

# CHAPTER 14

## TIBETAN MEDICINE

Vladimir Badmaev

### BACKGROUND

#### *Definition and Description*

Tibetan medicine is rooted in several ancient traditions. Its first written document is approximately 1,300 years old (1, 2). The consensus among Tibetologists is that this medical system developed under the influence of Buddhist philosophy and Ayurvedic medicine, which were brought to Tibet from India (3, 4 and 5). Tibetan medicine was also molded by Western (6) (i.e., Greek) and Chinese influences (5). According to some accounts, Tibetan medicine originated in the pre-Buddhist religion Bon (also known as Bonpo), a unique tradition of Tibetan origin (7, 8). Tibetan medicine is also practiced in Mongolia (5, 9), the Buryat Republic of Russia, St. Petersburg (5, 10, 11, 12 and 13), Northern India (3, 4, 7, 8), various European countries (10, 14), and the United States (15, 16 and 17).

#### *History*

The origins of Tibetan medicine, based on accounts of the Bonpo tradition, can be traced to the teacher sTon-pa gShen-rab, who lived approximately 500 years before Buddha Shakyamuni (7, 8). The first king of Tibet, Nya-khri bTsan-po, who ruled around 150 BC, had a prominent physician, Dung-gi Thor-cog, who most likely practiced an indigenous Tibetan medical art. The Bonpo traditions have been misunderstood and undervalued, particularly after Tibetan culture was influenced by Buddhism in the seventh and eighth centuries AD.

### KEY FIGURES AND LITERATURE

The historical period of the Tibetan Empire shaped the body of knowledge known as Tibetan medicine (1). The Tibetan Empire lasted from the seventh to the ninth centuries AD and extended south to the plain of the Ganges, north to Samarkanda, and included part of China. The vast and culturally varied territory of that empire effected development of Tibetan medicine, mostly because of special interest that the three consecutive rulers of that empire had in acquiring and nourishing knowledge of other cultures (1, 2).

The three kings who ruled the Tibetan Empire were, in chronological order, Song-tsen Gam-po, Ti-song De-tsen, and Rolpa-chon. They are regarded as the most prominent figures in Tibetan history (1, 2). In the eighth century AD, one of the three rulers, king Ti-song De-tsen, invited Padma-Sambhava, a famous Buddhist teacher, to Tibet. Since then, Buddhist philosophy has been essential in the medical education of Tibetan culture (1, 2). Symbolically, Buddha occupies an important position in the medical hierarchy of Tibet. One of his titles is Supreme Physician, and he is often thought of as the Tibetan Aesculapius. The Tibetan Empire was also highlighted by a medical convention that took place between 755 and 797 AD at Samye (5, 10). During that meeting, renowned physicians from Persia, Greece, India, China, Afghanistan, Nepal, East Turkestan, and

P.253

Kashmir translated their medical works into the Tibetan language.

The eighth and ninth centuries are also noted for the work of a physician known as the Elder gYu-thogYon-tan mGon-po, or the Excellent Protector (18). He is credited with writing a first document on Tibetan techniques of diagnosis and treatment. He and one of his descendants contributed to the final form of the *yGyud-bzhi* (pronounced Zud-shi, meaning "Four Roots"), a canon textbook in Tibetan medicine (2). The

nucleus document of the *yGyud-bzhi* was probably written in Sanskrit in the fourth century AD and was brought to Tibet from India during the active period of the Empire (19). Most likely, the translation into the Tibetan language was accomplished in the eighth century by the Buddhist scholar Vairochana, with the assistance of the Tibetan physician Zla-ba mNon-dgha (2). In the late nineteenth and early twentieth centuries, that ancient work was translated from Tibetan and Mongolian into Russian by the present author's great grand-uncles Alexander Badmaev, MD (known by his Buddhist name as Sul-Tim-Badma) and Peter Badmaev, MD (known by his Buddhist name as Zhamsaran-Badma) (20).

## EARLY TIBETAN MEDICAL EDUCATION

Historically, medical education in Tibet has been based on a highly structured system, with Buddhist monasteries functioning as medical schools (2). The first medical college in Tibet, Kong-po-menlung, was built in the eighth century at Lhasa. Among medical schools established since then, the best known are the Chagpori Medical College, built in the seventeenth century, and Mentsi Khang, built in 1915. Since 1959, the Tibetan Medical Institute at Dharamsala, India, has been the center that upholds both the medical tradition and the Tibetan culture under the guidance of His Holiness Dalai Lama (5, 9).

Partly because of the vast cultural influence of the Tibetan empire, Tibetan medicine has also been practiced in Mongolia (5, 9, 10). According to some accounts, Tibetan medicine was particularly welcomed in that country because of a Tibetan physician named Sakaja (first half of the thirteenth century) who cured Godon, the ruler of that country, of a form of paralysis (9). In recognition of the Tibetan and Buddhist contributions to their medical knowledge, the Mongolian people awarded the ruling priest-prince of Tibet in 1547 the Mongolian title of Dalai-Lama, meaning Ocean Priest (5). In the twentieth century, Tibetan medicine was brought from Mongolia to the Asiatic part of Russia, and the principles of both that medicine and Buddhism have flourished in the Buryat Russian Republic, where it has been taught in the Aga monastery, which is in the vicinity of Lake Baikal (5, 10, 12 and 13).

## TIBETAN TRADITIONS AND LINEAGES

Although all Tibetan medicine teachings have central texts and core concepts, the actual practice of Tibetan medicine has developed variations from different lineages or traditions. These lineages usually follow the special practices of one teacher or family tradition. In addition, these lineages will take on certain characteristics of the local medicine traditions where they are practiced. It would be beyond the scope of this chapter to describe all these lineages and their practices. The author is trained in one of these traditions that came to the West via Russia and was taught by his ancestor, Buryat physician Dr. Sul-Tim-Badma, who settled in St. Petersburg in the late 1800s and changed his name to Dr. Alexander Badmaev (11, 12 and 13, 22, 23). Descendants of Alexander and his brother Peter continue to practice in St. Petersburg (22, 23 and 24). The examples of specific herbal treatments described in this chapter come out of this lineage and are not used by all Tibetan physicians. They do, however, serve to illustrate basic principles of Tibetan plant use and similar formulae are used in Tibetan practices around the world.

Unlike Chinese and Ayurveda medicine, Tibetan medicine has only recently come to the attention of the West. Probably the greatest pioneer of Tibetan medicine for the West was Alexander Csoma de Koros, called the Hungarian "hero of learning," who spent years in seclusion in Tibetan monasteries studying Tibetan medical treatises and translating them for the West (21).

P.254

The Badmaev family also brought Tibetan medical practices to the West. After Alexander and Peter Badmaev, Valdimir N. Badmaev, MD, Sr. (Buryat name Jamayan Badma) established a Tibetan pharmacy and practice in Warsaw in the 1930s. Later, his son (Peter Badmaev, MD, Jr.) and Mr. Karl Lutz helped to establish the commercial manufacture and clinical testing of herbal and mineral treatments based on the Badmaev tradition (14). In 1985, the present author established the Laboratory of Applied Pharmacology in New York to carry on the development and testing of these formulae for the Western market (17). The PADMA company in Switzerland is another company that has developed and tested Tibetan formulae for

Western use.

More recently, and under the guidance of His Holiness the Dalai Lama, other Tibetan traditions have been introduced to the West. Tibetan physicians trained at the Tibetan Medical Institute in Dharamsala and elsewhere have come to the West to give demonstrations and open practices in conjunction with conventional Western clinics. In addition, organizations like the Dharma Hinduja Indic Research Center at Columbia University; Pro-Cultura, Inc.; the Alternative Medicine Foundation, Inc., and the Smithsonian Institute have stimulated increased understanding and exchange of information on Tibetan medicine traditions and lineages in the West. In recent years, a number of institutes for the practice of Tibetan medicine have opened in Western countries.

## PRINCIPAL CONCEPTS

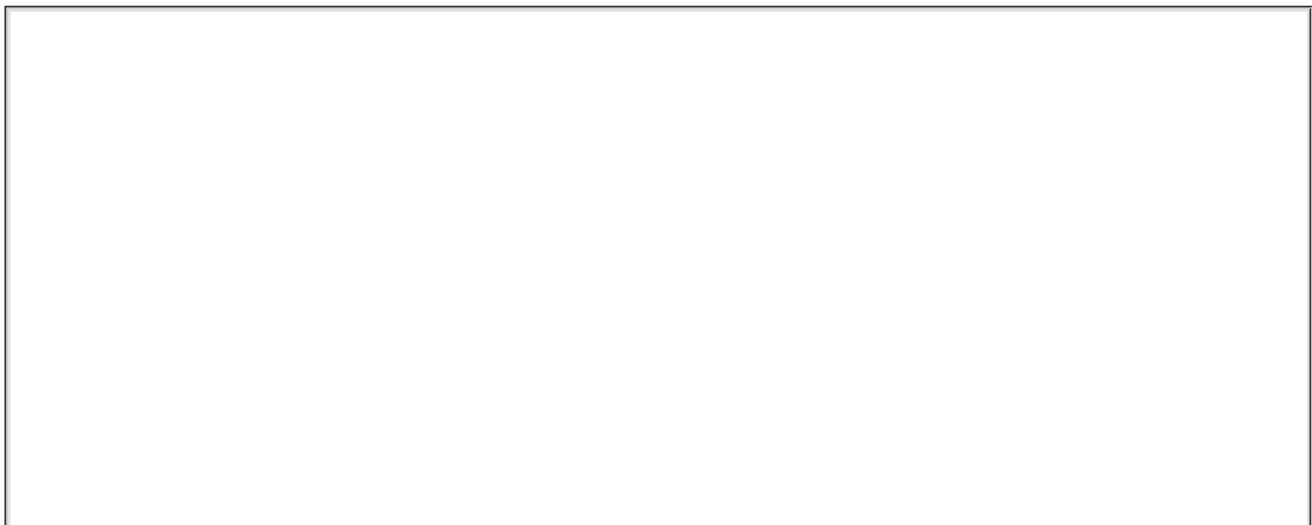
The three elements, or the *triadic theory*, is the distinguishing medical theory in Tibetan medicine. This theory is a Tibetan doctor's basis for the determination of psychosomatic types of humans, as well as for the prevention, diagnosis, and treatment of a disease.

The triadic theory evolved from the philosophical perception that every form of existence depends on other factors and requires the three essential elements: *Chi* (different meaning than the Chinese *chi*), *Schara*, and *Badahan* (25). At the level of the macrocosm (the universe), *Chi* can be illustrated by the element of space. *Schara* is the element of energy, and *Badahan* is the material element. According to the triadic theory, these elements can exist by depending on each other; according to Tibetan theory, in reality there cannot be an absolute space without the elements of energy and the matter contained therein. Subsequently, it is the dominance of either *Chi*, *Schara*, or *Badahan* that determines the nature of a perceived phenomenon or form of existence.

P.255

The interdependence of the three elements and the dynamic balance among them are manifested by the transition of one quality into the other—analogous to the known paradigm in physics where energy (equal to *Schara*), matter (equal to *Badahan*), and light (medium of transition in space equal to *Chi*) are interdependent and interchangeable. As part of the macrocosm, earthly life is permeated by the infinite number of examples of the three elements at work.

The human is seen as one of the expressions of *Chi*, *Schara*, and *Badahan* elements, and as such it incorporates all forms and processes of the universal existence (Fig. 14.1) (26). The concept of 10 essential elements points to the links among the anatomical forms, physiological and psychological function in humans, and any conceivable elements of the larger Universe, including animate and inanimate matter as well as psychic existence. Subsequently, the *Chi*, *Schara*, and *Badahan* elements in the human are approximated to the universal forms of those elements.



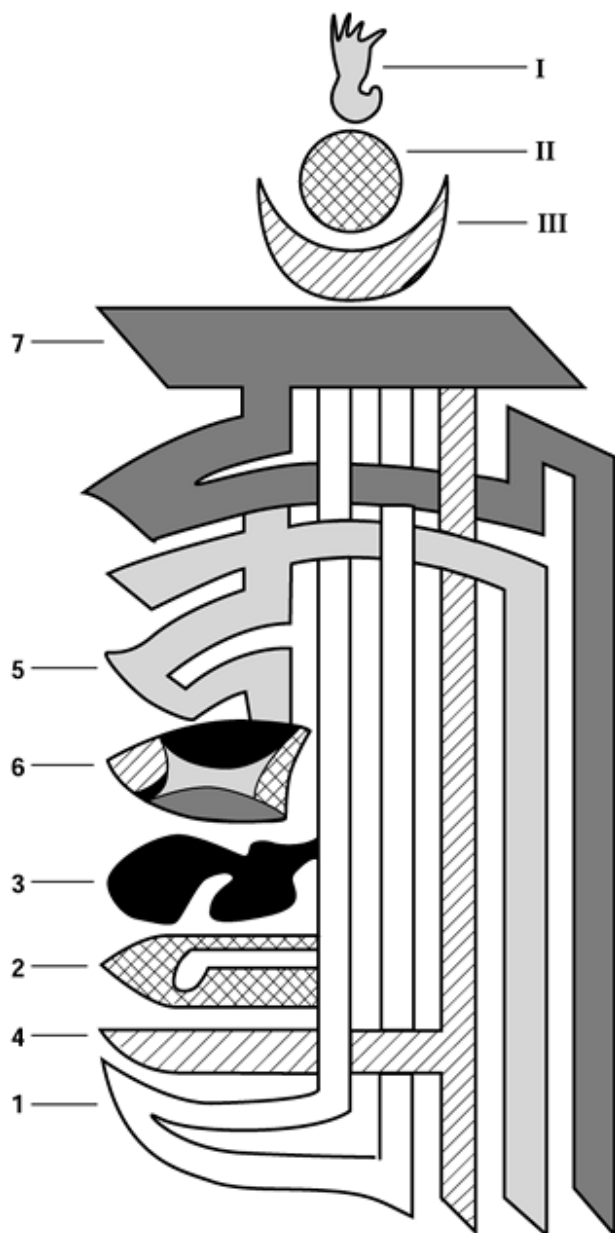


FIGURE 14.1. The ten essential elements of humans (all forms and processes of universal existence): I, awareness; II, willpower; III, compassion; 1, element of structure and temperature; 2, element of gaseous, aqueous, and solid substances; 3, element of plants; 4, element of gender; 5, element of animals; 6, element of man; 7, element of mind.

For example, the space (*Chi*) is perceived as a supportive element in the Universe to facilitate transition of energy (*Schara*) to matter (*Badahan*) and matter to energy. At the level of the human body, a form of Universe in miniature, the *Chi* element can be exemplified by the skeleton, which supports body tissues, organs, and systems, and facilitates the physiological functions. In principle, the *Chi* element represents the tissues, organs, systems, and physiological functions that provide the body with structure and integrity (e.g., cell membranes, connective tissue, skeleton, skin); basic support of life by introducing and carrying nutrients to the mind and body (i.e., sensory stimuli as nutrients), oxygen supply as nutrient, and the food-derived nutrients (e.g., receptacles of sensory nerves, receptors of autonomic nervous system, nasopharynx, bronchial tree, upper digestive tract); and basic support of life through elimination of metabolic waste from the body (e.g., large intestine, urinary tract, excretory functions). Element *Chi*

therefore *initiates* and makes possible the process of life.

In the universe, *Schara* represents the element of energy. In humans, *Schara* is associated with the digestive processes (applicable to the three categories of nutrients mentioned) and the distribution of the absorbed nutrients. Therefore, *Schara* is primarily located in the relevant tissues, organs, and systems, and is expressed by corresponding physiological functions (e.g., muscles, upper gastrointestinal tract, liver, pancreas, energy channels [subtle body], nervous and cardiovascular systems).

The matter, or the element, of *Badahan* is understood in the triadic theory as an outcome of interaction between *Chi* and *Schara*—an element of energy being realized within the space. Thus, *Badahan* is listed as a third essential element, after the space (*Chi*) and energy (*Schara*), which in a way secures and justifies the existence of space and energy. Consequently, the *Badahan* element is represented by the tissues, organs, systems, and physiological functions that secure and protect the functioning of the other two elements in the body. In this capacity, the *Badahan* element dominates and regulates the nutrients' absorption and processing (e.g., converting sensory perception into intellectual process, such as hearing verbal commands and coordinating the reaction and response to them), diffusion of oxygen and its use by the tissues, and absorption and integration (bioavailability) of absorbed food nutrients within the tissues. *Badahan* element predominates, for example, in the adipose tissue, the upper gastrointestinal tract (absorptive functions), the lungs, the brain, and the immune system. *Badahan* is the outcome of the process initiated by *Chi* and implemented by *Schara*.

The processes that govern state of health, transition to a disease, and determination of disease origin represent the dynamic interactions taking place among the *Chi*, *Schara*, and *Badahan* elements in the body. The balance among those elements corresponds to the state of well-functioning homeostasis and health; disruption of these elements corresponds to the disease condition. It should be noted that it is not the absence of any physical ailment that defines health solely. For example, a physically healthy person may be unfulfilled spiritually and emotionally. Therefore, it is the spiritual, mental, and physical (balance) well-being along with the absence of the physical ailment that characterize optimal health in Tibetan practice.

## ***The Human as a Psychic Phenomenon***

### **THE EMPIRIC SOUL**

Knowledge of human psychology dominates the theory and practice of Tibetan medicine and stresses a practical approach to the human psyche, which is comparable with the approach that a physician takes in examining the physical body. The *empiric soul*, which is distinct from the nonmaterial and clinically inaccessible absolute soul, is a key to understanding the structure and clinical relevance of the human psyche in Tibetan medicine. The classic ancient text in Indian medicine by Caraka Samhita describes the concept of the empiric soul. The empiric soul is comprised of the mind, the mind's attributes (i.e., intellect, ego, memory, emotions), and the senses (i.e., sound, touch, vision, taste, smell). Although the empiric soul is an autonomous entity in relation to the absolute soul, its function depends on the absolute soul; these two entities communicate through spirituality. It is believed that a properly functioning empiric soul is conducive to spirituality.

The mind is the most important element of the empiric soul. Because it receives, records, and analyzes information from the other five sense organs, the intellect, the ego, and so forth, the mind is regarded as a separate sixth sense. The mind has the ability to process the information provided, which leads to understanding.

Emotions such as happiness, sorrow, misery, love, and one particularly important emotional state—compassion—originate in the mind. Memory also originates in the mind. The senses provide critical information about the outside world; they are a source of external information for the functioning of the

mind. The five senses and their attributes are traditionally listed in a specific order—sound, touch, vision, taste, and smell—based on the increasing quantity of attributes that are believed to be inherent to a particular sense.

The intellect and ego are considered inseparable in Tibetan understanding. Intellect is the executive branch of the empiric soul, which implements the understanding provided by the mind. At the same time, it also reports the implementation and results of the understanding by continuing feedback to the mind.

Ego is perceived as being derived from the intellect. Ego is seen as a result of the ongoing self-evaluation and validation process that is a direct outcome of the feedback provided by the intellectual process. Ego may indeed frequently play a negative role in human psychology. For example, when there is too much preoccupation with the personal image, then there is, paradoxically, little energy left for self-improvement, which is exactly what is needed to become perceived by others in a better light.

## ***Maintaining Health and Disease Prevention: General Rules***

Maintaining health, disease prevention, or both are, according to Tibetan medicine, primarily the individual's responsibility. The important aspects of that responsibility involve proper nutrition, good lifestyle habits, proper adjustment to the seasons of the year, and self-awareness of one's physical and psychological predisposition. To fulfill these four conditions, besides devoting time and effort to the task, a person has to be at peace with oneself and understand one's place within the family, community, society, and universe. Being at peace with the self is understood in triadic philosophy as the state of objectivity or adequacy in a given reality. This state is often referred to and measured by Tibetan practitioners as a feeling of *compassion*. It should be noted, however, that although compassion is commonly understood to be an emotional feeling, it is used here to mean *feeling emotionless*, which should *not* be confused with the state of emotional exhaustion. And compassion should also not be mistaken for the feeling of being “in love.” Objectivity or compassion can also be defined as the state of mind devoid of ignorance, attachment, anger, jealousy, and pride. The embodiment of this state conducive to health is known in Tibetan medicine as the high levels of “living warmth,” or vitality.

## **WISDOM**

In traditional Tibetan understanding, the state of objectivity in the universe is achieved by certain laws of nature. To comprehend, learn, and follow these laws are separate tasks for every living creature. The animal upholds these laws by instinct. Humans, however, have been provided

P.257

with a far greater skill than the animal, and that skill originates with a special kind of wisdom. This wisdom is derived from an individual's faith in God. Tibetan medicine stresses the vital need for each of us to seek out and cultivate our relationship with God to strengthen our faith in the divine authority of God.

Failure to obtain this wisdom disconnects a person from reality, compromises the overall well-being, and may initiate the transition from optimal health to an overt disease. This failure is not simply a lack of intelligence, but a lack of faith in life and the creative approach to life, which, as just explained, is equated to lack of faith in the divine authority of God.

## **SPIRITUALITY**

This health-sustaining wisdom can actually be cultivated by our spirituality, or harmonious communication between the empiric and absolute souls, as exercised by awareness, willpower, and compassion; these are three important functions of the mind and the intellectual process that correspond to the *Chi*, *Schara*, and *Badahan* elements, respectively. The function of awareness, willpower, and compassion in developing spirituality can be described as follows: *awareness*, or the inspiring force of *Chi*, provides a direction or framework for the individual's actions yet to be fulfilled; the fulfilling act of *willpower* then follows due to the energy of *Schara*. As a result of this interaction between *Chi* and *Schara*, a person can accomplish the

state of objectivity measured by the feelings of *compassion*. The state of objectivity or compassion embodies *Badahan*, which facilitates the healthy functioning of *Chi* and *Schara* by making them “worthwhile.” Conversely, if awareness and willpower have not been used properly in the first place (e.g., the wrong action for the wrong reason, or the right action for the wrong reason, such as self-pleasing or merely pleasing others), then the effort has not been made “worthwhile,” and the state of objectivity has not been accomplished.

Exercising spirituality is important and, if left unfulfilled, can make an individual vulnerable to a host of health-compromising conditions and disease vectors.

## ***Maintaining Health and Disease Prevention: Nutrition and Its Adjustment to the Seasons of the Year***

According to the triadic theory, food is considered a form of the three elements—*Chi*, *Schara*, and *Badahan*—which, as such, are transformed into every aspect of the living and well-functioning organism. A singular cell, tissue, organ, or system of the body is composed of particular proportions of these three basic elements. Those proportions change due to seasonal variations of atmospheric conditions that are both responsive to and designed to meet the natural challenge of the environment. These seasonal differences in the three elements' proportions require appropriate nutrient delivery, which reflects the changing needs of the organism to maintain both short-term and long-term well-being. Balancing the dynamic processes in the body depends on timely (i.e., hourly, daily, and seasonal) delivery of the proper combination of supporting nutrients.

### **DELIVERY OF NUTRIENTS**

According to Tibetan medicine, one of the most important factors in sustaining health is timely delivery of nutrients. Lack of timely nutrition results in states leading to illness. This condition may not put people in the hospital, prevent them from working, or alienate them from family, but it can restrict their full potential, eventually exhausting their lifespan prematurely. Therefore, delivery of nutrients unsynchronized with daily and seasonal requirements amounts to poor nutrition. According to Tibetan tradition, the optimal diet is calculated partly on the basis of carbohydrate, fat, and protein content, but primarily on the taste value of the food.

### ***Taste***

The taste of food is a practical and important guide to adjust nutrition with changing seasons. Three kinds of basic, supplementary tastes are recognized:

1. Pungent-sweet.
2. Bitter-salty.
3. Sour-astringent.

These three basic tastes promote or modify specific functions done by those organs and systems in which elements of *Chi*, *Schara*, and *Badahan* predominate, respectively. The three complementary tastes moderate or modify the *Chi*, *Schara*, and *Badahan* action of the corresponding basic tastes.

Pungent taste stimulates organs and systems with a predominance of *Chi*, those of which participate in excretion of metabolites from the organism and improve alertness and awareness. Bitter taste stimulates the functions of organs and systems with a predominance of *Schara*, those of which are related to the

digestion of food and absorption of nutrients and promote willpower and self-control.

Sour taste promotes the functions of organs and systems that have a predominance of *Badahan*, that is, those organs and systems that carry nutrients into the organism (e.g., upper gastrointestinal tract, lungs [oxygen nutrient]). Sour taste promotes the storage of nutrients, which induces feelings of satiety, calmness, and tranquility.

## SEASONAL FOOD ADJUSTMENTS

Just as we have to adjust to the physical environment that we live in, proper nutrition is a logical step when we adjust to changes of weather. A monodiet throughout the year, no matter how well fitted to calorie and essential nutrient requirements, will likely result in too little or too much, too rich or too restricted, nutrition for a given season. Traditionally, the season is not determined exactly according to the calendar, but is based on the atmospheric conditions characteristic of a particular season.

### **Winter Nutrition**

In a healthy individual, when the cold weather arrives, the digestive (*Schara*, *Badahan*) and absorptive (*Badahan*, *Schara*) functions are well balanced and ready for the heavy seasonal demands of providing energy from the caloric value of food. The excretory *Chi* functions of the body are diminished to further save energy. The nutritional mission in the winter is to eat a variety of foods, with no particular food-taste admonition. Meals should be frequent and in small quantities to continuously sustain the digestive capacities and nutritional demands of the body. It is particularly important to eat regularly and not go hungry during the winter season. A disproportion between increased demand and diminished food supply may, in the short term, cause indigestion; it may also have a far-reaching detrimental effect on health and disease prevention.

### **Spring Nutrition**

Between the winter and summer solstices, the digestive functions of the gastrointestinal tract are gradually diminishing in comparison to their activity in the winter. The changing atmospheric conditions, as measured by increased solar energy, decrease the need for energy supplied by digestion and absorption. Thus, the functions of *Schara* and *Badahan* become progressively weaker and are prone to be upset by dietary errors. The spring menu is recommended to prevent an upset of *Schara* and *Badahan* functions, particularly until unstable atmospheric conditions yield to the more stable conditions of summer. The menu should be based on the rough, bitter, astringent, and pungent tastes characteristic of spring vegetables and fruits. Of all the seasons, spring is the most plausible time to eat sparingly or even fast (if needed) to provide the least burden to body homeostasis.

### **Summer Nutrition**

The peak solar energy operating during the summer puts little stress on digestion to extract energy for the body. The digestive tract exercises the option of economy: it does not work to its full potential because it does not have to. That dormant state of the gastrointestinal tract makes it nevertheless vulnerable to strong-tasting foods that may stimulate and upset the unprepared functions of *Schara*. During the summer, food should be light and cool, with a predominantly sweet taste. Bitter, pungent, and astringent foods should be avoided. Greasy, heavy, and canned food should also be avoided. By avoiding the bitter taste, functions of *Schara* will not be upset; also, salty taste will moderate an undesired stimulation of *Schara* with bitter-tasting foods.

It is preferable to quench a summer thirst

with warm tea and lemon rather than a cold drink. This is recommended to avoid upsetting thermoregulation, a *Schara*-dependent process, which is particularly vulnerable during the summer. For



example, the common cold or cold sores are often experienced during summer because of the poor response of the body's thermoregulatory mechanism to challenging conditions, such as drafts, swimming after a prolonged sunbath, ice-cold drinks, and alcoholic beverages.

### ***Autumn Nutrition***

As summer advances toward autumn, the menu gradually becomes limited. Traditionally, it is believed that energy from the sun is decreased and the digestive functions, particularly related to *Schara* and *Badahan*, undergo transition in preparation for their peak activity during the winter. Because the digestive functions are again in transition, from low to high activity, they are prone to be upset by dietary errors. The autumn menu should consist of light food with predominantly sour, salty, astringent, and sweet tastes (in that order). The main purpose of the autumn diet is to avoid strong, stimulating tastes and heavy food while a gradual increase in overall gastrointestinal performance is accomplished.

Meals should be frequent and small to keep digestive functions moderately busy, but not overwhelmed. Although meals should always be enjoyed, it is particularly important to have a specially designated time and place for daily meals during the autumn.

## **TRADITIONAL BOTANIC FORMULAE**

Not only has the Tibetan medical tradition recognized the importance of nutrition in maintaining health, but, more importantly, it has recognized the *fallibility* of humans to maintain a proper nutritional regimen. Therefore, the Tibetan medical art is particularly abundant in the use of herbs and minerals as well as compound formulae used to assist the digestive process, particularly the process disrupted by nutritional errors. Although seasonal adjustment of the menu is the first step in nutritional intervention, the traditional botanic formulae have often been used to assist nutritional intervention.

### ***Mental and Emotional Digestion***

In Tibetan medicine, central nervous system functioning is often likened to the functioning of the digestive tract, which transforms food into the elemental nutrients that can sustain metabolism and life. Therefore, reference to the "mental and emotional digestion" of an individual is made. The "food" for the empiric soul is the complex source of sensory stimuli and information that is transformed into the mental energy that makes life possible. The concept of mental and emotional digestion is a clinically useful way to approach some of the most difficult aspects of human life and existence (i.e., psychological phenomena in health and disease).

Attaining harmonious mental digestion depends on an individual's day-to-day life. An important aspect of the digestive process is recognition and knowledge of what constitutes proper nutrition and digestion. A healthy empiric soul has all the necessary potential to recognize the importance of proper mental and emotional digestion and is fully equipped to seek the solution that realizes an individual's mental and emotional well-being. No one is born with the solution, and seeking it is a task for each individual. This continuous search is gradually rewarded by peace of mind. Peace of mind is traditionally defined as the state of joyful *but* purposeful existence and should not be mistaken for the feeling of an unconditional serenity.

Recognizing the importance of seeking true peace of mind has a cost: suffering and fear. A person can then understand that whatever causes the misery, and the misery itself, is totally foreign to and runs against the individual's deepest nature. This understanding is linked to the faculties of mind and memory. A person cannot truly be healthy without a sense of identity, which memory provides. Memory pervades all that we do, who we are, our personalities, and how we interact with other people; it literally creates our internal and external worlds.

## Mind and Memory

Understanding mind and memory is indispensable for understanding the process that causes

P.260

suffering and fear; it is also indispensable for finding practical solutions and peace of mind. Memory impairment leads an individual towards hurtful circumstances as well as those that cause ill effects and a never-ending sequence of self-inflicted suffering and fear. An individual will continue to revisit the *hurtful* past for as long as he or she is ignorant of his or her innermost nature and/or does not remember and understand that certain actions and situations cause emotional, mental, and physical harm. Examples of these attitudes and actions are covered in Table 14.1.

ATTITUDE OR ACTION	EXAMPLES
Engaging in risky behaviors	Sexual promiscuity, substance abuse
Forcible suppression of natural urges and needs	Need for emotional expression
Fear	Fear of success or failure
Untimely action and reaction	Outbursts of anger, impatience, bewilderment; rushing through life
Complacency	Not standing up to challenges; vanity, greed
Disrespect	Showing disrespect and envy for someone's accomplishment
Unfit friendships	Friendship with a person who is unable or unwilling to relate emotionally, or who dominates or is dominated
Avoidance of healthy activities	Avoiding healthy physical activity or relaxation (or inability to relax); workaholism
Negligence of treatment	Avoiding a visit to a doctor for fear of "bad news"

**Table 14.1. Attitudes and actions that cause Emotional, Mental, and Physical Harm**

Proper memory functioning, therefore, can be viewed as a necessary element to maintain or restore mental and emotional digestion, which results in peace of mind.

Another important consideration of mental and emotional digestion is the perception of ego. Ego is often viewed as a culprit that causes misery. A selfish ego is blamed for unhappiness, for the inability to draw mental strength from intellect and patience, and for failing to take a proper "history" lesson from memory. In Western culture, a healthy, integrated, and rationally functioning personality is strengthened by the loss of what Tibetan medicine calls the selfish ego, which is characterized by infantile craving, attachment, and anxiety. Ego should be limited to a useful, not a disturbed, function. The French philosopher and mathematician René Descartes said, "*Cogito ergo sum*"—"I think, therefore I am." This statement may be an appropriate definition of a useful function of ego: awareness of existence, but only awareness. According to Tibetan medicine, care for an individual's deep nature—not his or her image—should be the priority.

Realization of the inevitability of decay and death as well as the ephemeral nature of life (e.g., relationships, interests, professional and personal positions and possessions) provides additional understanding of misery and self-inflicted fear; why fear something that is unavoidable in the course of life?

As mentioned, attaining harmonious mental and emotional digestion is a continuous process that, according to Tibetan medicine, depends primarily on an individual effort. Having had a glimpse of true peace of mind allows a person to more peacefully reconcile with the common experience of the occasional

“mental and emotional” indigestion. This measure is the Tibetan way to attain first-hand knowledge of good mental and emotional nutrition, digestion, and health.

## **PATIENCE**

According to traditional Tibetan understanding, patience is the most important factor in sustaining peace of mind. Patience alone pacifies ego and sustains a harmonious intellectual process. Patience in this context is understood primarily not as a “patient waiting,” but as an acquired ability to contain emotions and desires

P.261

in favor of mental and emotional discipline. Patience is praised in Western culture as a great virtue, but it is not fully recognized that patience can be used therapeutically. In Tibetan medical tradition, the true peace of mind is equated with unquestioning recognition of the divine authority of God. Also, the true peace of mind signifies a special kind of wisdom that is a guide to a total and sustained health.

## **PRACTITIONER–PATIENT INTERACTION**

### ***Diagnosis of Health, the Transition to Disease, and Disease***

According to Tibetan tradition, the first visit to a doctor should be scheduled in the morning, when the patient is well rested and fasting. Obtaining relevant information includes noting the patient's appearance (e.g., psychosomatic, or triadic, type; facial expression; expression of eyes); obtaining information on the patient's complaints (e.g., eating habits, behavior, mental state, sexual activity, personal and social life); and physical examination and additional tests (e.g., pulse reading, evaluation of patient's urine).

## **DETERMINATION OF THE PSYCHOSOMATIC TYPE**

Determining a person's triadic type is an important step toward the diagnosis and self-diagnosis of individual health. In Tibetan medicine, the three basic psychosomatic types are *Chi*, *Schara*, and *Badahan*.

### ***Chi***

A person of *Chi* type has the following somatic characteristics: a tall, lean physique; poor muscle tone; long, thin neck; narrow chest; long extremities with small, thin hands and feet, and relatively long fingers and toes; thin, dry nails; and dry skin, with prominent veins and dull complexion. The head, covered with scanty and soft hair, is small and elongated with a narrow forehead, thin eyebrows, and small eyelashes. The eyes are small, unfocused, and usually blue. The nose is small, thin, sharp, and crooked; the ears are projecting; the shoulders are narrow and dropping; and the abdomen is small and flat.

On the mental and emotional level, a *Chi* type may be anxious, with nervous behavior (similar to the stereotype of an artist's personality). The *Chi* person has an everchanging, chimerical, and adaptable mind in search of new ideas. New ideas come easily to the *Chi* type, but often are not followed through, mostly because of lack of perseverance and courage to implement. The *Chi* type is intelligent but impractical, and creates a mental picture of an ideal world. These individuals do not have good paternal or maternal instincts and are often troubled by parental duties.

The sexual life of a *Chi* type is characterized by strong desire but low energy and multiple partners. The favorite foods are sweet, hot, and light in nature.

A *Chi* type is very susceptible to disease, but at the same time shows good resistance and adaptability to disease. These individuals are prone to nervous disorders (e.g., psychoneurosis, schizophrenia, insomnia) and neurological disorders (e.g., epilepsy, neurodegenerative disorders, neuralgia, herpes zoster, optic neuritis, and neurological conditions affecting urogenital and rectal regions). This psychosomatic type often suffers from rheumatoid arthritis and osteoarthritis. *Chi*-type disorders tend to break out or be

aggravated in the fall and winter, and they tend to afflict the elderly.

## **Schara**

A person of the *Schara* type is characterized by a well-proportioned physique; medium height; strong muscles; strong, medium-size neck; well-developed chest; strong arms and legs; medium-size hands and feet; medium-size soft, square pink nails; and skin with a pink complexion that is often covered with moles, freckles, or acne. The head is short and covered with moderate, early graying and balding hair; the forehead is wide and has folds. The eyebrows and eyelashes are fine; the eyes are medium-size, often congested (bloodshot), and attentive; the nose is medium-size; and the ears are proportionate and well-formed. The shoulders are medium-size and straight, and the abdomen is small and muscular.

P.262

The psychological features of *Schara* are similar to the stereotype of a strong-willed political or corporate leader. The *Schara* type has an intelligent, penetrating, and critical mind. This person implements well-defined ideas with bold, reckless determination. The *Schara* type can be ruthless, caring more about ideas than about people.

The sexual life of this type is passionate and dominating. As a parent, *Schara* represents a demanding, unsentimental, authoritarian individual. The *Schara* type is fond of sweet and bitter foods (which also can be described as dense and cool foods).

The *Schara* type has low resistance to disease but good endurance against psychological and physical suffering. A *Schara* type is prone to infectious diseases, venereal diseases, and resulting infectious psychoses. The *Schara* type is also prone to neoplastic diseases. *Schara* types often complain of digestive disorders manifested by hyperacidity, gastrointestinal ulcers, infectious diseases of the liver, and diseases of the pancreas. Allergic and infectious skin disorders, rashes, and boils often afflict persons with the *Schara* constitution. These *Schara* conditions tend to flare up in late spring and summer and are more likely to affect young and middle-aged adults.

## **Badahan**

A person of the *Badahan* type is characterized by a heavy physique that tends to be overweight; a short, beefy neck; a broad, overdeveloped chest; inappropriately short extremities compared with the trunk; large hands and feet; large, thick, white nails; pale, thick, moist, and smooth skin. The person's head is large and oval and covered with abundant, thick, lustrous hair. The forehead is large, with thick and bushy eyebrows; the eyelashes are large and firm; and the eyes are wide, prominent, and expressive. The nose is thick, big, and firm; the ears and earlobes are large. The shoulders are broad and firm, and the abdomen is large.

The *Badahan* type is similar to the stereotype of a caring figure of the community: he or she provides a sense of stability, love, and compassion, but not necessarily leadership. This type of person has a pleasant personality, is a good listener, but is slow to react, is not talkative, and is not imaginative. The sexual life of *Badahan* is characterized by good sexual energy and devotion to one partner. *Badahan* values comfort and peaceful surroundings of the home. *Badahan*-type males are family-oriented men; *Badahan*-type females are good wives and mothers, with strong maternal instincts. *Badahan* types are particularly fond of foods with sour and strong flavors.

*Badahan* types have high resistance to disease. However, once this resistance is broken, the person shows low endurance. These people are prone to states of emotional deprivation and abnormal metabolism, which results in metabolic intoxications (e.g., diabetes, cardiovascular disease, tumors, skin diseases, asthma, bronchitis, and emphysema). They also tend to have decreased acuity of taste and smell. *Badahan* disorders are aggravated in late winter and early spring; children and young people (up to 16 years of age) are more prone to the disorders of *Badahan* than are other age groups.

It should be noted that the clear-cut *Chi*, *Schara*, and *Badahan* types are rarely, if ever, encountered in practice. Usually a person has a combination of the three factors, with the predominance of one or two types. Often there may be no match-up between the physical and psychological characteristics described for the particular psychosomatic type. For example, a *Badahan* steadfast mind may not necessarily be in the *Badahan* body frame, but can be present in either the lean *Chi* physique or well-built *Schara* types.

## APPEARANCE OF THE PATIENT

A patient's general appearance, which is affected by thoughts, desires, actions, and overall physical and mental condition, can provide an important clue for the examining physician. A person who has *Chi* disorder has worried, fearful, and examining eyes in the absence of a direct reason for this display of emotions. In *Chi* disorders, a carefully interviewed patient may report premonitions, sentimentalism, telepathy, and telekinesis. A person who has *Schara* disorder appears aggressive and tense, which may be

P.263

underscored by blood-shot eyes; this appearance often brings to mind a "human machine." Upon careful interview, a picture emerges of an arrogant, contemptuous mind, with constant scheming and plotting activities, as well as workaholic and perfectionist behaviors. A person who has *Badahan* disorder appears with hollow eyes and an emotionless facial expression. The appearance often brings to mind a "mask face." The careful interview may reveal a wandering, blunt mind and feelings of persecution, prejudice, self-pity, greediness, and lack of general direction and purpose in life. These examples provide *extreme* facial and bodily expressions, which in clinical practice can be less easily distinguishable.

## PRESENTING TRIADIC DISORDERS

In *Chi* disorders, the patient usually complains of feeling tired, uneasy, and giddy, and of experiencing aches and pain, shivering, and stiffness. The patient may appear hyperactive, with disorganized speech and poorly coordinated body movements. The patient may have an acidlike, rancid body odor, and the breath may be unnatural, sharp, and rusty smelling. In *Chi* disorders, the patient's tongue tends to turn red or dark brown, have irregular cracks, and be rough; the mouth may feel dry and taste bitter. The pulse feels hollow and spurts up and down.

In *Schara* disorders, the patient may report feelings of warmth, excessive sweating, thirst, frequent urination, purging, and nausea. The patient's body language exhibits impatience, and the speech is rushed, with an angry and arrogant-sounding tone. The body odor may be strong and pungent, and the breath may have a putrid smell (as in liver disorder, hyperacidity, or tooth decay), or it may smell like stomach acid. The tongue is often covered with a furry yellow to yellow-green coat. The patient may report that the mouth tastes bitter-sour. The pulse feels hard and pulsates fast.

In *Badahan* disorders, patients complain of tiredness, mental depression, and desire for sleep. They often report generalized skin itching and stiffness of extremities and joints. The patient's speech may be slow and slurred, and body reactions and movements tend to be subdued. The body odor may be rancid, and the breath may impart a "bad breath" odor (e.g., as in periodontal disease or tooth decay). The patient may report that his or her breath often *acquires* the smell of the environment. The tongue is typically covered with a white coat, and taste sensation may be diminished. The pulse feels low and beats at a slow pace.

### **Pulse Reading**

Pulse reading is an important and complex diagnostic technique used by Tibetan physicians. Pulse reading provides information not only about the cardiovascular system, but also about other major systems and organs. The accuracy of the pulse readings depends on the patient, who should be well rested and on a light diet at least 1 day before examination; accuracy also depends on the physician's experience and ability to concentrate.

The pulse is read at the radial artery at each wrist (1 inch from the wrist joint), and the index, middle, and

ring fingers are used for this purpose. The varying pressures of the three fingers are applied to determine the pulse (i.e., the ring finger is applied with more pressure than the middle finger, and the middle finger is applied with more pressure than the index finger). The three examining fingers should not touch each other. For a male patient, the physician first reads the left wrist using the right hand fingers; in a female patient, the physician first reads the right wrist using the left hand fingers. Gender differences in pulse readings are due to different anatomies of the energy channels for the lungs and heart.

Each finger feels two beats, with the radial and ulnar side of the tip. An examiner will feel heart–large intestine beats on the left wrist index finger; spleen–stomach beats on the middle finger; and left kidney–genital beats on the ring finger. Also, the examiner will feel lungs–small intestine beats on the right wrist index finger; liver–gallbladder beats on the middle finger; and kidney–bladder beats on the ring finger. In the female patient, the heart readings are taken on the right wrist, and the lung readings are taken on the left wrist. Because of the close proximity of the heart and lungs, pulse readings

P.264

should not be taken on the vessels of the neck; also, pulse readings should not be taken on leg vessels because they are too far away from the vital organs.

The pulse rate is evaluated in beats per breathing cycle (i.e., inhalation and exhalation). A healthy person has 5 beats per respiratory cycle; a person with a feverish condition will have more than 5 beats; and a person with below-normal body temperature will have less than 5 beats per respiratory cycle. The pulse rate and qualitative change in the pulse beats help the physician in final diagnosis.

## EVALUATION OF THE URINE

Urine sample evaluation (i.e., odor, color, steam, bubble formation, and sedimentation) provides the physician with an important diagnostic clue. Urine evaluation, however, requires compliance and cooperation from a patient. On the evening before the examination, the patient must eat a simple diet, avoiding food rich in fats, protein, and simple carbohydrates. The patient's thirst should be quenched satisfactorily, preferably with spring water. After a good night's rest, the midstream urine passed at dawn should be collected in a clean, transparent vessel.

The urine of a healthy person should be straw-colored, form a moderate quantity of bubbles, give a typical uremic smell, and have a light vapor with moderate sediment. When the urine cools, it should have a clear appearance and whitish yellow color. The urine of those suffering from *Chi* disorder (and often elderly people) is bluish, forms big bubbles, and has a rusty smell; steam disappears quickly, and the sediment has a sprinkled appearance. Upon standing and cooling, the color of this urine remains bluish.

The urine of those affected by *Schava* disorder is dark yellow, forms few bubbles that disappear quickly, and smells like burnt butter; the steam is dense, and the sediment is plentiful. In cases of indigestion afflicting *Schava*, the urine has a food smell. Upon standing and cooling, the color of this urine remains yellow.

The urine of those suffering from *Badahan* disorder is colorless (but may be dark brown in cases of metabolic intoxication), forms small bubbles, and has a stale odor; steam disappears quickly, and the sediment is scant. Upon standing and cooling, the color of this urine becomes brown to dark brown.

## THERAPY

### *Physician as Healer*

In addition to technical knowledge, a good physician in the Tibetan tradition has to have certain qualities, including wisdom in implementing the knowledge and equal compassion for all patients. The art of healing is a result of combining those qualities. The qualities of a healer can in part be inherited but, above all, must be acquired and sustained by continuous training and contact with patients. The relationship between

physician and patient should not be casual, and the mind of a physician should operate in absolute concentration (or in a *zone*) when dealing with a particular patient. The ability for absolute concentration requires continuous training of the concentrating ability of the mind on present time. As a result of the training, a physician is able to isolate his or her mind from past and anticipated future events, and instead focus on the patient. Working in the zone translates to gaining the patient's confidence, which is of paramount importance to a physician.

In the Tibetan tradition, initial eye contact is critical in establishing the physician–patient relationship. With good eye contact, a physician can convey a message of assurance to the patient and also learn about the patient's emotional and physical condition by skillfully reading the patient's eye expressions.

A proper physician–patient relationship, leading to an open-minded and positive attitude from a patient, is important for a physician, whose role is to educate patients about the nature of the disease and eventually gain full support and patient compliance with the treatment regimen. An important step in this interactive process is helping the patient realize that none of the techniques devised by humans against any disease can be as helpful as the body's own

P.265

means of fighting the disease. Thus, it is important to educate patients about individual predispositions and how to take advantage of this knowledge; specifically, to increase strengths and diminish weaknesses for optimal functioning and recovery from a disease.

This physician-mediated awakening to one's abilities is particularly important in the sphere of spirituality, psychology, and emotional life. According to Tibetan medicine, our individual triadic makeup can operate at different potentials, contributing to either healing process, an intermediate state, or disease—that is, the optimal, the middle, and the lowest states. Each of these states can be recognized by a psychological and emotional profile of an individual. The optimal state is characterized by a great ability to love, compassion for everybody, poise, steadfastness, and confidentiality in relationships. The middle state is characterized by disturbed qualities of the optimal state (e.g., the inability to share one's good nature with everybody, but rather with a particular person). The lowest state does not have any good qualities, but rather certain faults (e.g., being prone to anger, inability to have gratitude and to forgive, lack of patience, inability to speak well about others, being unreliable). The role of a good physician in recognizing a patient's good qualities and faults can help enhance the patient's spirituality and bring out full potential in the healing process.

Finally, a physician's healing qualities and services should not be confused with those provided by a spiritual teacher. This confusion should be avoided, particularly in view of Tibetan tradition in which the titles *lama* or *priest* are often held by physicians. Spiritual teaching, as typically provided by a lama, should be received by a person who is healthy and ready to receive that teaching. Persons who have unresolved personal conflicts and psychological or psychiatric problems should receive professional help from a physician who is also trained as a lama. Spiritual teaching cannot be a substitute for help from a properly trained physician. Also, a healing process that is facilitated by enhanced spirituality should be augmented, in addition to the medical intervention, by living a proper life style, maintaining proper nutrition, and meeting specific personal needs in various seasons of the year.

## ***The State of Disease***

In the practice of Tibetan medicine, disease is defined as an unphysiological increase in *Chi*, *Schara*, or *Badahan*. Treatment is aimed primarily at alleviating the out-of-range function. As a secondary aim, treatment adjusts the remaining two elements, which tend to be particularly afflicted in chronic conditions.

## ***Food as Medicine***

Both foods and medicines are prepared in Tibetan tradition based on specific taste combinations. There are three basic tastes groups—sweet, bitter, and sour—and their respective moderating tastes are

pungent, salty, and astringent. These pairs of tastes are used to prepare meals appropriate for a specific season of the year. Also, because these tastes directly affect the psychosomatic elements of *Chi*, *Schara*, and *Badahan*, they may be used in regulating the corresponding taste elements. A correlation between eating habits/patterns and foods/flavors that either bring on symptoms of a disease or produce relief from symptoms is important in determining the diet for a given disease.

As a rule, *Chi* diseases are alleviated by smooth and heavy foods that taste sweet, sour, or astringent; *Chi* diseases are aggravated by rough and cool foods that taste bitter and acrid. For example, a recommended menu for *Chi* diseases includes dried meat, sour cream, butter, sesame seed oil, fresh milk, and raw sugar.

*Schara* diseases are treated with cool and soft foods that taste bitter and astringent; *Schara* diseases are aggravated by warm, sharp, and smooth foods that taste sour, salty, and acrid. For example, a recommended menu for *Schara* diseases includes goat and game meat, raw barley, black tea, and spring water.

*Badahan* diseases are treated with light, rough, and sharp foods that taste sour, salty, or astringent; *Badahan* diseases are aggravated by heavy, smooth, and cool foods that taste sweet and bitter. For example, a recommended menu

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P.266

in *Badahan* diseases includes mutton, fish, honey, sour milk, yogurt, and boiled water.

There are exceptions to these food rules that can be recognized by a trained practitioner. For example, some foods, although astringent, are not effective against *Chi* or *Badahan* diseases. Garlic and long pepper, although acrid, do not aggravate the diseases of *Badahan*. The cited exceptions are caused by secondary food qualities of these acrids, rendering potentially deleterious primary qualities of the food harmless (i.e., the acrid qualities of garlic or long pepper are modified by these herbs' other components, making them harmless against functions of *Badahan*). The distinction between deleterious versus harmless can often be made only by understanding the inner nature of the food stuff acquired through the ability to meditate.

## ***Botanic Treatment***

According to the tradition carried by the Badmaev family lineage, there is a regimen for herbal treatments based on the concept of proper nutrition (18). The treatment usually starts with a digestive formulation because, in Tibetan medicine, disease is considered primarily a derangement of nutrition and the nutrient delivery process. There are three kind of nutrients: nutrients derived from "mental and emotional" (sensory) food, oxygen as nutrient,

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P.267

and the food-derived nutrients. Herbal and mineral formulae, as passed down in the family tradition, have been referred to as *condensed food* for specific disease conditions. Along with the treatment of the suspected nutritional pathology, the appropriate treatment of any secondary disease is instituted.

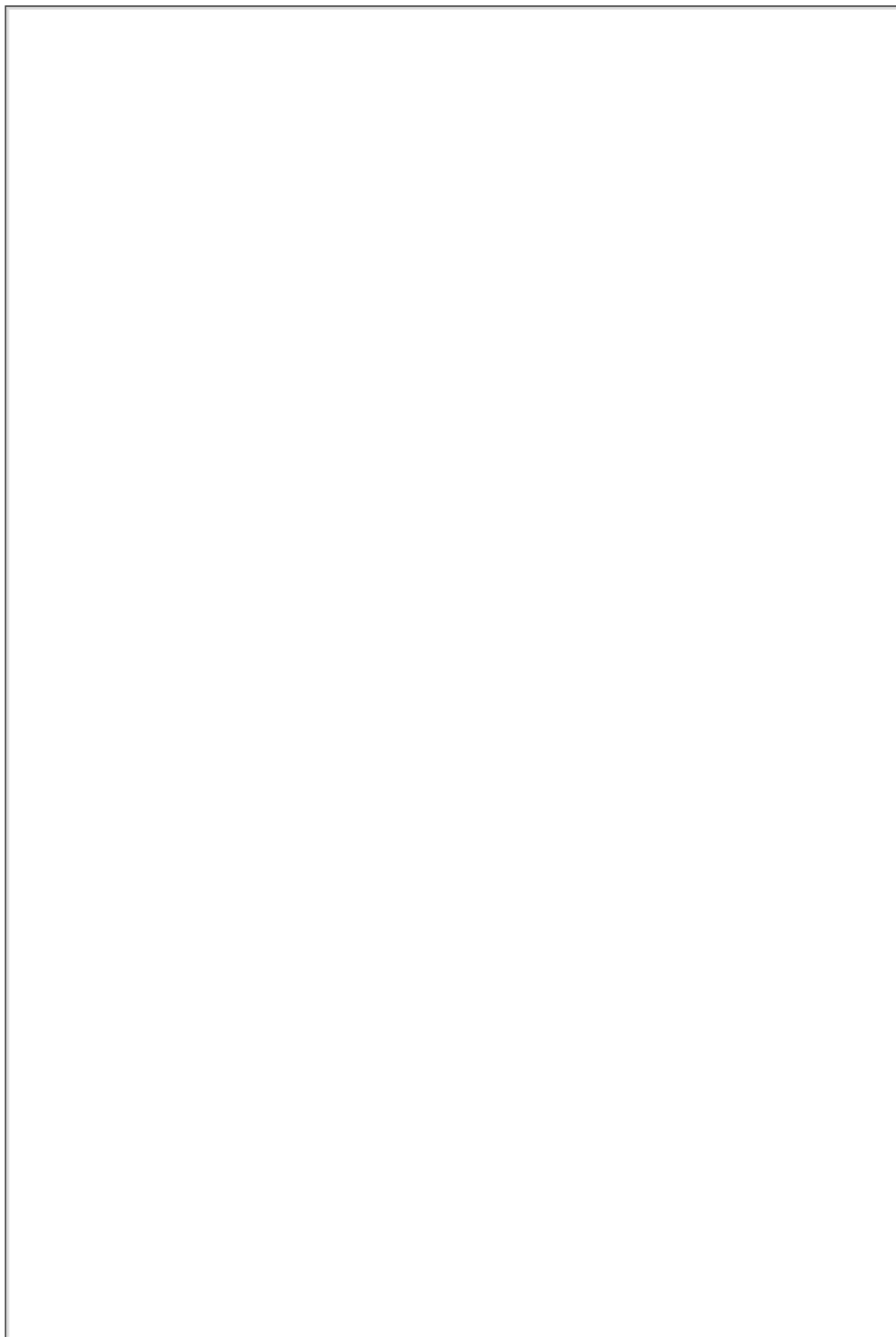
The herbal formulations are composed of several herbal and/or mineral ingredients. These formulations have been arranged based on triadic philosophy into three therapeutic groups of ingredients:

1. The main-acting ingredients.
2. The ingredients that support the main action.
3. The ingredients that prevent any untoward effects of the first two groups and increase gastrointestinal absorption of the active principles.

Table 14.2 shows a *partial* list of herbal and mineral formulae developed and used for more than 100 years



in the Badmaev family tradition. Each formula is known by its numerical designation. The cited list is partial, including only the most commonly used formulae that have been made available to patients and health practitioners in Russia, Europe, and the United States.



FORMULA NO.	USE <sup>c</sup>
2 <sup>a</sup>	Osteoarthritis, rheumatoid arthritis, gout; combined with formulae 179, 28, 162, 96, 173, 269
8 <sup>b</sup>	Degenerative kidney disorders, pyelonephritis, nephrolithiasis, cystitis, prevention and treatment in UTI, BPH; combined with formulae 149, 179, 28, 96, 162, 173
13 <sup>b</sup>	PMS, menopause, female infertility due to PID, endometritis, vaginitis; combined with formulae 269, 173, 137, 96, 179, 151, 155
28 <sup>a</sup>	Peripheral vascular disease
34 <sup>a</sup>	Chronic liver disorders, outcome of viral hepatitis; prevention and treatment of cholelithiasis; maldigestion secondary to insufficient secretion of bile; combined with formulae 147, 28
85 <sup>a</sup>	Upper respiratory tract infection, inflammation, congestion; sore throat, laryngitis; respiratory tract care, and prevention of lung disease due to indoor and outdoor pollution; combined with formulae 179, 147, 96, 173, 269
96 <sup>b</sup>	Biological response modifier and adaptogen of thermoregulation and "living warmth"; flu, common cold; depurative in metabolic diseases, goiter; lymphoproliferative diseases; arthritis, fibromyalgia, sciatica; neuropathies; anxiety neurosis, depressive illness; combined with formulae 179, 28, 151, 162, 155, 173, 147
115 <sup>b</sup>	Psychosomatic illness affecting gastrointestinal tract, manifesting with dyspepsia, hyperacidity, increased fermentation, irritable bowel syndrome, and peptic ulcer; combined with formulae 137, 151, 96, 269
137 <sup>a</sup>	Psychosomatic illnesses affecting primarily stomach and small intestine, inflammatory bowel diseases, gastritis, peptic ulcer; combined with formulae 115, 28, 151, 96, 269
147 <sup>b</sup>	Emphysema, chronic bronchitis, bronchial asthma; combined with formulae 28, 173, 96
149 <sup>a</sup>	Male andropause; BPH; combined with formulae 151, 155, 8, 28, 179
151 <sup>a</sup>	Depressive illness; obsessive-compulsive disorder; substance abuse, alcoholism, drug abuse; psychosomatic diseases, psychological stress; combined with formulae 179, 155, 28, 96, 173, 269, 115, 137
155 <sup>a</sup>	Pain relief, muscle tension relief, tension headaches, migraines; poor short-term memory; combined with formulae 2, 28, 179, 34, 151, 96, 173, 269
162 <sup>b</sup>	Depurative properties, used in metabolic and chronic disorders causing retention of metabolites and toxins; lymphoproliferative disorders, biological (bacterial, viral, parasitic) and chemical intoxications (diabetes); inflammation, degenerative conditions, hepatitis, nephritis, prostatitis, venereal diseases, skin diseases (psoriasis), arthritis, atherosclerosis; combined with formulae 269, 173, 96, 179, 28, 2, 8
173 <sup>a</sup>	Biological response modifier similar to No. 96; lowers blood pressure, slows pulse rate; decreases swelling of lymph nodes, size of enlarged spleen (lymphoproliferative diseases); decreases enlarged thyroid in cases of goiter; combined with formulae 28, 162, 96, 269
178 <sup>a</sup>	Disorders of the veins; varicose veins, spider veins; hemorrhoids; combined with formulae 96, 28, 13, 149, 179, 173, 269
179 <sup>a</sup>	The basic care of the digestive tract and principal formula in preventing disease; indigestion, gas, constipation, obesity, psychosomatic disorders, prevention of gastrointestinal cancer; combined with all of the formulae as needed
194 <sup>a</sup>	Solid tumors of the GI tract; combined with formulae 269, 173, 96, 162
201 <sup>a</sup>	Smoking deterrent providing a true sensory incompatibility with cigarette smoke, protects lungs from cigarette smoke, second-hand smoke and air pollution; combined with formulae 151, 85, 147
269 <sup>a</sup>	Prevention of environmental and occupational conditions affecting the immune system. Biological response modifier similar to Nos. 96 and 173; combined with formulae 28, 162, 179, 96, 173

<sup>a</sup> Tablets, taken with sufficient water.

<sup>b</sup> Decoctions, prepared according to directions.

<sup>c</sup> Combined treatments are listed in order from most to least used.

**Table 14.2. Partial List of Products Used in Clinical Practice in Badmaev Family Tradition**

### ***Tibetan Massage***

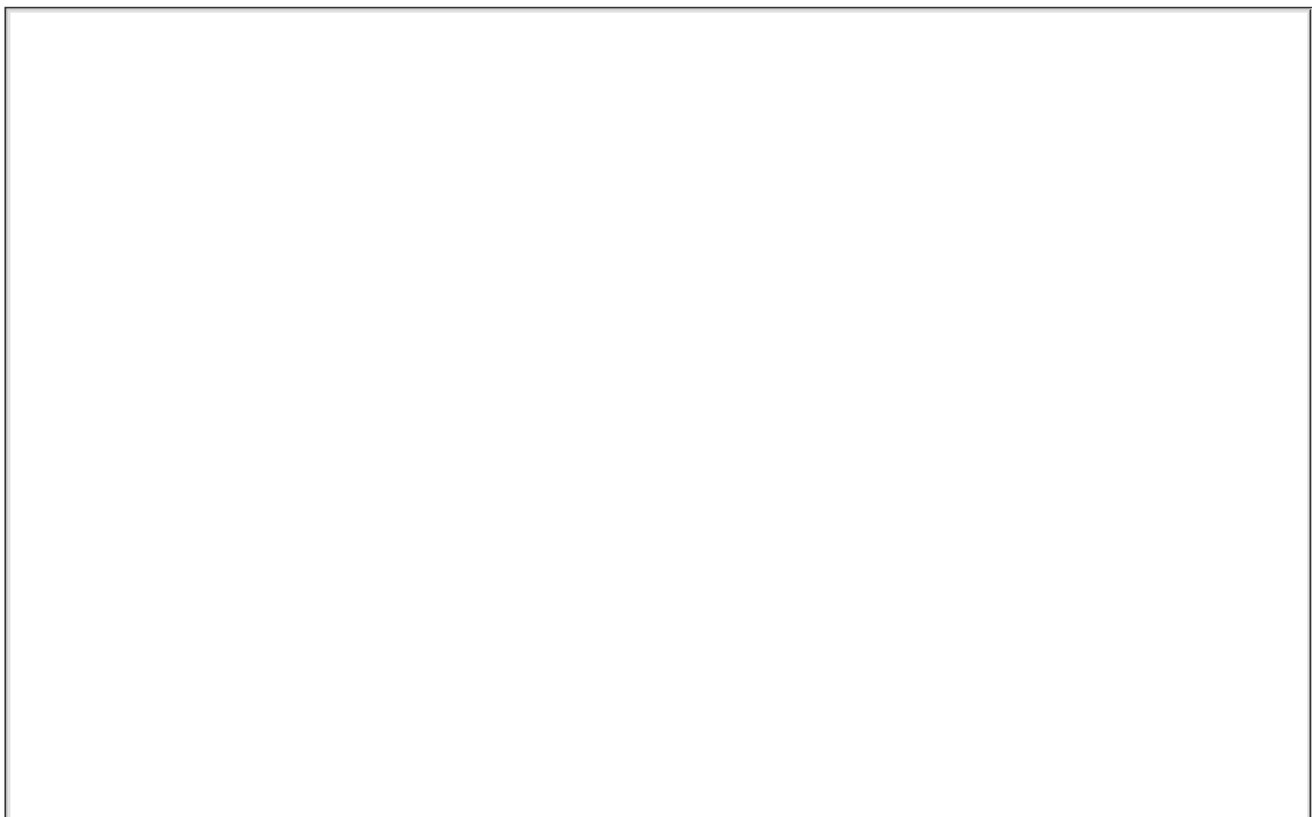
This form of physiotherapy is performed on the abdomen, spine, head, and neck. The massage regulates the pressure between the organs in the abdomen, improves digestion, increases the lymphatic circulation, increases the blood supply, increases peristalsis, lowers blood pressure, and improves respiration. Massage also has a stimulating effect on a patient's mental condition; in the course of therapy, the patient's psychological status changes from passive to active. Towards the end of the massage session, the majority of patients feel relaxed, and some of them even fall asleep; patients who have respiratory difficulties (e.g., asthma) start to breathe more normally during massage.

P.268

The technique of massage can be exemplified by the abdominal massage: The massage should be performed after a complete examination of the patient and exclusion of all contraindications. The patient should have an empty stomach. The hands of the physician should be warm and soft. The first contact with the abdomen must be very gentle to produce relaxation of the muscles. Massage is usually started from the right lower quadrant. The classical physiological narrowings, such as the ileocecal valve, the hepatic flexure, the splenic flexure, and the sigmoid, should be massaged longer. The right hand performs vibratory movements in the direction of peristalsis. The left hand presses slightly on the epigastrium to divert the patient's attention from the action of the right hand. The massage is carried on along the large bowel, particularly over all intumescences, until they disappear. After massage of the large bowel is complete, the epigastrium and hypogastrium along the middle line is the next area. Contraindications for this massage include all acute diseases of the abdomen, internal hemorrhage, patients receiving anticoagulant therapy, and abdominal aortic aneurysm. The massage can

P.269

concentrate on particular areas corresponding to the internal organs, as depicted in Figure 14.2.



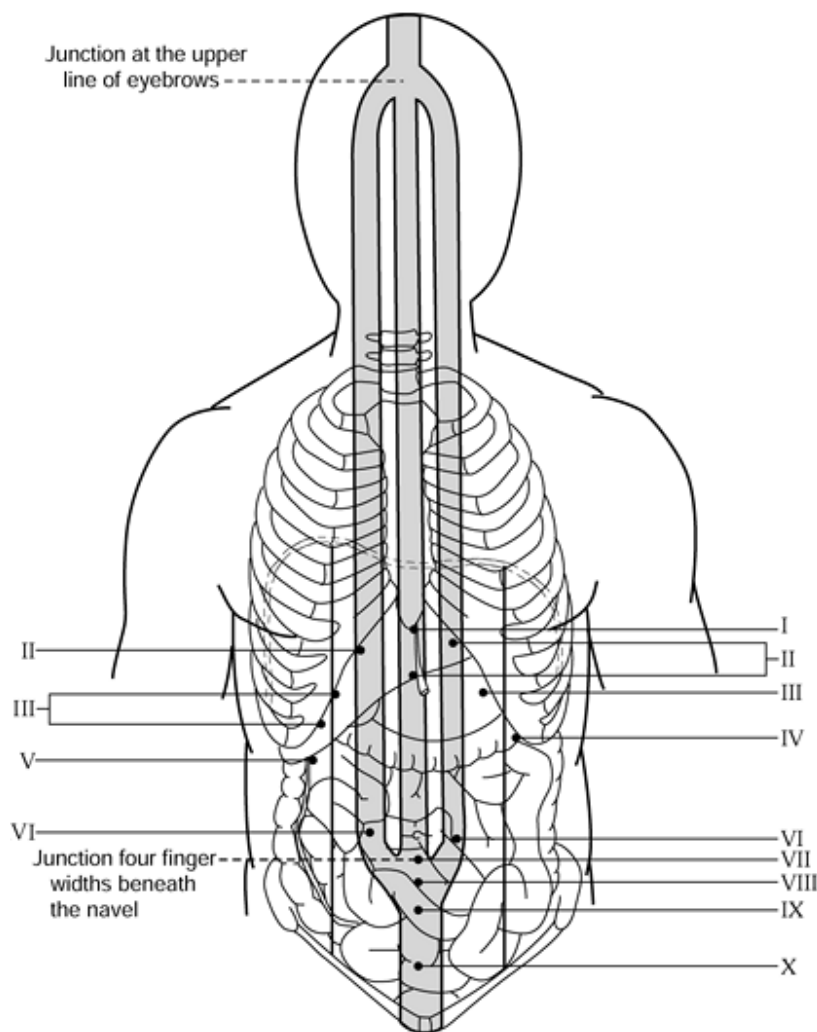


FIGURE 14.2. The massage points of the abdominal area; outline of the main energy channels (central, left, and right): I, heart; II, stomach; III, liver; IV, spleen; V, gallbladder; VI, large intestine; VII, triple caloripher; VIII, kidneys; IX, small intestine; X, urinary bladder.

### ***Subtle Body and Energy Channels in Therapeutic Intervention***

In many cases, Tibetan medical therapy is based on the concept of the *subtle body*, which is described as a network of channel structures carrying energy in the transformed form from the three categories of physical nutrients—that is, sensory-, oxygen-, and food-derived nutrients. In the transformed form, this energy is called *psychic energy*, which pervades the body and has a controlling and overriding role over the body's somatic functions. The subtle body is not an anatomic entity like the nervous or cardiovascular system. According to Tibetans, the subtle body can be discovered through visualization and imagination, as is done in the process of meditation. That is, this network runs parallel to the body's nerves and blood vessels, facilitating and coordinating the conductivity of neural impulses and the blood flow. The physiological processes are regarded as functions of the psychic energy.

Although the energy channels form a network maze in the body, the three main channels are most commonly described and used in Tibetan medicine therapy—that is, the central, left, and right channels, or columns. The central channel runs from the top of the head (the “Gate of Brahma,” Brahma being a mythic figure of creation in Indian culture) to an area located approximately four finger widths beneath the navel

called the triple caloripher, because it is formed by the merging of the three energy channels (Fig. 14.2). This central channel is visualized as hollow and blue, representing the philosophical emptiness, which is an absolute aspect of wisdom (wisdom being used interchangeably with psychic energy). The left and right columns are born out of the main channel immediately above the eyebrows, run parallel approximately 1 inch to the central channel, and rejoin it just below the navel. The left channel (visualized as white) and the right channel (visualized as red) are filled with a physical nutrient-like atmospheric air to be transformed into psychic energy.

## ENERGY TRANSFORMATION

There is an exercise that leads to energy transformation best explained in conjunction with the respiratory process. During inspiration, the left and right columns are inflated with the physical air brought in through the left and right nostrils. This physical air has to be held skillfully in the area where the three channels merge. With proper mental exercise, this allows the person to visualize the transformation of the ephemeral and imperfect aspects of the physical air into the psychic air (conversion of ignorance into wisdom). Although the psychic air, or “air of wisdom,” supplies the central column—providing psychic energy to the subtle body network—the remnants of physical air are exhaled. The simple way to visualize this transformation is to see the red and white color of the right and left channels, respectively, being gradually changed at the merging point with the central channel into the translucent blue color (i.e., color symbolizing the central channel).

This described exercise creates a vital energy called the “living warmth.” This energy also arises when a person is experiencing the feeling of compassion. In Tibetan medicine, the living warmth is an all-important concept: It is a measure of the state of health, the ability to withstand adverse conditions, and the ability to recover from a disease. The levels of living warmth can be evaluated by a skilled practitioner by analyzing the overall appearance of the patient; the way he or she listens, speaks, and behaves; and pulse reading.

Preventive and therapeutic interventions are aimed at securing the physiological flow of energy in the subtle body. For example, the *moxa* technique uses both mechanical and thermal stimuli to influence the subtle body. In this technique, a needle slightly covered with a vegetable tinder is placed at the *moxa*-point on the skin, and then the tinder is lit at the upper end of the needle. The needle is removed at the moment the smoldering tinder touches the skin. This treatment aims to remove the energy blockage and redirect the flow of energy to the deprived sections of the subtle body. A similar purpose is served by yogic breathing exercise,

P.270

massage, and Tibetan pharmacological treatments.

## USE OF TIBETAN MEDICAL PRACTICE IN THE CONTEMPORARY HEALTH CARE SYSTEM

Integration of Tibetan medicine into contemporary health care requires properly trained medical professionals in the United States and other countries. Training activities are needed to provide ready-to-use information for the accredited programs in medical schools and to develop new diagnostic and therapeutic methods derived from ancient, time-proven traditions.

### ***Major Indications/Preventive Value***

In addition to the discussion of Tibetan medicine's approaches as a means to attain health, the concepts of synthesis medicine and Tibetan pharmacology are inspirations for a better health care delivery system.

## SYNTHESIS MEDICINE

The terms *medycyna syntetyczna* and *syntetische medizin*, corresponding to the English term *synthesis*

*medicine*, was first used in 1930s Tibetan medicine literature (27). The term refers to a specific reasoning in diagnostic and therapeutic approach. Practicing synthesis medicine is based on a physician's ability to deal effectively with a medical condition with relatively simple means of diagnosis and treatment at his or her disposal. For example, with a single measurement of the radial pulse, a well-trained Tibetan practitioner can obtain an in-depth reading from the patient's organs and body systems. By comparison, Western medicine uses a sum of analytic findings taken separately that results in a *synthetic* picture and diagnosis of a disease. According to synthesis medicine, a patient is not a compilation (a sum) of parts working together, but an outcome of a psychosomatic fusion, or *synthesis*, occurring within the mind and body. In synthesis medicine, the patient, rather the cell, is seen as the elementary unit on which the diagnostic and therapeutic efforts are focused.

The concept of the subtle body provides important insight into the theoretical precepts of synthesis medicine. The subtle body and its energy channels run parallel to the cardiovascular and nervous systems of the body. Whereas the cardiovascular and nervous systems are the anatomical entities, the energy channels can be perceived only through meditation and visualization techniques. This comparison may illustrate a distinguishing feature of synthesis medicine: Because the subtle body can be accessed by visualization, it cannot and does not need to be analyzed to be *perceived*. However, the anatomical cardiovascular and nervous systems need to be dissected and analyzed; based on these analyses, the structure and functioning of the systems emerge.

In general, practicing synthesis medicine brings a physician closer to a patient. The synthesis approach allows the physician to grasp the "big picture" in the process of diagnosis, treatment, and follow-up, effectively minimizing diagnostic and therapeutic errors. Practicing synthesis medicine leads to diagnosis and treatment primarily because of the physician's ability to relate to the patient at both personal and psychological levels.

The synthesis approach does not diminish the importance of analytical thinking. In fact, Tibetan medical texts provide plenty of examples of analytical approaches (e.g., anatomy and physiology charts, distinguishing types and subtypes of a particular disease, and the causative and symptom-oriented treatments). Therefore, synthesis medicine complements the analytical approach by maintaining focus on a patient and the totality of that patient's well-being.

The theory of synthesis medicine is best represented by the triadic concept. Understanding the interaction among the *Chi*, *Schara*, and *Badahan* is helpful in developing skills of synthesis thinking. For example, understanding that element *Chi* leads to *Schara* and subsequently results in *Badahan* provides a model for the synthesis.

## TIBETAN PHARMACOLOGY

The design of Tibetan pharmacological therapies was the result of synthesis medicine. These therapies are based on a *uniform three-group design* for each pharmacological preparation (i.e., providing active ingredients, ingredients to modify gastrointestinal absorption, and ingredients to offset the potential adverse effects of the active ingredients). The broad range of therapeutic activity secured by this design has provided a basis for a recent discussion of the newly defined bioprotectant mechanism of Ayurveda- and Tibetan-based formulae; that is, pharmacological action operating through *prevention* and *intervention* on the disease pathology (28). This approach leads to very complex combinations of herbs (Table 14.3).



<u>Aegle sepiar fructus (L. Raffin) 0.02</u>
<u>Amomum medicinale fructus (L. Merrill) 0.025</u>
<u>Aquilegiaviridifolia foliae (Linn.) 0.015</u>
<u>Calendula officinalis flores (Linn.) 0.005</u>
<u>Camphora japonicum (Nees.) 0.02</u>
<u>Costus amarum radix (Dcne. Clarke) 0.04</u>
<u>Calcium sulfate 0.02</u>
<u>Elettaria cardamomum fructus (Maton) 0.03</u>
<u>Eugeniacyophyllata fructus (Spreng. Thunb.) 0.012</u>
<u>Glycyrrhiza glabra radix (Linn.) 0.015</u>
<u>Hedychium spicatum rhizoma (Ham. ex. Smith) 0.01</u>
<u>Lactuca sativafoliae (Linn.) 0.006</u>
<u>Lichen islandicus (Ach.) 0.04</u>
<u>Melia toosend fructus (Linn.) 0.035</u>
<u>Plantaginis lanceolata herba (L.) 0.015</u>
<u>Polygonum aviculareherba (Linn.) 0.015</u>
<u>Potentilla aurea herb (L.) 0.015</u>
<u>Prunus spinosus flores (L.) 0.005</u>
<u>Pterocarpus santalinus lignum (Linn.) 0.03</u>
<u>Andropogon muriaticus (L.) 0.01</u>
<u>Santalum album lignum (Linn.) 0.03</u>
<u>Sida cordifolia radix (Linn.) 0.01</u>
<u>Terminalia chebulae fructus (Retz.) 0.03</u>
<u>Valeriana officinalis radix (Linn.) 0.01</u>
<u>Aconitum nepellus radix (Linn.) 0.001</u>

\* = in 500-mg tablets.

**Table 14.3. Ingredients of Formula 28\***

### ***Research: Comparison to Western Pharmaceuticals***

The following formulations and a description of related research are examples of how treatment modalities derived from Tibetan medicine can gradually be introduced into contemporary health care through continuous research. Continuous research to validate and improve those therapeutic herbal methods is important. For example, a Tibetan treatment successfully implemented through a research program led to the standardization of 25 herbal and mineral ingredient nutraceuticals with clinically proven efficacy in 5 double-blind studies in the treatment of peripheral vascular disease (PVD) (29, 30, 31, 32 and 33). This formula is referred to here as Formula 28. Ingredients of the formula are listed in Table 14.3.

According to a literature data comparison, Formula 28 appears to provide more therapeutic benefit than most cited pharmaceutical drugs in improving PVD conditions (Table 14.4). Based on these findings and indications from Tibetan medical theory, the results of an open field study in improving mental performance in elderly patients (44), the effectiveness of the formula in treating CNS inflammatory vascular condition in experimental animals (28), and plans for a clinical study of Formula 28 in patients with the memory loss due to cerebrovascular insufficiency are in process.

COMPOUND NAME	DURATION OF TREATMENT	PERCENT INCREASE OF MAXIMAL WALKING DISTANCE	REFERENCE
Formula 28	12 weeks	54%*	29
	16 weeks	98%	30
	16 weeks	93%	31
	16 weeks	97%	32
	16 weeks	112%	33
Pentoxifylline [Trental]	24 weeks	58%	34
	4 weeks	40%	35
	24 weeks	33%	36
	8 weeks	47%	37
	24 weeks	50%	38
	90 days	25%	39
Neftidrofuryl [Praxilene]	24 weeks	70%	40
	12 weeks	54%	41
Buflomedil [Loftyl]	12 weeks	97%	42
	90 days	28%	39
Bencyclan [Fludilat]	6 weeks	34%	43
Nifedipine	90 days	21%	39

\* Hurlimann study assessed pain-free walking distance.

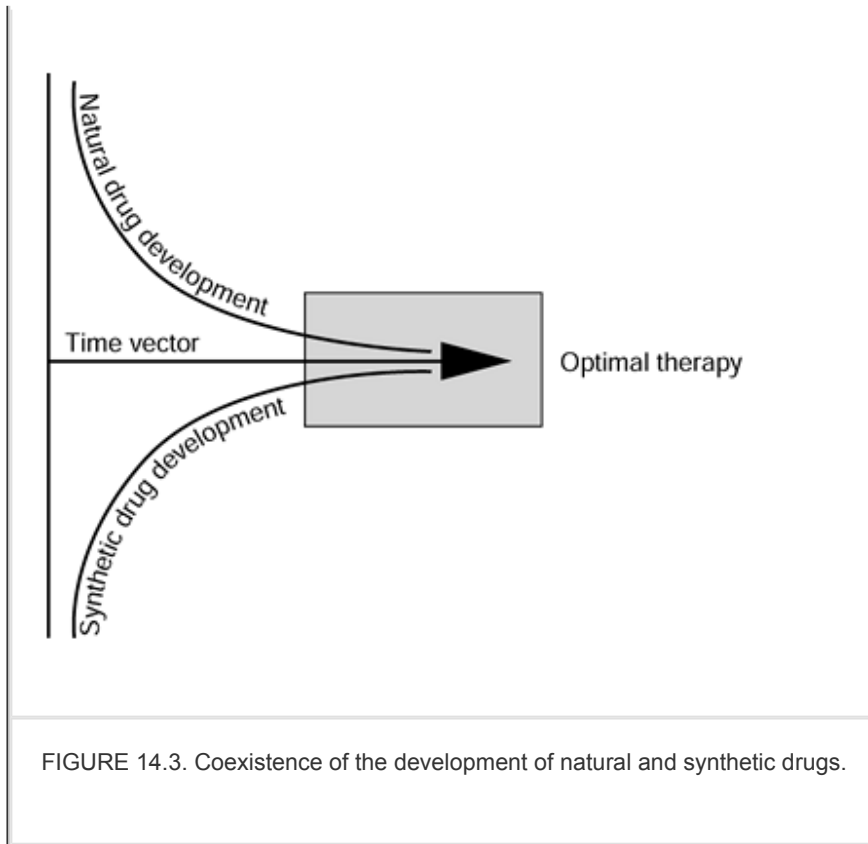
**Table 14.4. Comparison of Badmaev Formula 28 Therapeutic Results with Those of Synthetic Pharmaceutical Drugs in Improving PVD**

## THE FUTURE

Based on past and recent history, the development of botanic treatments derived from Tibetan medicine will continue and complement the development of synthetic drugs. As illustrated in Figure 14.3, both developmental processes from the different pharmacological concepts are complementary in that they provide different approaches for research and improvement of pharmacological treatments.







Integration of Tibetan medicine with Western medical practice can improve existing health care systems considerably. But it is not only a matter of advanced technology that allows people to become and feel healthier. Despite tremendous

P.272  
P.273

advancement in medical technology, we, as a modern society, are still plagued with chronic disease. We need, therefore, to learn more, and in different ways. To learn and understand more, we may have to set aside preconceptions and follow the advice of the European philosopher and Tibetan scholar, Cyrill von Korvin-Krasinski: “ theoretical medical science cannot be separated from its practical application, nor the teaching from life in community, nor the finished doctrine be acquired without personal experience of its truth.” To experience and perceive Tibetan medicine firsthand is the best way to understand it.

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## CHAPTER REFERENCES

1. Sarton G. The time of Jabir Ibn Haiyan. In: Sarton G, ed. Introduction to the history of science. Baltimore: Williams & Wilkins, 1927:520–542.

2. Kunzang J. History of Tibetan medicine. In: Kunzang J, ed. Tibetan medicine. Berkeley and Los Angeles: University of California Press, 1973:8–28.

---

3. Clifford T. Tibetan Buddhist medicine and psychiatry. The diamond healing. The medicine of dharma. York Beach, ME: Samuel Weiser, Inc., 1984:13–33.

---

4. Clifford T. Tibetan Buddhist medicine and psychiatry. The diamond healing. The medicine of dharma. York Beach, ME: Samuel Weiser, Inc., 1984:35–45.

---

5. Dhonden LY. Tibetan medicine a short history. Tibetan Rev 1974;17:13–14.

---

6. Beckwith ChI. The introduction of Greek medicine into Tibet in the seventh and eighth centuries. J Am Oriental Soc 1979;99:297–313.

---

7. Clifford T. Tibetan Buddhist medicine and psychiatry. The diamond healing. The medicine of dharma. York Beach, ME: Samuel Weiser, Inc., 47–63.

---

8. Tenzin Wangyal. Wonders of the natural mind. The essence of Dzogchen in the native bon tradition of Tibet. Tarrytown, NY: Station Hill Press, 1993:218.

---

9. Olschak BC. The art of healing in ancient Tibet. CIBA Symposium 1973;12:129–134.

---

10. Clifford T. Tibetan Buddhist medicine and psychiatry. The diamond healing. Introduction by Dr. Lokesh Chandra. York Beach, ME: Samuel Weiser, Inc., 1984:XV–XX.

---

11. Berthenson LB. O russkich buddistah I ob tibetskoj medicinie. St. Petersburg: Ruskii Vrach 1906; 5:418–421.

---

12. Berthenson LB. Uber russische Buddistah und die sogenannte tibetanische Medzin. Med Wochenschr 1906;24:248–257.

---

13. Semicov BV. Die tibetische Medizin bei den Burjaten. Janus 1935;39:1–2.

---

14. Kowalewski K. Wladimir Badmajeff, Tibetan doctor in Europe. J Res Indian Med 1973;8:101–109.

---

15. Editorial in Med Tribune. Father-son MD team have Tibetan legacy. Med Tribune (USA) 1983;July 13:13.

---

16. Rockwood M. Tibetan cure. OMNI 1985;6:24, 148.

---

17. Ross M. Tibet: ancient remedies gain new acceptance as research explore “mysterious”

medicines. The Medical Post (Canada) 1990;July 10:14.

---

18. Kunzang J. The life of the great physician-saint g Yu-thog Yan-tan mGon-po. In: Kunzang J, ed. Tibetan medicine. Berkeley and Los Angeles: University of California Press, 1973:147–319.

---

19. Winder M. Introduction. In: Kunzang J, ed. Tibetan medicine. Berkeley and Los Angeles: University of California Press, 1973:1–7.

---

20. Badmaev PA. O sistemie vrachebnoi nauki Tibeta (On the Tibetan medical system). Contains translation and commentaries on the first two books of the yGyud-Bzhi, St. Petersburg:1898:234.

---

21. Csoma de Koros A. Tibetan studies (a reprint of the articles contributed to the Journal of the Asiatic Society of Bengal). J Asiatic Soc Beng 1911;7:1–172.

---

22. Badmajew P, Badmajew V, Park L. Healing herbs. Berkeley: Lotus Press, 1982:80.

---

P.274

23. Glatfelter RE. Peter Badmaev. In: Wieczynski JL, ed. The modern encyclopedia of Russian and Soviet history. Vol. 2. London: Academic International Press, 1976:234–237.

---

24. Grekova T. Tibetska Medicina vy Rossii (Tibetan medicine in Russia). Nauka Religia 1988;August 8;10–15.

---

25. Badmajeff W. CHI SCHARA BADAHAN Grundzuge der tibetanische Medzin (Autorisierte Uebersetzung von Dr. Anna Koffler-Harth). Johannes Baum Verlag: Pfulligen in Wurttt 1933:47.

---

26. Korvin-Krasinski C von. Die Tibetische Medizinphilosophie. Zurich0014 Origo-Verlag, 1953:339.

---

27. Kunzang J. Bibliography of European works on Tibetan medicine. In: Kunzang J, ed. Tibetan medicine. Berkeley and Los Angeles: University of California Press, 1973:98–102.

---

28. Badmaev V, Kozlowski PB, Schuller-Levis GB, Wisniewski H. The therapeutic effect of an herbal formula Badmaev 28 (Padma 28) on experimental allergic encephalomyelitis (EAE) in SJL/J mice. Phytother Res. In Press, 1998.

---

29. Hurlimann F. Eine lamaistische Rezeptformel zur Behandlung der peripheren arteriellen Verschlusskrankheit [A lamaistic formula for the treatment of peripheral arterial occlusive disease]. Schweiz Rundsch Med 1979;67:1407–1409.

---

30. Schrader R, Nachbur B, Mahler F. Die Wirkung des tibetanischen Krauterpreparates Padma 28 auf die Claudicatio intermittens [The effect of the Tibetan herbal preparation Padma 28 on intermittent claudication]. Schweiz MedWochenschr 1985;115:752–756.

---

31. Samochowicz L, Wojcicki H, Kosmider K, et al. Wirksamkeitsprüfung von Padma 28 bei der Behandlung von Patienten mit chronischen arteriellen Durchblutungsstörungen [Potency test of Padma 28 in the treatment of patients with chronic arterial circulatory disturbances]. *Polbiopharm Rep* 1985;21:3–40.

---

32. Drabaek H, Mehlsen J, Himmelstrup H, Winther K. A botanical compound, Padma 28, increases walking distance in stable intermittent claudication. *Angiology* 1993;44:863–867.

---

33. Smulski HS, Wojcicki J. Placebo-controlled, double-blind trial to determine the efficacy of the Tibetan plant preparation Padma 28 for intermittent claudication. *Alternat Therap Health Med* 1995;1(3):44–49.

---

34. Porter JM, Baur GM. Pentoxifylline: pharmacologic treatment of intermittent claudication. *Surgery* 1982;92:966.

---

35. Volker D. Behandlung von Arteriopathien mit Trental 400. Ergebnisse einer Doppelblindstudie. *Med Welt* 1979;29:1244.

---

36. Porter JM, Cutler BS, Le BY, et al. Pentoxifylline efficacy in the treatment of intermittent claudication. *Am Heart J* 1982;104(2):66–72.

---

37. Bojan A. Beneficial hemorheologic therapy of chronic peripheral arterial disorders with pentoxifylline: results of double-blind study versus vasodilator-nylidrin. *Am Heart J* 1982;103:864.

---

38. Lindgarde F, Jelnes R, Bjorkman H, et al. Conservative drug treatment in patients with moderately severe chronic occlusive peripheral arterial disease. *Circulation* 1989;80(6):1549–1556.

---

39. Chacon-Quevedo A, Eguaras MG, Calleja F, et al. Comparative evaluation of pentoxifylline, buflomedil and nifedipine in the treatment of intermittent claudication of the lower limbs. *Angiology* 1994;45(7):647–653.

---

40. Phole W, Hirche H, Barmeyer G, et al. Doppelblindstudie mit Naftidrofuryl-Hydrogenoxalat bei Patienten mit peripherer arterieller Verschlusskrankheit. *Med Welt* 1979;30:269–272.

---

41. Maass U, Cachovan M, Alexander K. Einfluss eines kontrollierten Intervall trainings auf die Gehstrecke bei Patienten mit Claudicatio intermittens. *VASA* 1983;12:326–332.

---

42. Trubestein G, Balzer K, Bisler H, et al. Buflomedil bei arterieller Verschlusskrankheit. Ergebnisse einer kontrollierten Studie. *Dtsch Med Wschr* 1982;107:1957–1981.

---

43. Holle W, Schneider B. Bencyclan, Pentoxifylline und Placebo bei peripheren Durchblutungsstörungen. *Mod Medizin (Germany, West)* 1980;8(4):167–177.

---