentials of their wider health systems integration.

Q1: Can you please enlighten us on the history and basic principles of Tibetan Medicine and its links with Buddhism?

Sowa Rigpa⁽¹⁾ popularly known as Tibetan Medicine (hereto referred as TM) dates back to more than a thousand-year-old medical tradition which has served as the integral public healthcare system of the people of Tibet and Trans-Himalayan regions till 1960. Since the very beginning of its native Zhangs-zhun-Bon tradition of healthcare system coupled with the great momentum of scholarly exchanges with its neighboring countries from 7th to 12th centuries namely India, China, and Nepal to name a few, TM has incorporated the best of all major Asian medical traditions thus, developing into a comprehensive medical knowledge with all the elements of health and healing in the paradigm of Holistic Health Approach.

It is essentially a unique medical system where the science of healing knowledge and spirituality of Buddhist teachings are intimately and harmoniously blended together into one comprehensive discipline of medical tradition that covers all the aspects of physical, mental, and emotional wellbeing. *rGyud-bZhi*, often called the 'Four Great Tantra' forms the backbone of the Tibetan Medical System.

Q2: Could you please share some details on the current status of TM globally and in India and the role of Men-Tse-Khang?

Since the initial establishment of Tibetan Medical and Astrological Institute (Men-Tsee-Khang) in Dharamsala, India in 1961 by His Holiness the Dalai Lama, TM was arguably the least known medical system globally. From then on, Men-Tsee-Khang took the reign to preserve and promote this unique system of medicine which now has grown into a single largest Tibetan Medical Institute with over 68 branch clinics all over India and Nepal.

The well-known effectiveness of TM and some of the miracle cure against cancer has slowly gained the attention of the international community. Since 1970s, senior physicians of His Holiness have started travelling abroad which paved the way for establishing several many Foundations and Support Centre for TM in the US and Europe where they invite Tibetan doctors periodically for teaching and consultations. In 1987, the then Soviet Union President Boris Yelstin went onto record by inviting Dr. Tenzin Choedrak, the late chief physician to His Holiness to Russia for treating the patients affected by the Chernobyl nuclear disaster. This has led to the spread of TM in Russia, Buryat, and Mongolian regions too.

Besides Men-Tsee-Khang, the Chogpori Medical Institute in Darjeeling, Sowa Rigpa Department and College of Sarnath Institute of Higher Tibetan Studies (Deemed University), International Sorig House in Europe, International Institute for Sowa Rigpa in Nepal to name a popular few have provided the much-needed support for further advancement of TM worldwide. The Clinical Research Department of Men-Tsee-Khang has carried out many scientific collaborations for the clinical and drug study of TM with many premiere institutes like AIIMS, New Delhi; German Hoest Pharmaceutical Co.; Hadassah University of Israel, just to name a few against cancer, diabetes, safety, and efficacy of the precious pills and some arthritic medicine as well.

In 2010, the Government of India legally recognized Sowa Rigpa as one of the Traditional Systems of Medicine practiced in India and, placed it under the AYUSH System of Medicine. Few European countries like Switzerland, Austria, and Netherlands have

recognized TM as one of the alternative medicines practiced in their respective countries.

Q3: What do you think are some the unique contributions of TM to the world of healthcare and medicine (including your own personal clinical experiences)?

This can be explained under two broad fronts. Firstly, the most important role of major Traditional Systems of Medicine is to let people understand the nature and true cause of all the sufferings and how to prevent the suffering. The modern Allopathic system of medicine is essentially based on the drug action and its procurement. In contrast, the underlying principle of TM is how to alleviate the sufferings of the sentient beings through various therapeutic modules guided by compassion and practice of *Dharma*. It is certainly not oriented towards medicine-making commercial business.

The so-called doctor-patient relationship is mainly to make sure that the patient also takes equal participation in the healing process, and that the patient also knows his or her body's energetical condition, the natural body constitution, and nature of the disease so that one may take appropriate steps. Diet and lifestyle factors which either makes or break our body system is emphasized as a core issue in the teachings of TM. The inter-relationship between the mind, body, and emotions and their impacts on our health, happiness, and longevity stands out as one of the unique features of TM in achieving the much-needed holistic health. All these concepts and their practical applications in our healthcare system may be one of the best contributions that we are making and may continue to make a difference in our search for the complete and quality health.

In my long clinical experience, I am now fully convinced that most of the major diseases can be cured without having to take any lifelong medicines provided, both doctors and patients work together in the key issue of knowing the disease and with correct remedial measures. I am very critical of the Allopathic medicine's numbering system of the health and its treatment result. Regardless of the numbers, patient should be encouraged to look within their body system and feel the necessary clinical changes rather than getting crazy with the slightest changes in the numbers. The four causative factors of all the diseases: seasonal, mental, diet, and lifestyle if properly understood and applied in daily practices can do wonders in health and healing and, can make a huge contribution in the true realization of total health.

Q4: Coming to the discussion on the pandemic, today, we are faced with an unprecedented situation which already has had deep impact on our physical and mental health. How does the Tibetan medical philosophy understand such epidemics? What do the Tibetan classical texts talk about such mass afflictions?

The epistemology of the TM is based on the understanding that all the phenomena of this life and existence, and particularly the four-fold suffering of this *Samsara*: the suffering of birth, ageing, sickness, and death, the law of cause and effect comes into being. In order to understand the true nature of the suffering and to be able to find a desirable solution, understanding the root cause, then the factors responsible for the root cause to ripen into or manifest into the suffering is of utmost importance. Many epidemics have come and gone taking their toll with the heavy loss of precious human lives coupled with immeasurable sufferings that will never cease unless we understand the true cause and nature of these epidemics and take more equitable measures. No wonder many more epidemics, one dreadful than others, would continue to come and thin down the world population with untold sufferings.

The main villain in this gruesome scenario is undoubtedly the mankind itself with all its greed, power mongering, and ego. It was clearly mentioned in the classical medical text in the form of prophecy that "in the modern degenerating era to come, the

¹ In Tibetan, Sowa means Healing, Rigpa means Knowledge.

extremist would indulge in the proliferation of dangerously toxic substances that would defile the sacred environment, Mother Nature in turn will let loose the evil diseases and, the black epidemics would threaten to empty 1/4th of the world population. At that point of time, it is very important to protect the self and others" [1].

(INa-brGya dus-kyi tha-mar rLebs pai'tse, Mu-sTegs gDug-pa'i rZes-kyi sByor-ba-Byed, Mamo-mKha-grDo'Nad-ngan yams-su 'Bebs, gNan,nad-nagpo' 'Zamling bZhi-cha-sTons, De-dus bDag-gZhan Srun-Thabs-shin-tu-gChes).” Here we can infer that the worst is yet to come.

The epistemological study of some of the selected classical medical texts [2] of Sowa Rigpa gives much needed empirical findings that most of the devastating epidemics comes as a dreadful curse of the Mother Nature. Only viable and lasting solution lies in appeasing the Mother Nature with all the holistic and environmentally friendly measures.

Q5: Why do you think this has taken the human kind by surprise even though there is so much advancement in our understanding of infections, pandemics, etc.? What can we learn from this pandemic and our responses to it?

The fact is we never seem to learn lessons from our wrongdoings and its negative consequences. For the Sowa Rigpa practitioners, epidemics like this is not surprising at all. Critical evaluation of the mankind's declining moral values, indiscriminate proliferation and stockpiling of nuclear waste, and wanton exploitation of our Mother Nature to the extent of making it increasingly inhospitable clearly indicates that we will continue to witness many more such dreadful epidemics that will have far-reaching consequences. One among such epidemics that was declared as pandemic since March 2020 continues to wreak havoc with the latest global statistics dated 01/01/21- GMT showing 83,915,772 total infected cases, 1,827,949 (2.2%); deaths, 59,414,635; and recovered (70.8%) spread over 218 countries [3].

Our scientific mainstream has conveniently ignored to look at this from the broader spectrum of understanding the root cause and fundamental nature of these epidemics. We are mainly governed by the scientific rules to isolate the pathogens, design drugs, and vaccines to inoculate it, make money, and get away with it. We must know that no number of scientific measures and technology would be adequate in the face of nature's fury. Drugs and vaccinations will be a temporary solution. We need to apply more holistic yardsticks and look for a more spiritual dimension; respect the law of nature and ecological balance, reduce atmospheric pollution, redress the environmental concern and, practice the moral code of conduct of highest human standard.

Q6: What is TM's understanding of such pathogenesis? And what do you think TM can offer in this situation? What are the main challenges for incorporation of TM?

It was reported that the novel coronavirus was distinctly different from other coronaviruses causing SARS and MERS [4]. Its tendency to mutate frequently has given many surprises that our scientific communities find it increasingly difficult to understand. It is in this time of uncertainty and global health crisis we need to reflect on what alternative medical systems like Ayurveda and Sowa Rigpa can offer on the subject of epidemic diseases in general and SARS-CoV in particular. Most encouragingly, we find in-depth expositions of both holistic and scientific knowledge on the subject and nature of epidemic diseases in the ancient Tibetan Medical texts that people can adopt and incorporate into our present challenges in terms of the first line defense mechanism for the doctors, medical staff, and frontline workers; effective treatment

and control measures against all the stages of the infection and above all, expect maximum chances of saving the lives of many before it becomes too late.

It is important to bridge the gap between the modern science and traditional medical system in an effort to build the much-needed holistic paradigm in our approach towards health and disease. In the absence of any reliable and well-established medicines and vaccines against COVID-19 and with the global death toll steeply rising, I take up this responsibility to share some of the essential contributions of TM in the context of first understanding the root cause and nature of these devastating epidemics; unique characteristics, diagnostics and prognostic features, preventive measures and treatment modalities that can make a huge difference if employed correctly and successfully. Interestingly, many of the expositions from TM texts related to epidemics in general and SARS-COV in particular appear to be totally in sync with what modern scientists and reputed virologists have reported so far.

Unfortunately, modern science needs clinical research trials and evidential proof from these time-tested traditional medicines and its clinical applications. On the contrary, they have no problem in accepting the intake of many hazardous chemical drugs like HCQ and its cocktail drugs, the side-effects of which, are well-known. It is a pity that no matter how potentially dangerous are the side-effects of these chemical drugs, they have been accepted with modern clinical research trials. On the other hand, centuries old traditional medical system propounded by the most revered saints and sages with their in-depth knowledge of the suffering and its remedial measures which has served the humanities in their good old times until the so-called modern medicine came into existence, are not allowed to be dispensed as they have not passed the modern clinical trials. Hence, we are not supposed to say we have the required preventive and curative remedial measures let alone getting incorporated into the health service of COVID-19 patients.

I think China was the only country which has taken the traditional medical system very seriously and has given due consideration in incorporating them into the mainstream healthcare system. Both Chinese traditional medicine and TM were tried and had won the official recognition they deserved in their battle against SARS-CoV in 2003 and COVID-19 under present circumstances.

Q7: Today, there is a major body of knowledge which talks about the links of external ecosystems and their impact on human health. Today many scientists argue that most epidemics are linked to such ecosystem changes. Many traditional knowledge systems have internalized this holistic vision of the microcosm and macrocosm. What is the understanding of Sowa Rigpa on root cause and causative agents of an epidemic?

The root cause of all epidemic diseases as explained in classical Tibetan medical texts are closely associated with the all-powerful supra-mundane forces or beings that normally govern our environment and its inhabitants; their life, existence, death, and destruction. TM believes that our environment, lovingly called Mother Nature which the macro-cosmic world and our body system which itself is like a universe in miniature also called micro-cosmic world are closely linked to each other with very delicate and dynamic balance. When these two cosmic worlds co-exist harmoniously in its dynamic balance, it ensures health, happiness, and prosperous life. Unfortunately, when they enter into serious conflict and degradation, then all sorts of curse and calamities of the Mother Nature unfolds into various natural

tragedies like landslides (earth), flood (water), natural fires (fire), cyclones and storms (air), and all forms of dreadful epidemic and highly contagious diseases that spread all across the borders (space). Considering mankind's most vicious immoral activities and wanton defilement of our Mother Nature, we have faced so many natural calamities and dreadful epidemics earlier in the course of our existence and no doubt, will continue to experience much more.

Q8: There is a discussion today regarding the Anthropocene i.e. human factor is causing large scale changes on the planet and there are resultant challenges like climate change, pandemics, etc. You linked morality and human values as a root cause. This is very different from the pathogen and biological process-dominated understanding of pandemics. Can you elaborate what is the human factor involved in creating such epidemics?

A causative factor that builds up the momentum giving rise to various epidemics and natural calamities is the mankind itself, who engages in all sorts of immoral, irresponsible defilement and sinful activities that jeopardizes the sanctity of our environment and ecological system. Moreover, the proliferation of bio-chemical toxic built-up and its resultant pollution of the sacred atmosphere to the extent of angering the forces of Mother Nature has compelled her to unleash the furies. Therefore, it is high time for human beings to be morally responsible, make amendments with nature; stop immoral activities and toxic built-up in the atmosphere which seriously jeopardizes the dynamic balance and harmony between us and Mother Nature.

The immediate causative agent of COVID-19 is the virus, which is described in the ancient texts as being an agent of Mother Nature's destructive curse in the form of a highly infectious micro-organism (virus).

Q9: This is really interesting, but I suppose TM has also a specific understanding of personalized public health. What is the understanding of TM on host-pathogen understanding from this point of view?

The texts define the immediate causative agent as an agent of the destructive Nature's wrath in the form of micro-organism (virus) with unique characteristic features such as:

Having windy wings that floats in the air.

Formless in physique, rides on the horse of wind.

Mingles with odor and smell.

Enters through the nose, mouth and body pores.

Once the pathogen enters the body, it interacts with the blood, particularly the red blood cells which acts as the vehicle for the pathogens to travel throughout the body system. It was clearly mentioned in the epidemic chapters of the 'Four Great Tantra' as: "Khrag-Srin Kan-med Zldum-la dMar-ba-de, Tza-nan gNas-Shin sTodsMad kun-tu rGyu, gNyan, nad kun rGyi rgyu dan mZe-nad Byed." Based on the weakness and vulnerability of the individual host organs, the pathogens find its victim and attacks its cells. Hence, it is easy to understand that based on the body's immune fortification and co-morbidities like diabetes, hypertension, bronchial and asthmatic condition, the infection take its toll via the most vulnerable organs. Hence, we see the people with low immunity, diabetes, hypertension, heart problems, and weakened lungs with asthma, etc. are more prone to succumb to the infection.

Q10: This is really interesting, but how does it clinically manifest in different body organs in different ways.

In most of the epidemic diseases, we find the initial symptoms of mild fever, headache, body pain with throat irritation, etc. during its initial incubation period. Once it matures and gets fully aggravated, then it can manifest into several numbers of severe complications based on the vulnerability of the individual's body organs.

Head: If it (virus) penetrates into the head, one can get severe brain infections like meningitis. A well-known scientific case report

[5] suggests that "The common presenting symptoms of fever, fatigue, and mild respiratory symptoms like dry cough, are associated with COVID-19, however, patients can also develop neurological manifestations like headache, anosmia, hyposmia, meningitis, encephalitis, and acute cerebrovascular accidents during the disease".

Throat: If localizes in the throat, one can suffer from severe infections like diphtheria.

Lung: When it enters the lung, severe respiratory infection with acute upper back pain/shortness of breath is observed. Separate chapters on this subject of severe respiratory infections (*Glo-Tsad-gZer-thun*)⁽²⁾ given in the text remains our basis of study in connection with SARS-CoV and COVID-19.

Heart: When the infection is forced into the heart and life force channel, severe chest pain, delirium, dyspnea, and cardiac shock could be observed which can prove very fatal. Myocarditis has been reported in some of the clinical cases in SARS infection [6].

Liver: One can observe sharp pain around the liver, excessive sweating, high fever, and eyepain/reddishness. During hospitalization, some patients presented with mildly elevated aminotransferase levels (indicating liver damage) and in some cases demonstrating hepato-cystic lesions [7].

Intestine: Presents with severe intestinal pain with diarrhea. Enteric disease was reported fairly often in SARS-CoV-2. As previously described, most coronaviruses cause either a respiratory or an enteric disease, which is also transmitted by the fecal-oral route. During this outbreak of SARS, symptoms of gastrointestinal tract in the patients were noticed. Many investigators found that gastrointestinal symptoms are not uncommon at presentation, including diarrhea (19%–50%), nausea and vomiting (19.6%), and abdominal pain (13%) manifested in SARS patients [8].

Kidney: Presents with turbid reddish urine, crushing pain in pelvic/lower back, difficulty in walking, and severe kidney malfunction. Researchers have pointed out that kidney failure often accompanies COVID-19 [9]. It is also being reported that 38% of New York COVID-19 patients are developing kidney damage.

Most commonly, throat is involved in all the conditions mentioned above.

Note: Mainstream science should take cognizance of the fact that the above-mentioned complications in major organs in addition to the chapter on SARS-like infection was already reported very elaborately in the centuries old medical text as stated above.

Q11: Is there any similar disease described in TM? How do you understand the clinical profile of COVID-19 based on TM?

Among many epidemic diseases described in the texts, the specific chapter named "GloTsad-gZer-Thun" is the one most commonly referred to and studied in connection with the SARS-CoV and COVID-19 in TM. In this chapter, we find many similarities in the description of the signs and symptoms including the damage it can cause to the lungs that we now find in COVID-19 patients. Quite interestingly, we also find many herbal formulations that were suggested in these centuries old medical scriptures to save the lungs and to optimize its oxygenating function.

Signs and symptoms mentioned in *gLo-Tsad-gZer-thun* chapter are as follows:

- Mental agitation [10] disturbed sleep; body pain; dryness in nostril, mouth, and tongue.
- Severe pain: Mostly localized in upper back, shoulder joint, scapula, and collarbone region.
- Appearance of painful herpes-type patches on the upper body parts.

² Means Acute and Painful infection of Lung.

- Fever: Feeling of hotness and sweating all over the body, thirstiness.
- Throat irritation, breathing difficulty, cough with bloody sputum.
- In severe cases vomit blood and brownish necrotic phlegm.
- Changes in pulse and urine characteristics were observed frequently
- Patients may not have all the above symptoms; it may vary from individuals to individuals.

Q12: Most traditional medical systems have a predictive approach. What is the prognosis of TM in this?

The chapter on “gLo-Tsad-gZer-thun” explains as follows:

Good prognosis: Less changes in disease pattern, mild breathing issue, easy discharge of cough and phlegm, amenable to therapies and medications.

Bad prognosis: Pale, weakness and sunken from the beginning, relentless shifting pain, fear and anxiety, mental instability, shortness of breath, blood vomiting, heavily coughing out lava like phlegm.

Q13: What is the nature and stage-wise pathogenesis of such epidemics and their treatment approach according to TM? (Common trajectory of the disease manifestation)

In Sorig gChes-bTus- Rinchen- Phren-ba, while explaining about the nature of this pathogen, it says, “This is like a raging bush fire; spreading far and wide, easily transmitted, highly fatal with low chances of cure. Where ever it gets hold, the population there thins down steadily; causing fear and terror, especially hits hard on the immunologically weak and aged section of the people”.

It further explains that most of the epidemic diseases appear to follow three common patterns based on its associated Nyes-pa-gSum⁽³⁾ namely rLung, mKrispa and Bad-kan⁽⁴⁾ i.e., incubation period, aggravation or active stage, and stage of complications and remission.

The 1st phase i.e., incubation period may last for 3–5 days associated with Bad-kan (phlegm) having mild body and muscle pain, lethargy, disturbed dreams, anxiety, etc.

Based on the common trajectory of the disease manifestation, one should not start with very strong medications from the beginning as it is in the incubation phase. Instead, one needs to start with specifically formulated decoctions which sometimes can be effective enough within a week’s time to control the infection.

The 2nd phase presents with active symptoms of the disease aggravation which too, may last for 3–5 days mainly associated with blood and mKrispa (bile) manifesting with high fever, severe crushing body/muscle pain, cough with bloody mucus, and brownish secretions. This is the stage wherein most potent medication (specific anti-viral formulation) should be administered to make sure the lethal strength or the acuteness of the infection is effectively controlled.

The 3rd phase is the critical time wherein the disease starts to infiltrate and shows complications against the body organs as given above. At this stage, the role of Thor-bu’ rLung (aggravated rLung energy) begins to manifest. Hence, pacifying the role of rLung (wind) with appropriate remedies and intake of proper nutritious food is of utmost importance as this can totally change the course of the disease. The text mentions: “when the fire is raging on, one must make sure the wind does not blow it further”.

Q14: What are the preventive measures or strategies and clinical management described in TM?

With regards to highly infectious diseases and epidemics, prevention plays an extremely vital role as it is a sensible strategy to minimize further infections and in time, completely eradicate the disease. The preventive measures outlined in the ancient texts include three types - External, Internal, and Sacred.

External preventive measures involve practices that need to be taken up by the community at large to minimize and in turn stop the transmission of the infection such as:

- **Respecting a moral code of conduct:** This refers to respecting our social and civic disciplines, adhering to the laws and owning the moral responsibility (sPyod-lam gZob)
- **Avoiding travel and mass interactions:** This can be achieved by avoiding travel especially through public transport, staying away from crowded places such as markets, restaurants, and group meetings, etc., and limiting interactions with people other than the immediate family members. (Drul-bZhud sPongs).
- **Social distancing:** Avoid socializing and enter into a state of solitary confinement (dBen-par-gNas).
- **Proper sanitation measures:** Cleaning and sanitization of the house, sacred places and environment should be done regularly to reduce the viral load in the air. (mNol Grib-’Bags-bTzog ’Zem).

Internal preventive measures involves preventive practices adopted by the individual which directly keeps his/her body protected from the infection such as:

- Wearing the sacred anti-epidemic amulet⁽⁵⁾ and germ-repellant pills on the neck (Rims-bSrun-sKe-la- ’Dogs).
- Burning medicated incense at the workplace or office main gate. The most popular herbs used in medicinal incense are white and black artemisia, juniper tree leaves, black aconitum leaves, black calamus root, and black guggulu (*Commiphora mukul*) to name a few. These herbs exude strong aromatic smell with many therapeutic values including antioxidant, anti-inflammatory, antimicrobial, and anti-viral properties, etc.
- Using external antiviral herbal application over the exposed skin and body pores, ear and mouth, etc., to block the viral entrance in the body.
- Spraying and inhalation of some medicated drops (Rims-bSrun-sMan-rZes-Kha-sNa-ba-sPur-Byjugs).
- It is also encouraged to keep and prominently display the anti-epidemic sacred wheel (Sungkhor ’Chan) or place atop the busy entrance, common doors, etc.
- Ingestion of Sorig formulations targeted at improving immune function of young and aged individuals alike in the form of pills and decoctions.

Sacred protective measures involve protective measures that require the individual to align with the divine and awaken the body’s innate healing powers through the following ways:

Sacred Pills: Consuming sacred pills/nectar composed of rare medicinal ingredients with potent immune-boosting properties. Sacred pills are basically of two types - the popular medical formulations like the Precious Jewel Pills in TM⁽⁶⁾ and pills offered as

³ Nyes-pa: pronounced as Nye-pa, meaning Disorder. Nyes-pa-gSum means three principle disorders namely rLung, mKrispa and Bad-kan in TM. It is known as three humors in ancient Greek Medicine, and Tri-Doshas in Ayurveda.

⁴ rLung, mKrispa and Bad-kan are roughly translated as Wind, bile and Phlegm in modern terminology.

⁵ Anti-epidemic protective Amulet consist of enclosed sacred pictures of wheel, mystic animals and mantra against negative forces. All these amulets are highly potentiated and empowered by spiritual masters.

⁶ Precious Pills are very rare forms of Elixir of Life and highly potentiated multi-compounded medicine. They are therapeutically very powerful antidote.

blessings by saints and sages to their disciples. Both kinds of sacred pills involve a highly esoteric practice of spiritual potentiation.

Visualization and chanting exercises: Esoteric practices such as visualizing meditations and recitation of sacred mantras which helps to align one-self with divine protective deities and built-up one's spiritual protective aura.

Here it is to be noted with wonder and deep appreciation about the relevance of this entire paragraph in today's COVID-19 situation. The very idea of social distancing and self-quarantine that we are following today as per the scientific guidelines were clearly stated in the centuries old medical text as shown above.

Note: All above mentioned formulations are very cost-effective, highly efficient, and safe. Therefore, it is strongly advisable to distribute these immune-boosting formulations among the more vulnerable sections of the population whether infected or not (as a prophylactic measures).

Q15: Tibetan medicine gives a lot of importance to spiritual dimensions? What specific measures, particularly, in the context of fear and mental health factors that are suggested for such epidemics?

This is one of the very important issues that our scientific body need to understand.

Right from the beginning I have been suggesting that the very nature of such devastating epidemics is the negative curse of the Mother Nature with strong component of deadliness and fear factors involved. We have been also witnessing alarming rate of depressions, fear, suicide cases as part of the mental health challenges posed by the COVID-19 infections. Such negative influences can be countered very effectively with spiritual measures that helps to build up one's spiritual aura and the positive energies. Hence the aforementioned sacred protective measures assume its significance. When a person's spiritual energy or aura is strong, it builds up some kind of energetical protective shield around the individual which further enhances his immunological defensive parameters. Any individual with strong blend of spiritual aura will never suffer from severe depression and suicidal tendencies.

This can be also understood in the context of psychoimmunological parameters and modulators in our brain function the subject of which is now being given lots of importance in understanding the larger picture of the disease progression in today's scientific research findings. We need to know that individual spiritual aura with its positive energy spreads to its family members, its neighbors, society and whole of the communities. Needless to say, that such communities with strong pervasive spiritual energies have less sufferings, fear, suicide cases, and very thin chances of epidemic of such proportions.

With all these challenges, infections and death knocking everywhere, it is quite understandable that we need to cope up with the rising anxiety, depression and aggression. The subject of fear and terror in the minds of innocent people against the epidemics were given adequate references in the text. The most assuring way to counter such fear is to look at the brighter side of whole picture; build up one's self confidence with regular spiritual practice, engage in good deeds and charitable activities, being helpful and of service to others, enjoying every minute of your space and life with joy and meritorious activities.

2. Diet and Lifestyle

Q16: Is there specific diet and lifestyle that you suggest?

Diet and lifestyle too were given equal importance during the course of the treatment regimen. The texts clearly mention that any white hued foods such as dairy products and white sugar should be avoided. Other important restrictions include sweet foods, cold and preserved food, very oily and fatty foods. Curds (yoghurt) should

not be used during the initial and active phase of infection. During the concluding phase of infection, warm milken broth and rich nutritious food can be served.

Nutritious foods recommended as part of the patient's diet include nourishing foods such as sweetened milk-rice broth, Tsampa-butter paste, Tsampa-cheese soup, crushed bone soup, oats porridge with muesli dried fruits, mixed vegetables with garlic and black peppers, etc.

Note: It was clearly mentioned in the text that attending doctors and nurses should be well-nourished; mentally strong and should be equipped with all preventive aspects (PPE in our current COVID-19 climate). The texts strictly forbid attending to patients on an empty stomach and with an anxious state of mind.

Q17: Do you see a possibility of an integrative approach to the management of such afflictions especially with the modern medicine? Is there any documented experience in this regard?

Scientific mainstream should take cognizance of the fact that the centuries old Tibetan medical text speaks volumes about epidemics and many other highly contagious diseases, and has devoted separate chapters on the "acute respiratory infection" among the list of many epidemic diseases. The preventive and other prophylactic measures discussed in the medical texts are worth considering for public health interest. It is noteworthy that among the preventive measures, the very idea of social distancing and self-quarantine that we are following today and so are the various complications of COVID-19 on major body organs which are scientifically reported too were explicitly described in the Tibetan medical text as shown above.

TM has been tried very successfully during the SARS outbreak in China (2003) and one of its viral-repellant black clothed pills namely "Nagpo-dGu-sByor"⁽⁷⁾ which is to be worn around the neck and sniffed while in close contact with others was highly rated by many people in Tibet and China too. This time too, it is no secret that Dr. Tung-nan-Hren, who was also a victim of SARS infection earlier, now being one of the most authoritative man in the Communist Government and whose experiential knowledge on dealing with both SARS and COVID-19 is undisputed, has spoken quite highly of both traditional Chinese Medicine and TM. He is said to have encouraged the active participation of TM in their war against COVID-19 [11]. Tibetan physicians there have already released their publication and clinical record on the safety and established efficacy of the Tibetan formulations against COVID-19.

Q18: How are you dealing with the COVID-19 situations in the Tibetan community? Is there any set-up plan and strategies for containing the infection?

The Tibetan Government in Exile in Dharamsala, Himachal Pradesh has set up their COVID-19 Special Task Committee and has official protocols for prevention, treatment, and rehabilitation of infected people. The Committee in close collaboration with Men-Tsee-Khang has formulated the first-line defense and immune boosting package consisting of 5 different medicines which was distributed free of cost to the frontline workers and people above 60 years of age. A total of 22,588 people have already received these prophylactic packages till the 1st week of December (senior citizens only). A total of 1392 Tibetan people in India, Nepal, and Bhutan have been infected, 1228 have recovered, and 35 people have been reported dead till the 2nd week of December. Almost 98% of infected people have been treated

⁷ Nag-po-dGu-sByor is one of the anti-epidemic protective formulations to be worn on the neck. This method of prevention in blocking the entry routes of the virus through nine body orifices, is very popular and commonly used in Tibetans communities.

clinically with TM and recovery was reported to be near 99.8%. These data were obtained from the office of Special Task Committee in Dharamsala.

The prophylactic measures consist of the following formulations;

1. *Trulthang and Nor-bDun-Thang*: Herbal decoction given as a first-line preventive and control measure against COVID-19 and any other flu symptoms.
2. *Dadue and Drubthob-Ril-kar*: Recommended as immunity-boosting pills.
3. *Rinchen Drangjor Rilnag Chenmo, and Rinchen Mangjor Chenmo*: An elixir of life, which is recommended as both a preventive and curative measure. They are given on a weekly basis.

Though we have not carried out any clinical research trials on these prophylactic medications, they have a long history of proven efficacy and safety records. They are very cost-effective, life-saving, and highly dependable in terms of their safety and efficacy. These prophylactic measures are made available in every Tibetan Community in India, Nepal, and Bhutan.

Central Council of Sowa Rigpa in Dharamsala has established their adhoc COVID-19 research Task Committee members who have been entrusted with the following tasks:

1. Formulate the prophylactic measures and treatment portfolio and bring out the uniform guidelines to be practiced by Sowa Rigpa practitioners.
2. To bring out the observational study on the efficacy of prophylactic measures and the clinical efficacy of the treatments given.
3. Collection of the data, sacred Buddhist scriptural expositions on the epidemics, research articles on SARS and COVID-19 from China and Tibet, scientific studies, and research papers on COVID-19.

Men-Tsee-Khang has also set up their special unit named “MEET” (Men-Tsee-Khang Epidemic Emergency Team) with voluntary medics ready to be put into service wherever and whenever the official request comes. They are the people who directly handle the COVID-19 cases and all their medications are given free of cost to all the sections of the people treated by the team.

Q19: What do you feel of using untested medicine from modern medicine?

Honestly, I am bit skeptical about the total efficacy of these modern cocktail type of treatments with HCQ and others, including the popular drug called Remdesivir. It is like aiming and trying to hit a target which is not being established clearly. Same goes with the vaccine too. I am afraid that any hasty and unconfirmed use of vaccination may prove disastrous for our future generations. It is pretty clear from the statistics that we have before us that, no doubt the virus is spreading like a wild fire, but the fatality rate is very low and we find good many people recovering very fast even without any conventional fixed treatment. On top of this, employing the tried and time-tested traditional medical formulations with proper treatment guidance, many more can recover and many precious lives could be saved.

Q20: Do you have any other comments?

I would like to conclude with a statement that all the above information that I have shared is based on the instructions given in the selective medical texts. The authors of these sacred medical

texts were not only physicians par-excellence, but highly enlightened souls who, with their profound inner wisdom, could see all the phenomena of our life, suffering, and diseases clearly like the lines on the palm of their hand. All their sacred knowledge and healing methods have been propounded and transmitted in a very strict manner with a pledge to serve all suffering sentient beings during the hours of need. Hence, if given a due chance, we are fully committed and confident of serving COVID-19 patients in all formats except the critical conditions. We have a good number of qualified Tibetan physicians in India and abroad (US, Canada and Europe) who are quite capable of participating actively in our common war against this pandemic, which is threatening to devastate the lives of millions of people across the world. Therefore, without further delay, we really need to look at this pandemic with a more holistic approach taking into confidence the invaluable contributions from the time-tested traditional systems of medicine rather than relying heavily on scientific evidence alone, thus ending up losing more precious lives. We have got to be more pragmatic, scientific, and humanistic at the same time.

I am convinced beyond all doubt that our world body has not fully understood the purpose, nature and grimness of such type of epidemics or pandemics. It is high time that the world body seriously looks into the profound wisdom and healing knowledge of our rich traditional medical systems and starts accepting its valuable health services and contributions without wasting further time.

-----Sarvamangalam-----

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References

- [1] rGyud-bzhi (The Four Great Tantra) of Yuthog G: 4th Tantra, Chapter 26, Verse 171-175.
- [2] Man-nag-Lhan-thabs (Supplementary Sacred Medical Transmission) of Desi SG: Chapter 30 -47, Rin-gTer-sMan-yig gChes-bTus (Compendium on man-made epidemics and highly contagious diseases) of Kongtrul Y.G: Chapter 4-5, Page 238-240, gChes-bTus-Rinchen-Phren-ba (Compendium on aetiology and treatment of diseases) of Dilmar T.P: Chapter 25,26; Page 202-205, Man-nag-Je-ba-rin-sel (Compendium on Disease, aetiology and treatment) of Zurkhar N.D Chapter 10:221–227.
- [3] WHO Coronavirus Disease (COVID-19) Dashboard, 01/01/21.
- [4] Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, Zhang L. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020;395:497–506.
- [5] Naz S, Hanif M, Haider MA, Ali MJ, Ahmed MU, Saleem S. Meningitis as an Initial Presentation of COVID-19: A Case Report 8; 2020. p. 474.

- [6] Oudit GY, Kassiri Z, Jiang C, Liu PP, Poutanen SM, Penninger JM, Butany J. SARS-coronavirus modulation of myocardial ACE2 expression and inflammation in patients with SARS 39; 2009. p. 618–25.
- [7] Zhang J-Z. *World J Gastroenterol* 9; 2003 Jun 15. p. 1135–8.
- [8] Dong Z-Y, Xiang B-J, Jiang M, Sun M-J, Dai C. The Prevalence of Gastrointestinal Symptoms, Abnormal Liver Function, Digestive System Disease and Liver Disease in COVID-19 Infection: A Systematic Review and Meta-Analysis 55; 2021. p. 67.
- [9] Kidney failure often a COVID-19 complication: Robert Preidt. May 11, 2020 (Health Day News).
- [10] Apisarnthanarak A, Siripraparat C, Apisarnthanarak P, Ullman M, Saengaram P, Leeprechanon N, Weber DJ. Patients' anxiety, fear, and panic related to coronavirus disease 2019 (COVID-19) and confidence in hospital infection control policy in outpatient departments: A survey from four Thai hospitals 7; 2020. p. 1–2.
- [11] *Global Times*. China, source: vinhua.net.