

***Tibetan Medicine:
Carving a Niche in the Modern Medical and
Scientific Community***

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Abstract

Tibetan medicine is an ancient tradition, stretching back over one thousand years. Today, the Tibetan medical community, centered at the Men-Tsee-Khang (Tibetan Medical and Astrological Institute) in Dharamsala, India, is trying to bring Tibetan medicine into the modern world. They are doing this mainly by focusing on research, based on modern scientific methods, to produce clinical and laboratory studies demonstrating the efficacy of Tibetan medicine. This paper compiles interviews from Men-Tsee-Khang staff closest to these projects, articles about modernizing traditional medicine from both the Tibetan and Western perspectives, and a review of some of the recent studies to come out of Men-Tsee-Khang. The overall goal is to see how Tibetan medicine is hoping and trying to situate itself within the modern scientific and medical community and evaluate the possible outcomes of these actions.

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Introduction

Tibetan medicine is a tradition stretching back in history for over a thousand years. According to legend, the tradition dates back as far as the 2nd century C.E. but it was officially codified starting in the 7th century C.E. The main texts, including the *rGyud zhi*, were recorded in their current form in the 13th century.¹ Despite its ancient roots and strong ties to Buddhist philosophy, Tibetan medicine is now trying to prove itself to the world and become recognized as successful and useful medical system.

Tibetan medicine, its practitioners, and researchers have an interesting path ahead of them: to situate the system as a respected member of the modern medical and scientific community, while maintaining their traditional values. They have learned from the experiences of other traditions such as Ayurveda and Traditional Chinese Medicine which, in the name of advancement, have lost much of the traditional theory and practice that made them so unique.² In the words of Dr. Thokmay Paljor, editor of *sMan-rTsis Journal*: “I feel, more research work on Tibetan medicine, particularly with regards to clinical research needs to be done scientifically, but at the same time our traditional basic values must be maintained intact.”³ This is a thin line to walk but Men-Tsee-Khang seems determined to push through. To be successful and maintain its integrity, Tibetan medicine must proceed carefully on this path, being aware of the many threats that it will face from the outside world.

The Tibetan Paradigm

Tibetan medicine is a complete holistic medical system combining empirically attained knowledge and Buddhist philosophy. This system has its own unique methods of diagnosis, descriptions of disorders, and treatment plans. In Tibetan medicine, the health of the body depends on the proper balance of the three humors, or *nyes pa: rlung, mkrhis*

¹ Tokar, 2007, p. 3.

² Conversation: Dr. Dawa, Men-Tsee-Khang, 14 April 2008.

³ Dr. Thokmay Paljor. “Tibetan Medicine: Tuning in Modern Interpretation with Strong Traditional Base.” *sMan-rTsis Journal* Vol. IV, Issue 1, August 2007, p.5

pa, and *bad kan*.⁴ Each person has a specific combination of these humors, which is believed to effect his or her constitution, or personality.⁵ Certain factors such as emotions of ignorance, desire, and hatred, poor diet, seasonal changes, and *karma* accumulated in past lives can affect the balance of these humors leading to specific diseases⁶.

This holistic approach to disease calls for an equally holistic set of treatments, which focus on repairing the humoral balance of the body, instead of treating one specific body system. These treatments are multi-faceted and can include Buddhist counseling and practice, dietary and behavioral counseling, external manipulations (moxibustion, acupuncture, massage), and drug regimens.⁷ Tibetan drugs comprise an important part of most treatments and are compounded from natural ingredients including herbs, minerals, and animal products. They are produced in accordance to traditional texts and “designed to simultaneously treat disorders, restore balance, and control side-effects.”⁸ These drugs tend to be slow acting but have little or no side effects. Another important aspect of holistic treatment is the ever-compassionate and humanitarian nature of patient treatment, including patient-doctor interactions and the fact that Men-Tsee-Khang is a non-profit organization providing treatment to all in need at little or no cost. According to one physician, this is the most unique and important aspect of Tibetan medicine.⁹

While there has been little official research done on Tibetan medicine, the system has been in use for so long that doctors have had a chance to observe which treatments are the most effective and thus refine their practice through informal, ongoing research. While biomedical research may be a relatively recent phenomenon, Tibetan medicine’s “test of time is counted in centuries.”¹⁰ Many of my interviewees mentioned this history of observational research and said that research is not a new concept in Tibetan medicine.

⁴ Dr. Yeshe Donden, *Health Through Balance: An Introduction to Tibetan Medicine*. (Ithaca, NY: Snow Lion Publications, 1986) p. 34-35

⁵ Dr. Yeshe Dhonden, *Healing from the Source: The Science and Lore of Tibetan Medicine*. (Ithaca, NY: Snow Lion Publications, 2000) p.60-63

⁶ Donden 1986, p. 15-16.

⁷ Ibid, p. 133.

⁸ Joseph J. Loizzo, Leslie J. Blackhall, Lobsang Rabgyay. “Tibetan Medicine: A Complementary Science of Optimal Healing.” *Annals of the New York Academy of Sciences* (2007), p. 11.

⁹ Interview: Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

¹⁰ Eliot Tokar, “Legal and Regulatory Issues Affecting the Practice of Tibetan Medicine In the United States.” (<www.tibetanmedicine.com>, 1999, accessed 23 April 2008) p.3.

Dr. Dadon, head of Research and Development at Men-Tsee-Khang, said that the main differences between the historic research and the current clinical trials are the methodologies and documentation which are necessary for acceptance in the scientific community.¹¹ Tibetan medicine also has a history of collaboration with other medical systems starting in the 7th and 8th centuries C.E. with dialogues between Tibetan, Persian, Greek, and Nepalese physicians.¹² According to Tsultrim Kalsang, a Tibetan physician and botanical specialist, these early interactions with other medical systems have set a precedent for ongoing collaboration.¹³

Comparisons to the West

There are many names used to refer to the modern medicine centered in the West with varying connotations. These include Western medicine, modern medicine, allopathic medicine, and biomedicine. For the purpose of this paper, I will mainly be using the term biomedicine because of the theoretical and scientific implications of the term. For the issues I will be discussing, this term seems to best represent the opposing medical paradigm.¹⁴

As compared to Tibetan medicine, biomedicine is “mechanistic and reductive in its approach to health and disease and is primarily based on the doctrine of single causation and above all on the germ theory.”¹⁵ Modern science and biomedicine tend to focus on individual aspects of health such as certain diseased organs, single ingredient drugs, and single causes of disease.¹⁶ The biomedical concepts of body and health are based almost exclusively on empirically derived scientific data and lack any spiritual component. In his comparison of the two systems, Peter Fenton states, “The notion of spirit as a health transforming agent is conspicuously absent from modern medical

¹¹ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

¹² Pema Thinley, “Tibetan Medicine: Too Successful for its Own Good?” (*Tibetan Review*: Feb 1997), p. 16.

¹³ Interview: Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

¹⁴ Adams, 2005, p.270.

¹⁵ Tom Dummer, *Tibetan Medicine and Other Health-Care Systems*. (New York, NY: Routledge, 1988), p. 25.

¹⁶ Interview: Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

practice.”¹⁷ Biomedicine has developed, at least recently, hand-in-hand with scientific research focused on both the causative agents of disease (bacteria, viruses, and genetic pre-dispositions) and on the extensive laboratory and clinical testing of new drugs. Biomedicine has also become extremely commoditized and commercialized, lending it a very different ethos from Tibetan medicine.

Perceptions of Each Other

According to Eliot Tokar, an American practitioner of Tibetan medicine, the West has a very shallow understanding of Tibetan medicine due to a “lack of sophistication by the majority of biomedical and scientific personnel regarding traditional medicine from either an epistemological, historical, medical, nosological, or other pertinent perspective.”¹⁸ While the biomedical and scientific community may recognize the value of certain Tibetan treatments, they view these as a cache to be mined and put to use for their own benefit. There is little consideration of the whole system. Many Tibetan doctors believe that Tibetan medicine has gained interest from science and biomedicine because of its success in treating certain chronic, hard to treat diseases very successfully.¹⁹ Dr. Namgyal Tsering believes that while the West may be interested, they are not very knowledgeable about Tibetan medicine and do not yet trust it.²⁰ Furthermore, I fear that this interest is motivated not out respect for Tibetan medicine, but out of more selfish interests.

On the other hand, Tibetan medical practitioners seem to fully respect biomedicine. Their only common criticism of the system is the high rate of side-effects associated with many Western drugs.²¹ They recognize that the drugs are powerful and effective but say that biomedical doctors need to pay more attention to the body as a whole, not as a collection of unrelated parts.²² Tibetan physicians commonly praise certain aspects of biomedical diagnosis: Dr. Yeshe Dorjee uses a sphygmomanometer to

¹⁷ Peter Fenton, *Tibetan Healing: The Modern Legacy of Medicine Buddha*. (Varanasi, India: Pilgrim Books, 1999), p. 2.

¹⁸ Interview: Dr. Eliot Tokar, email, 3 May 2008.

¹⁹ Interviews: Dr. Yeshe Dorjee, Dr. Tsultrim Kalsang, Phurbu Lhamo.

²⁰ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

²¹ Interviews: Dr. Tsultrim Kalsang, Dr. Dadon, Dr. Namgyal Tsering

²² Interview: Dr. Dekyi, Men-Tsee-Khang, 24 April 2008.

take more accurate blood pressure measurements²³ and Dr. Tsultrim Kalsang hopes that Men-Tsee-Khang can get x-ray and MRI machines to assist with diagnosis.²⁴ The Tibetan doctors and researchers I interviewed also tend to view biomedical research as the standard of absolute knowledge, and the goal to which they should aspire. Dr. Namgyal Tsering, deputy director of MTK, seemed adamant that Tibetan medicine must work together with scientists to advance and that scientific evaluation of Tibetan medicine is absolutely necessary, even though it has passed the test of time and is based on reliable religious scriptures.²⁵

The Question of Recognition

Currently, Tibetan medicine is not an officially recognized healthcare system by any government or organization. This lack of recognition has widespread ramifications on both the practice and research of Tibetan medicine. According to Pema Thinley, “it [Tibetan medicine] does not receive the institutional and official recognition that it needs to carry out its humanitarian mission.”²⁶ This lack of recognition is commonly cited as a motivation for further research showing the efficacy of Tibetan medical treatments. It is thought that through scientific evidence, Tibetan medicine can gain the attention and recognition it deserves in the worldwide medical and scientific community.²⁷

The current center of Tibetan medical practice is within the Tibetan exile communities of India. Here, Tibetan medicine serves many Tibetans as well as Indians, and foreigners in 53 Men-Tsee-Khang branch clinics.²⁸ India is home to a rich set of traditional medical systems, including Ayurveda, Siddha, and Unani, and has a governing body for such systems known as the Central Council of Indian Medicine (CCIM).²⁹ This governing body has the ability to recognize Tibetan medicine as a viable health-care system. By gaining membership to this council, Tibetan medicine would be regulated by

²³ Interview: Dr. Yeshe Dorjee, McLeod Ganj MTK Branch Clinic, 2 May 2008.

²⁴ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

²⁵ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

²⁶ Pema Thinley, 1997, p. 16.

²⁷ Interview: Phurbu Lhamo, Men-Tsee-Khang, 24 April 2008.

²⁸ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

²⁹ Central Council of Indian Medicine, <www.ccimindia.org>.

the Indian government and would be eligible for government funding, especially for the purpose of further clinical research.³⁰ Men-Tsee-Khang has long been lobbying this body for recognition but has so far been unsuccessful. As of 1997, CCIM insisted that Tibetan medicine is a branch of Ayurveda and refused to recognize it as anything other than “Tibetan Ayurveda.”³¹ However, according to Dr. Dadon, head of R&D at Men-Tsee-Khang, the Council recently sent a group of Ayurvedic doctors to Men-Tsee-Khang to observe the similarities and differences between Tibetan medicine and their own system. The group realized the vast difference between the systems and Dr. Dadon says she feels confident about Tibetan medicine’s pending application to the Council.³²

While the process of government recognition in India seems as if it might soon be resolved, other governments and organizations are still struggling with the issue. The World Health Organization is beginning to investigate the potential of several traditional medicine systems, including Tibetan medicine. They have developed a policy for the investigation and integration of traditional medicine, the *WHO Traditional Medicine Strategy 2002-2005*.³³ However, their website provides no further update on a new strategy or progress since 2005. While there is no explicit mention of Tibetan medicine in this policy, the WHO generally advocates increased research on efficacy and safety as well as development of government policy on a nation-by-nation basis. They cite increased global interest in traditional medicine, “Indeed, WHO member states are increasingly and repeatedly requesting more assistance and guidance on TM/CAM issues.”³⁴ Tibetan sources seem to think the WHO could be influential in the acceptance and spread of Tibetan medicine. For example, esteemed Tibetan doctor Dr. Sonam Wangdu Changbhar said, “It would be a lot easier if the WHO and the international community recognized and accepted Tibetan medicine officially as an alternative treatment and helped open permanent centers in different cities, so that people could avail themselves of this unique natural system.”³⁵ While the WHO could prove instrumental in

³⁰ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

³¹ Pema Thinley 1997, p. 16.

³² Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

³³ *WHO Traditional Medicine Strategy 2002-2005*. Geneva: World Health Organization, 2002.

³⁴ *Ibid*, p. 19.

³⁵ Fenton, 1999, p. 117.

the spread of traditional medicine, including Tibetan medicine, especially to poor and developing areas, they do not officially recognize it or any other system.

In the United States, Tibetan and other “alternative” medicines are handled mainly by the National Institute of Health’s National Center for Complementary and Alternative Medicine (NCCAM) and the Food and Drug Administration (FDA).³⁶ While the FDA is purely a regulatory body, NCCAM is a research institution that works closely with traditional medicines. The 2008 operating budget of NCCAM is \$121,577,000 awarded in Congressional appropriations.³⁷ This shows a concerted effort by the government of the United States to investigate alternative medicines, including Tibetan medicine and is a potentially promising sign, although there are still many hurdles to jump. The NCCAM’s mission is to “Explore complementary and alternative healing practices in the context of rigorous science, train complementary and alternative medicine researchers, and disseminate authoritative information to the public and professionals.”³⁸ While some Tibetan medicines are marketed in the U.S., it is as “herbal supplements” not recognized medicines. The same is true with the practice of Tibetan medicine: while there are practicing doctors, they are not recognized as healthcare worker but are generally allowed to practice. However, “in the eyes o the law, practicing Tibetan medicine *as medicine* in the USA is a crime.”³⁹ I feel that Dr. Namgyal Tsering described the situation well: the government knows that Tibetan medicine is helpful in improving the health of many patients, yet they will not officially recognize it. They view it with “one eye open and one eye closed,” allowing some things to slip by while carefully regulating others.⁴⁰ Adams describes it very similarly, adding the facet of economic pressures: the US government keeps, “one eye on the market and the other on the definitions of safety, truth and efficacy in the medical field.”⁴¹

Research

³⁶ Adams, 2002, p.668.

³⁷ “NCCAM Facts-at-a-Glance and Mission Statement.” <nccam.nih.gov/about/ata glance/>.

³⁸ Ibid.

³⁹ Adams, 2002, p. 667.

⁴⁰ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

⁴¹ Adams, 2002, p. 667.

Research Goals of Tibetan medicine

The Tibetan medical community centered at Men-Tsee-Khang, Dharamsala, India, is avidly pursuing research for the benefit of both the Tibetans they serve and recognition by the larger medical and scientific community. Dr. Tsutrim Kalsang insists that all research under-taken by Men-Tsee-Khang is “only for the human purpose, not to spread Tibetan medicine.” He believes the main purpose is to solve health problems that most affect their local Tibetan patients, and not to gain outside attention.⁴² However, most of my interviewees cite reasons such as the spread of Tibetan medicine and gaining recognition as the main reasons for increased research.⁴³ In his introductory remarks, the editor of the *sMans-rTris* Journal states its goals as follows:

[This represents] our sincere attempt to present some scientific research papers to let the word community understand that an ancient Tibetan medical tradition has all the potentials to meet all the standard requirements of a scientifically acknowledged medical system of the world.⁴⁴

As mentioned earlier, many cite the need for international recognition as a reason for scientific research on Tibetan medicine. According to Deputy Director Namgyal Tsering, Tibetans know Tibetan medicine is effective because of its long, successful history and basis in Buddhist scripture. However, scientific proof is necessary for the outside world.⁴⁵

Goals of Outside Research

If you search “Tibetan medicine” on the PubMed database (largest database of medical and scientific publications), you will come up with over 87 results, mostly articles by Western or Chinese researchers.⁴⁶ By skimming the titles, one this is obvious: the main difference between the research strategies of Men-Tsee-Khang and these other institutions is that almost all of the Western and Chinese research is focused on single

⁴² Interview: Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

⁴³ Interviews: Phurbu Lhamo, Dr. Dadon, Namgyal Tsering.

⁴⁴ Paljor, Thokmay. “Tibetan Medicine: Tuning in Modern Interpretation with Strong Traditional Base.” *sMan-rTsis Journal*: Vol IV, Issue 1, August 2007, p. 5.

⁴⁵ Interview: Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

⁴⁶ NCBI PubMed < ncbi.nlm.nih.gov/sites/entrez, search: “Tibetan medicine”>

active ingredients and mechanisms of action, and not the overall effects of a treatment regimen. This focus demonstrates a fundamental difference between the research pursued by the two groups. Tibetan medicine is only interested in showing the efficacy of their treatments, while biomedical research wants to know how the treatments work within the confines of their medical paradigm. While this research can be purely for the progression of scientific knowledge, it often has deeper motivations. These motivations, mainly focusing around commercialization, can expose Tibetan medicine to multiple dangers, as discussed later. Once an active ingredient is isolated and tested, it can be patented as a biomedical-style drug and put into use in the Western pharmacopoeia.⁴⁷ Such research seems focused on finding new active ingredients to be used in biomedical drugs, not for the furthering of the Tibetan medical tradition as a whole.

Conflicts in Methodology

“The points of contestation are numerous, and frequently organized around several basic questions: whose versions of medical efficacy are correct? Whose terms of diagnosis are the most appropriate for clinical research? Are both medical systems ‘scientific’? If so, how does one deliberate between different claims of truth offered by each? If not, who determined the bounds of scientific legitimacy?”⁴⁸

According to Dr. Steven Strauss, former director of the NCCAM, the “gold-standard” in biomedical clinical research is the randomized controlled clinical (RCC) trial, preferably double-blind and with a placebo control.⁴⁹ In this experimental design, the involved patients are informed of the possible treatments and then randomly assigned into either the control or experimental group. In a double-blind, placebo controlled study, the control group receives a non-active drug substitute (such as a sugar pill) and neither the doctors evaluating the treatment nor the patients know whether they are receiving the actual treatment or the placebo.⁵⁰ It is important that the sample size of participants is large enough to provide statistically significant results.⁵¹ This design works best to test the

⁴⁷ Adams, 2002, p. 681.

⁴⁸ Ibid, p.664.

⁴⁹ Ibid, p. 669.

⁵⁰ Herbert Schwabl. “Tibetan Medicine: A Question of How West Should Meet East.” *Tibetan Review* (1998), p. 16.

⁵¹ Adams, 2005, p.276.

efficacy of a single type of treatment for a specific disease, although, as discussed later, this can be modified somewhat.

While creating a clinical trial to test the efficacy and safety of Tibetan medicine, many factors must be considered. Tibetan medicine is a completely different medical paradigm with its own systems of diagnosis, prescription, and evaluation. Because of this, it cannot always be manipulated and evaluated in the same ways as biomedicine, or at least not fairly. According to Dr. Tokar: “If experimental studies are to be done to determine safety and efficacy, research protocols must be specifically designed which are appropriate for investigating the theory and practice of Tibetan medicine.”⁵² There are also many cultural concerns involving linguistic and conceptual translations when performing a clinical trial in a non-Western setting. These issues are deep-rooted and hard to solve. Adams states: “This sort of difference occurs at the level of epistemology of basic assumptions about how we know, or establish, truth about medical efficacy.”⁵³

The first issue arising in the development of a clinical trial is determining the disease to be investigated. Since there is rarely a one-to-one correlation between Tibetan and biomedical diagnoses, one standard must be picked.⁵⁴ Because of their broader recognition, biomedical diagnoses such as diabetes, Hepatitis B, or hypertension are usually chosen for investigation. However, in Tibetan medicine, such a biomedical diagnosis could cover a range of ailments caused by numerous different imbalances and distant causes. The question then arises of which treatment plan to use. Under a normal clinical setting, patients falling under such a biomedical diagnosis would be treated in many different ways due to their individual constitutions and symptom presentation.⁵⁵ Tibetan treatment also commonly varies throughout the course of recovery, depending on the progress of the patient.⁵⁶ This, as mentioned above, does not lend itself particularly well to the RCT model which best examines a single drug treatment plan. A major risk involved in the development of clinical trials is the over-simplification of diagnosis and

⁵² Interview: Eliot Tokar, email, 2 May 2008.

⁵³ Adams, 2005, p. 277.

⁵⁴ Ibid.

⁵⁵ Adams, 2002, p. 671.

⁵⁶ Loizzo, et al, 2007, p.10.

treatment. If patients are diagnosed by biomedical doctors and all given the same treatment that is used for certain presentations of a similar Tibetan disease, how accurately does this measure the efficacy of the entire Tibetan medical system? The choice of diagnostic and treatment standards is an important one with serious ramifications. According to Adams: “Starting with biomedical diseases results in a disorganization of the Tibetan approach, undermining the logic of its etiology and treatment resources, and making it most likely that it will not produce statistically successful outcomes.”⁵⁷

The next methodological issue facing Tibetan medicine clinical trials is determining standards by which efficacy and success are judged. Once again, success is generally judged by biomedical standards. As with choosing biomedical diagnoses, this makes sense if the trial is to gain the attention of biomedical researchers but has potentially dangerous consequences as well. This can best be demonstrated in an example presented by Adams in “Randomized Controlled Crime.” A Western researcher conducted a study on the digestive pathogen *Helicobacter pylori* at the Lhasa Men-Tsee-Khang. She worked with Tibetan physicians to find the equivalent diseases and symptoms and then tested the success of the traditional treatment. The trial was a success by Tibetan standards as the treatment alleviated all the symptoms. However, the treatment did not completely eliminate the bacterium from the patients’ systems so was considered a failure by biomedical standards. When she returned for follow-up research, she was told “The research had already proven to be unsuccessful in demonstrating the efficacy of Tibetan medicine.” The introduction of a new concept of efficacy, the *HP* bacterial count, caused the Tibetan doctors involved begin to doubt their treatment even though it had worked successfully, by their standards, for hundreds of years.⁵⁸ The overarching question is what exactly is being tested: a particular Tibetan drug compound, or the entire system of treatment from diagnosis to recovery. Just because a Tibetan treatment does not alleviate certain biomedically recognized symptoms, does not mean that the treatment could not be very useful to people around the world.

⁵⁷ Adams, 2002, p.671.

⁵⁸ Ibid, p.662-663.

Also, one must question what exactly is being tested and if, by taking a particular treatment out of a complex system could contribute to the supposed lack of success. As mentioned above, the simplification of diagnosis, treatment, and indicators of success can greatly affect the outcome of a clinical trial. In their article, Loizzo, et al, introduce the concept of “black box” research. In this method, only the original diagnosis and the final outcome of the treatment are analyzed. This leaves the Tibetan physician to prescribe and treat the patient according to his training, with no influence of the research system.⁵⁹ While this system does not provide the same controls as the RCC model, it allows for the entire Tibetan medical system to be tested without interference. If this kind of research is recognized by the world community, it is the perhaps the best opportunity for Tibetan medicine to demonstrate its efficacy while maintaining its traditional nature.

When doing clinical trials in a new environment, there are many translation related issues that must be considered. First, there must be sufficient linguistic translation to ensure the proper communication between indigenous doctors, outside researchers, and patients. This requires significant infrastructure and resources that may be unavailable depending on the location of research.⁶⁰ Beyond simple linguistics, however, there are many other cultural and conceptual translations that must be successfully accomplished as well. In order to comply with ethical standards, researchers must gain informed consent from the participants. “Informed” includes a full understanding of the risks involved with both receiving and not receiving the experimental treatment and familiarity with the process of randomization. In an example provided by Adams in “The Challenge of Cross-Cultural Clinical Trials Research,” both of these topics caused a problem. First, Tibetans tend to believe that if bad possibilities (such as potential side-effects) are discussed, they are far more likely to happen. Thus patients were unwilling to listen to the potential risks of participation in the trial.⁶¹ Secondly, complete random chance is not a familiar concept in Tibetan society where *karma* is seen as the cause for future events. Thus patients tend to assume a *karmic* cause for their placement in either the control or experimental group. To solve logistical problems of this nature, researchers must look

⁵⁹ Loizzo, et al, 2007, p. 20.

⁶⁰ Adams, 2005, p.275

⁶¹ Ibid, p. 278-279.

deep into the culture in question to find similar concepts. For example, in American culture, randomization could be described as flipping a coin, however, this concept does not exist in other cultures so a similar but culturally relevant example must be found.⁶²

Men-Tsee-Khang as a Research Institution

Mission

Over the past few years, Men-Tsee-Khang has produced a number of clinical and laboratory studies. The greatest collection of this research is the *sMan-rTsis Journal* published in August 2007.⁶³ Here I will review and analyze some of the research presented in this and other sources to evaluate the current standing of Tibetan medical research.

Review of Research

The use of mercury in many traditional medical traditions is one factor that has slowed the incorporation of Tibetan medicine and other traditions into mainstream Western use. Tibetan medicine uses a highly processed form of mercury known as *tsothel* and claims that in this form, the mineral is non-toxic. In this small study, “Mercury in Traditional Tibetan Medicine: panacea or problem?” they try to demonstrate that the use of mercury is not harmful. The clinical research took place at Delek Hospital, Dharamsala, while the laboratory analysis was performed by consulting researchers in Israel. The study compares two experimental groups (one taking mercury-containing precious pills and one taking non-mercury-containing precious pills) and one control group (taking no Tibetan medicine) for an average range of 24-51 months exposure. The patients were tested for traces of mercury in blood and urine and examined for signs of mercury toxicity.⁶⁴ The study was partially blind, but not double blind and the groups were poorly randomized. Also, with group sizes ranging from two to six, the sample size

⁶² Ibid, p. 279-280.

⁶³ *sMan-rTsis Journal (Journal of Tibetan Medicine & Astrological Science)* Vol. IV Issue 1 August 2007

⁶⁴ Sarah Sallon, Tenzin Namdul, Sonam Dolma, Pema Dorjee, Dawa Dolma, Tseten D. Sadntshang, Pnina Ever-Hadani, Tali Bdolah-Abram, Steven Apter, Shlomo Almog. “Mercury in Traditional Tibetan Medicine- panacea or problem?” *sMan-rTsis Journal: Vol IV, Issue 1, August 2007.*

is far too low for statistical conclusiveness. The preliminary results suggest that the mercury is not absorbed by the body and has no toxic effects but, due to above mentioned issues, these findings are not conclusive and will do little to convince the Western skeptics.

The study “Clinical Trial of a Tibetan Medicine in the Treatment of Chronic Hepatitis B,” is definitely a step in the right direction with 50 clinical participants and fully randomized groups, double-blind methods, and thorough statistical analysis.⁶⁵ The two large issues of this study are the seeming lack of a control or placebo group and no explanation of the differences between the two experimental groups, only their titles: Specific Tibetan Medicine and Traditional Tibetan Medicine. The former is inexcusable in any scientific study as a baseline for comparison is critical. The patients were compared only against their initial presentation with the issues of possible natural variation of symptoms over time or the placebo effect being completely ignored. The latter issue could simply have been lost in translation and maybe these two terms are descriptive enough to certain audiences but when the goal is to draw the attention of the wider community, such things must be fully explained. The other main issue plaguing this study is the general lack of presentation skills, especially when dealing with the statistics. Overall the English was poor and the manuscript appeared unedited. As for the statistics, they were performed by a trained statistician and appeared thorough and helpful but the authors did not seem to understand the statistical results and therefore the power of such analysis was completely lost. While this clinical trial is an improvement, Men-Tsee-Khang researchers need to keep their intended audience in mind because even if the hard science is there, it won’t be recognized if its hidden under poor writing and lack of thorough explanation.

Other examples of recent or ongoing research include and observational study on cancer treatment and a survey of blood pressure throughout the Tibetan exile community. The observational study follows the treatment of 640 cancer patients at various Men-Tsee-Khang clinics across India for a period of three years. General conclusions of

⁶⁵ R. Sangmo, D. Dolma, T. Namdul, T. Tsepel, R.M. Pandey. “Clinical Trial of Tibetan Medicine on the Treatment of Chronic Hepatitis B.” *sMan-rTsis Journal*: Vol IV, Issue 1, August 2007.

effectiveness are made but no statistical analysis is presented to support these claims. The study itself states that it is not controlled or standardized, but purely observational.⁶⁶ Except for the more extensive records kept, this study is not particularly different from the continuous observational research that has been going on for centuries. This kind of research lends nothing to the progress of Tibetan medicine in the eyes of the world. The other study mentioned, was a simple preliminary survey of blood pressure of all Tibetans in India between the ages of 32 and 70. While this in itself does not demonstrate the efficacy of Tibetan medicine, it is hoped that the high rates of hypertension discovered will encourage a clinical investigation into Tibetan treatments for this disease. Dr. Dadon, the head of the Clinical Research Department, hopes that a hypertension study will be the next extensive project undertaken by the department.⁶⁷

A Good Example

A stronger example of Men-Tsee-Khang's recent research can be found in "Efficacy of Tibetan Medicine in the Treatment of *Type 2 Diabetes Mellitus* (NIDDM)."⁶⁸ This study evaluates the progress of 200 patients over the period of 24 weeks and compares two completely randomized groups: one receiving Tibetan medicine and making dietary and lifestyle changes, the other only making the diet and lifestyle changes. The diet and behavioral recommendations were based on those from the American Diabetes Association, showing an interesting synthesis of the two systems. Also, instead of doing a single-drug study, this is a multi-drug study where each patient was diagnosed by a Tibetan doctor and prescribed a combination of four drugs based on specific humoral imbalances. This shows that the traditional diagnostic practices can be maintained even in the context of a clinical trial, helping to preserve the identity of Tibetan medicine. This study has a large enough sample size and long enough duration to provide substantial results that were successfully analyzed statistically. Unlike other

⁶⁶ Dorjee Raptan Neshar. "Clinical case Study of Cancer (*Dres-ned*) patients treated at Men-Tsee-Khang's Bangalore Branch Clinic for the period of 27 months from November 2002 to February 2005." *sMan-rTsis Journal*: Vol IV, Issue 1, August 2007.

⁶⁷ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

⁶⁸ Tenzin Namdul, Ajay Sood, Lakshmy Ramakrishnan, Ravindra M. Pandey, Denish Moorthy. Clinical Trial of Tibetan Medicine in the Treatment of Newly Diagnosed Non-insulin Dependent Diabetes Mellitus (NIDDM). Men-Tsee-Khang.

trials, these statistical results were clearly reported. The only thing lacking was either a double-blind experimental design or a placebo control. The patients showed better improvement with Tibetan medicine than has been documented with biomedicine, with an increase in blood hemoglobin count as the trial progressed.⁶⁹ The results of this study were actually published as a letter in the American journal *Diabetes Care*, showing the success of this study by modern scientific standards.⁷⁰

This is a strong example of how a clinical study can incorporate the entire diagnostic and treatment methods of Tibetan medicine while maintaining the elements of respectable, publishable scientific research. This demonstrates how science can be used to support Tibetan medicine without oversimplifying it and without exposing it to exploitation. This is a good application of Loizzo, et al's "black box" methodology described earlier.⁷¹ In my opinion, this research model is the most promising for the recognition of Tibetan medicine as an effective alternative medical paradigm.

So, where do they stand?

While these studies show an enthusiastic start to the process of incorporating modern clinical and laboratory research, I believe the majority of them fall short of their larger goals. Few of Men-Tsee-Khang's employees are actually trained in the methods of scientific research and it shows. Currently, all the members of the Clinical Research department are trained Tibetan physicians and Men-Tsee-Khang relies on All India Institute of Medicine (AIIMS) to help plan the clinical trials and analyze the data.⁷² The institution needs to focus on recruiting such trained specialists to work in conjunction with the traditionally trained staff. This would greatly increase the power and ability of their research teams. Until then, I think their teams could benefit from slowing down and working on larger-scale, better designed trials and studies instead of many small preliminary experiments. While each large study would be more of a monetary and time investment, they would go far further in establishing Men-Tsee-Khang as a reputable

⁶⁹ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

⁷⁰ Namdul, Sood, Ramakrishnan, Pandey, Moorthy. "Efficacy of Tibetan Medicine as an Adjunct in the Treatment of Type 2 Diabetes." *Diabetes Care*: Jan 2001, 24(1).

⁷¹ Loizzo, et al, 2007, p. 20.

⁷² Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

research institution. Another important goal is to seek publication in peer-reviewed journals: the standard of scientific literature.⁷³ While internal journals such as *sMan-rTsis Journal* provide a means of publication, they serve little use as far as gaining acceptance in the wider community.

The main issues currently holding Men-Tsee-Khang back are funding and approval. Currently studies are funded from many sources including internal funding from the institute and from various private sources. These private sources range from individuals to larger organizations and are both domestic and foreign in source.⁷⁴ Dr. Dadon hopes that CCIM will soon recognize Tibetan medicine, opening the door to government funding.⁷⁵ Once Men-Tsee-Khang can establish itself as a reputable research institution, it may also be eligible for research grants by organizations of the WHO.⁷⁶ Also, the process of approval by ethical committees can further slow the progress of research. All proposals must first be approved by Men-Tsee-Khang's ethics committee and then by the ethics committees of any other participating institutions. Currently, the department is waiting indefinitely for an ovarian cancer proposal to be approved by AIIMS.⁷⁷ Because of the methodological challenges presented earlier, the process of ethical approval can be long and arduous.⁷⁸

Tibetan Medicine in the Global Community

According to Dr. Eliot Tokar, the last decade has brought “a new openness by scholarly institutions, hospitals, physicians, and medical schools” regarding Tibetan medicine.⁷⁹ While global interest in Tibetan medicine is growing quickly, the entire system, with its complex methodologies and beliefs, cannot be immediately transferred from one culture and place to another without careful consideration of many complicated issues. Questions arise as to what aspects of Tibetan medicine should be incorporated into

⁷³ Adams, 2005, p. 277.

⁷⁴ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

⁷⁵ Ibid.

⁷⁶ *WHO Traditional Medicine Strategy 2002-2005*. Geneva: World Health Organization, 2002, p. 32.

⁷⁷ Interview: Dr. Dadon, Men-Tsee-Khang, 24 April 2008.

⁷⁸ Adams, 2005, p. 272.

⁷⁹ Tokar, 1998, p. 2.

global healthcare, who should practice such procedures, from where the raw materials for drug production will come, and the types of regulation that are necessary. Great care must be taken when considering these issues because of what is at stake. “The economy of time and commerce and the influence of the allopathic medical approach place the more classical and holistic approach to Tibetan medicine at risk of being lost.”⁸⁰ It is also important to keep in mind that these issues are not specific to Tibetan medicine but are similar to those faces by all traditional and alternative medicine systems.

Despite these many issues, there is much promise for the potential contribution of Tibetan medicine to world health. Perhaps the most promising potential application of Tibetan medicine is to improving healthcare in poor and developing areas where biomedicine is unaffordable and the diagnostic technologies so heavily relied upon are unavailable.⁸¹ This type of humanitarian work fits well with the goal main goal of Tibetan medicine: to alleviate the suffering of all sentient beings. Many of my informants also cited Tibetan medicine’s potential for treating many chronic and hard to cure diseases.⁸² Dr. Tokar also believes that the holistic understanding of health propagated by Tibetan medicine could raise awareness of the interconnected nature of health and help people world-wide live healthier daily lives.⁸³

Medical Pluralism vs. Selective Incorporation

A major question in the globalization of Tibetan medicine is to what extent the system will spread. Will it continue to be practiced in its entirety or will convenient aspects break off from the system and be incorporated into the existing medical paradigm?

The idea of medical pluralism is the acceptance that more than one successful and reputable medical paradigm exists. From this perspective, Tibetan medicine and biomedicine are viewed as completely and fundamentally different, yet neither is judged as superior. In such a system, “ancient medical traditions are allowed to preserve their

⁸⁰ Ibid, p. 3.

⁸¹ Loizzo, et al, 2007, p. 13.

⁸² Interviews: Phurbu Lhamo, Yeshe Dorjee, Namgyal Tsering.

⁸³ Tokar, 2007, p. 9.

disciplines intact, while continuing to develop to meet evolving public health circumstances.”⁸⁴ Medical pluralism would require both official recognition and widespread respect for all medical systems involved, including Tibetan medicine. Within such a framework, Tibetan medicine would be left unrestricted to practice as long as treatments remained successful.⁸⁵ For Tibetan medicine to be practiced to its full extent and maintain its maximal effect, it must be accepted as a unique but equally valid medical system. Without this acceptance, Tibetan medicine will be under a lot of pressure to modify its practices to fit in with the single existing biomedical paradigm causing degradation in the traditional character of the treatments. Tibetan medicine's best chance of spreading and flourishing intact around the world is within such an epistemological framework.

The other, perhaps more likely, mechanism of spread is through the selective incorporation of specific Tibetan medical treatments into biomedicine after they are proven effective through extensive research. Currently in India, there is a lot of joint treatment with Tibetan medicine used to supplement biomedical treatments. The most common use of such supplementation is Tibetan medicine being used to counteract the side-effects of intensive biomedical treatments such as those for tuberculosis and cancer. When a biomedical doctor thinks such a supplementary treatment would be beneficial to the patient, he refers him to a Tibetan doctor for treatment.⁸⁶ This system works well in India because of the easy access to both types of treatment and the ease of communication between the doctors of the different fields. However, the lack of trained Tibetan medical practitioners in the West would likely lead to biomedical doctors trying to prescribe Tibetan drugs without the proper consultation. Dr. Yeshe Dorjee insists that anyone using Tibetan medicine should at least consult a pharmacist who has received training on the Tibetan pharmacopoeia, if not a fully trained physician.⁸⁷ This, like the issue of fraud discussed later on, threatens to undermine the respectability of Tibetan

⁸⁴ Eliot Tokar. “Preservation and Progress: Using Tibetan Medicine as a Model to Define a Progressive Role for Traditional Asian Medicine in Modern Healthcare.” *Asian Medicine Tradition and Modernity*: Vol. 2 No.2 (200?), p. 2.

⁸⁵ Loizzo, et al, 2007, p. 21.

⁸⁶ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

⁸⁷ Interview: Dr. Yeshe Dorjee, McLeod Ganj MTK Branch Clinic, 2 May 2008.

medicine through improper use of Tibetan remedies. The marketing of Tibetan medicine through pharmaceutical companies, as also discussed later, further increases the chance that Tibetan treatments will simply be incorporated and prescribed as if they were new biomedical drugs. While drugs are a large and effective aspect of the Tibetan system, their use out of context undermines the entire essence of the holistic Tibetan system.

Regulatory Issues

Most developed countries already have extensive regulatory frameworks in place for the approval of drugs and the practice of medicine.⁸⁸ However, these regulatory structures are fashioned around the biomedical paradigm and do not always conform easily or ethically to Tibetan medicine.

Without extensive testing and regulation, Tibetan medicines can currently be marketed in the US as health food or nutritional supplements. Upon arrival on the market, these must be tested, screened, identified, and shown to be safe.⁸⁹ While most Tibetan drugs would pass these initial regulatory tests, to be respected and considered as *medicine*, much more extensive tests must be undertaken.⁹⁰ This scenario establishes somewhat of a double jeopardy situation for Tibetan medicine: medicines are relegated to supplement status unless fully tested, however, with this testing they run a high risk of no significant results (due partially to methodological issues discussed earlier). If, in this testing, drugs show no medical benefit, they will not be further considered as a *medicine* and will likely be pulled from the shelf as supplements as well.

Also, regulatory questions abound around the issue of *belief or magic*. While these aspects of Tibetan medicine cannot be scientifically tested, they are an important part of the traditional Tibetan medical practice, but also play a large role in its marketability. As Adams states, “money is where the magic is,” with this extra dimension adding to consumer appeal.⁹¹ However, it is these aspects that cannot be easily regulated and threaten to plunge all of Tibetan medicine into the hole of superstition and

⁸⁸ Schwabl, 1998, p. 16.

⁸⁹ Adams, 2002, p. 667.

⁹⁰ Ibid, p. 665.

⁹¹ Ibid, p. 667.

fraudulent practices. The current goal of government regulation is to protect patients from being sold “magic” and being convinced it is medicine, compelling the state to “issue laws that will protect citizens from their own beliefs.”⁹²

In order to establish a regulatory system that fairly evaluates Tibetan medicine while protecting it from threats of fraud, governments and regulatory agencies must develop systems of evaluation based on the concept of medical pluralism with its underlying acceptance of multiple medical paradigms. Without such a concession, Tibetan medicine and other traditional medical systems cannot be fairly and ethically regulated to protect both their intrinsic values and the health and well-being of patients.

Legal and Ethical Issues

There are many legal and ethical issues relating to the global practice of Tibetan medicine. The cultural differences between the Tibetan community in which the tradition developed and is now practiced, and the various cultures to which it might spread, make a direct transition difficult.⁹³ The difference between the cultural contexts is perhaps the highly commercialized and commoditized nature of biomedicine today. The biggest perpetrators of this capitalist medical culture are the large pharmaceutical companies, or Big Pharma.⁹⁴ These companies are beginning to take interest in Tibetan and other traditional medicines and a trove of potential products and profits. Adams states, “Pharmaceutical interests speak in languages of medical science as they cross geographic, political, and cultural borders in order to pursue profits.”⁹⁵

The largest threat facing Tibetan medicine is the threat of commercialization by exploitive pharmaceutical companies as part of the growing “Neutriceutical industry.”⁹⁶ The co-opting of traditional Tibetan remedies by the corporate sector leads to many ethical issues. The standard of practice by pharmaceutical research is to identify new drug compounds, test them, and once shown effective, patent them. By patenting a drug, the

⁹² Ibid.

⁹³ *WHO Traditional Medicine Strategy 2002-2005*. Geneva: World Health Organization, 2002.

⁹⁴ Adams, 2002, p. 659.

⁹⁵ Ibid, p.661.

⁹⁶ Interview: Eliot Tokar, email, 2 May 2008.

company in effect owns it and has exclusive rights to its production. As is the case with biomedical drugs, these can then be sold at high prices with a large profit margin. This can be viewed as “biopiracy” or intellectual theft since the idea is commandeered from the Tibetan medical tradition and used for the profit of the company. If a company is found guilty of biopiracy, they risk the loss of patents and profits, however, regulatory agencies tend to turn a blind eye.⁹⁷ This issue threatens Tibetan medicine from many different angles.

First, it introduces commercialization to Tibetan medicine. By patenting and marketing Tibetan treatments, pharmaceutical companies can turn Tibetan medicine into a commercial enterprise similar to biomedicine, potentially undermining the most important aspects of Tibetan medicine. According to Dr. Tsultrim Kalsang, commercialization goes against the Tibetan medical code of ethics for healing people.⁹⁸ Treatments should be affordable and available to everyone in need and, according to Dr. Namgyal Tsering, the traditional scriptures forbid Tibetan medical professionals from making a profit through their practice.⁹⁹ Both stressed this non-profit nature of Tibetan medicine as being very important because of it is commercialization undermines the Buddhist ethic and potential threatens other spiritual aspects as well. The introduction of Tibetan medicine to the capitalist market also threatens the nature of patient-doctor relationships which are traditionally based on absolute compassion and altruism.¹⁰⁰ These relationships are particularly important to the treatment of conditions involving extensive counseling, such as neurological and psychological problems.¹⁰¹ If the people and companies providing Tibetan medicine and care are making a profit, how altruistic are they?

The patenting of Tibetan medical products could create a monopoly of production, allowing the pharmaceutical companies to charge exorbitant prices. This would in turn limit the access to Tibetan medicine where it is already practiced and

⁹⁷ Micheal Gollin. “Legal Consequences of Biopiracy.” *Nature Biotechnology*: Vol. 17, 1999.

⁹⁸ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

⁹⁹ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008

¹⁰⁰ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

¹⁰¹ Interview: Dr. Dekyi, Men-Tsee-Khang Branch Clinic, 24 April 2008.

prevent the spread to areas which most need the low cost, humanitarian system.¹⁰² It is ethically questionable enough to co-opt Tibetan medicine for profit while the traditional practitioners are left uncompensated, but to then also limit the access of indigenous populations is abominable.

Other Risks and Considerations

While the issues discussed above are perhaps the most pressing, many other logistical issues also exist if Tibetan medicine is spread around the world. The spread and increase in popularity of Tibetan medicine could have detrimental effects on the fragile Himalayan environment if not carefully considered and controlled. Many plants and natural products of the Tibetan pharmacopoeia are already limited to certain protected areas in the Indian Himalayas.¹⁰³ Not only are some of them rare and endangered, but in many cases, state governments tightly restrict and limit their harvesting. This raises the question of how an increased demand for such products would be handled. Men-Tsee-Khang has started a project of small scale herbarium cultivation for the most rare and hard to obtain plants.¹⁰⁴ Such a project would have to be greatly expanded to satisfy the needs of a global Tibetan medicine market. Another possible solution is the substitution of other related plants for the original Himalayan species. This process would obviously have to involve careful investigation and testing by qualified Tibetan medicine-trained personnel.¹⁰⁵ Some plants, however, may not be able to be cultivated outside their environment or replaced by other species, posing the problem that maybe only part of the traditional Tibetan pharmacopoeia could be marketed on a large scale. The biggest related consideration is that small supply and high demand could drive drug prices up, making them unaffordable to many patients who now benefit from their low cost.¹⁰⁶ Tibetan medicine cannot globalize only to leave those originally dependent on its care, without access.

¹⁰² Interview: Eliot Tokar, email, 2 May 2008.

¹⁰³ Pema Thinley, 1997, p. 17.

¹⁰⁴ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 May 2008.

¹⁰⁵ Schwabl, 1998, p. 15.

¹⁰⁶ Interview: Dr. Yeshi Dorjee, McLeod Ganj MTK Branch Clinic, 2 May 2008.

Another issue to consider is the possibility that demand for Tibetan medicine practitioners will exceed the number of appropriately trained doctors. Dr. Yeshe Dorjee predicted that with a rise in interest in Tibetan medicine, the number of fraudulent practitioners will also increase. Since the system will be unfamiliar to many patients, it will be easier to fool them. He believes that this is an inevitable issue with any alternative medicine system but could tarnish the credibility to Tibetan medicine.¹⁰⁷ Men-Tsee-Khang is hoping to avert this problem by offering more extensive training opportunities to foreigners in the near future by relocating and expanding their medical college. There would then be many more slots for foreigners to undergo the full 5 year long course of study. Also, Men-Tsee-Khang is working to translate all of the major texts into English which will greatly help with the education of foreign practitioners of Tibetan medicine.¹⁰⁸

All of these issues and more must be carefully considered by Tibetan medical researchers and practitioners around the world. If Tibetan medicine is going to become a globally recognized and used form of treatment, development must proceed carefully with special attention on issues of commercialization, intellectual theft, and fair regulation. Without these precautions, Tibetan medicine stands to lose much of its fundamental essence, and perhaps even be lost to those who currently depend on it.

A Disturbing Naivety

Throughout my interviews, I was continuously struck by how unconcerned most Tibetan doctors seemed about the threats that I have discussed here. This is perhaps because they are somewhat sheltered from the realities of the biomedical and pharmaceutical industries. They sincerely hope Tibetan medicine can spread and relieve the suffering of the global community and remain optimistic about such possibilities. This is not to say that they are completely unaware of the potential risks, but more that they seem to not fully grasp the scale of these risks and the detrimental effects they could have on the continued existence and practice of Tibetan medicine.

¹⁰⁷ Interview: Dr. Yeshe Dorjee, McLeod Ganj MTK Branch Clinic, 2 May 2008.

¹⁰⁸ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

Most of my interviewees were able to cite at least one potential risk involved in either continued research or the spread of Tibetan medicine. Dr. Tsultrim Kalsang enthusiastically discussed the threat of commercialization in the West but was mainly concerned about the loss of the altruistic doctor-patient relationship and spiritual elements, not with the bigger issues of patents, biopiracy, or loss of access to Tibetan medicine by the Tibetan community.¹⁰⁹ Dr. Yeshe Dorjee cited issues of fraud and the proper training of Tibetan physicians abroad.¹¹⁰ Dr. Namgyal Tsering mentioned the possibility of commercialization and its negative impact on patients, but later stated that there are no risks to continuing research and spreading Tibetan medicine. He believes that research can only support what is traditionally known about Tibetan medicine.¹¹¹

I sincerely hope that much of this seeming naivety was because I was simply asking the wrong questions. I tried to ask repeatedly about potential risks when I didn't get answers, even suggesting possible answers to some interviewees but still got little. While language and translation could have contributed to the lack of responses, I fear that this represents an actual and wide-spread trend. Through email correspondence with Dr. Eliot Tokar, an American practitioner of Tibetan medicine and a scholar focused on such issues, he mentioned that a similar naivety exists in the US:

Given that Prime Minister Samdhong Rinpoche has spoke out against the commodification of Tibetan medicine -- as did the old teachers like Trogawa Rinpoche and Tenzin Choedrak -- and that India is a land where the issue of biopiracy is understood I have wondered why the younger Men-Tsee-Khang amchis one meets in America these days are not more cognizant of this issue.¹¹²

Through this research, I hope to gain the attention of the Tibetan medical and research community and encourage them to further explore the potential threats facing their field. While I believe that research and attempts to spread Tibetan medicine can be successful for all involved, without knowledge of the potential risks, Tibetan medicine leaves itself exposed to exploitive corporations and the biomedical market threatening its continued existence.

¹⁰⁹ Interview: Dr. Tsultrim Kalsang, Men-Tsee-Khang, 19 April 2008.

¹¹⁰ Interview: Dr. Yeshe Dorjee, McLeod Ganj MTK Branch Clinic, 2 May 2008.

¹¹¹ Interview: Dr. Namgyal Tsering, Men-Tsee-Khang, 5 May 2008.

¹¹² Eliot Tokar, email correspondence, 23 April 2008.

Conclusion

The topic of Tibetan medical research and expansion is a difficult and multi-faceted issue. While I do believe that some good can come out of research initiatives, I believe researchers should proceed with great care. Before a study is undertaken, the methodology must be carefully considered to ensure that it gives the treatment in question a fair chance of success. I feel that clinical trials that oversimplify Tibetan diagnosis and treatment do not give such treatments a just chance of showing statistical significance by biomedical standards. Alternatives to the randomized controlled clinical trial such as the idea of “black-box” research need to be developed so that Tibetan medicine is not forced to fit into the biomedical model. While research to identify active ingredients and determine their pathways of action can add greatly to scientific knowledge, they must be pursued with care and not used for the exploitation of Tibetan medicine.

As for the globalization of Tibetan medicine, I agree with many of my interviewees that it can help alleviate suffering around the world. However, as with research, much care must be taken. For the greatest benefit to humanity, Tibetan medicine must remain non-commercial and in the hands of trained Tibetan medical professionals. All involved should take steps to prevent the usurpation of the rich knowledge of Tibetan medicine by pharmaceutical companies. There are international treaties against biopiracy, so if recognized, the Tibetan medical community can prevent the patenting of their unique knowledge by others.

While this research is far from a complete analysis of this complex issue, I hope that it serves to raise awareness within the Tibetan medical community. Tibetan medicine is such a vast and valuable field, that I would hate to see it be negatively effected by the increasingly interconnected and commercialized world. Tibetan medicine has too much to offer to be lost forever in the throes of capitalism and the biomedical paradigm.

Methodology

This research was carried out through a combination of interviews and textual research. My interviews were conducted mostly at Men-Tsee-Khang, Gangchen Kyishong, Dharamsala, India. One interview was conducted at the McLeod Ganj MTK Branch Clinic and one was conducted via email. All interviews were conducted in English as my informants all had a good grasp of the language. However, it is still possible that some was lost in the language barrier. Interviews comprised the majority of my field work as there were not any clinical studies or laboratory research in progress at the time. I was hoping to observe and participate in some laboratory research at Men-Tsee-Khang during the ISP period, however, the research department was in the process of moving to a new lab and neither lab was operational at the time.

I had some difficulties with interviews as most people insisted they did not know enough about my topic of research and told me to talk to the “experts,” with whom I’d already spoken. Also, as already discussed, even the “experts” seemed unfamiliar with some of the topics of my interview. While this made research frustrating, it was a telling indicator of the current Tibetan medical perspective of their research initiatives. I got similar opinions from most of my interviewees which I do not think is fully representative of the Tibetan medical community. In a brief conversation with the MTK director, Dr. Dawa, he mentioned that extreme caution was needed in pursuing research and other modernization initiatives. However, I was unable to meet with him later for a formal interview due to his generally busy schedule and an emergency trip to Delhi. Also, in my email correspondence with Dr. Eliot Tokar, he mentioned that many of the older generation of teachers had spoken out against such efforts but I was unable to contact any of those people or find textual sources to support that.

To fully develop this topic, much more background reading on the philosophical and epistemological issues discussed would have been helpful as well as more field research and interactions with members of both the Tibetan and biomedical communities. Much more field research would be necessary to gain a full understanding of the diverse

opinions relating to scientific research of Tibetan medicine. These things were simply not possible with the time and resource constraints of the ISP.

Future Research

I personally hope to return to Men-Tsee-Khang within the next few years to act as some-what of a liaison between Tibetan medicine and scientific research. Men-Tsee-Khang is in the process of moving to a new, larger and better equipped laboratory. In this new facility, they hope to greatly expand their laboratory research and seem to think that, with my experience in laboratory research, I could be helpful in getting some projects off the ground. After all Men-Tsee-Khang has done in helping me with this research, I would love to give back in such a way.

As for other students, if you are scientifically inclined and have some lab experience, it seems as if Men-Tsee-Khang would appreciate any help that you could give and this would make for a fascinating and unique ISP. If you are interested in Tibetan medicine but come from an economics or sociology background, a more thorough investigation into the issues of globalizing Tibetan medicine would be very interesting.

In general, Tibetan medicine is a fascinating and complex topic that I would highly recommend investigating in some regard. I would just recommend caution because within such a complex system, an even seemingly specific topic can become extensive and tedious.

Glossary

bad kan ()- the phlegm humor

biopiracy- negative term used for the appropriation of legal rights to indigenous biomedical knowledge, usually through patents

mkrhis pa ()- the bile humor

TM/CAM- traditional medicine/complementary and alternative medicine

tsothel ()- the form of mercury used in Tibetan medicine, “detoxified” through a complex process taking several months

nosological- a systematic arrangement, or classification, of diseases

nyes pa ()- the three humors in Tibetan medicine

rlung ()- the wind humor

rGyud zhi ()- The Four Tantras, the central text in Tibetan medicine

List of Interviews

Dr. Tsultrim Kalsang-

Interviewed 19 April 2008, Materia Medica Department, Men-Tsee-Khang,
Dharamsala, India

Phurbu Lhamo-

Interviewed 24 April 2008, Quality Control Lab, Men-Tsee-Khang, Dharamsala,
India

Dr. Dekyi-

Interviewed 24 April 2008, Tibetan Physician, Branch Clinic, Men-Tsee-Khang,
Dharamsala, India

Dr. Dadon-

Interviewed 24 April 2008, Head of Research and Development Department,
Men-Tsee-Khang, Dharamsala, India

Dr. Yeshe Dorjee-

Interviewed 2 May 2008, Chief medical officer, Men-Tsee-Khang Branch Clinic,
McLeod Ganj, India

Dr. Eliot Tokar-

Interviewed via email 3 May 2008, Tibetan physician, New York, NY, USA

Dr. Namgyal Tsering-

Interviewed 5 May 2008, Deputy Director, Men-Tsee-Khang, Dharamsala, India

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