


REPORT

The Role of the Men-Tsee-Khang During COVID-19: Retrospective Reflections on Sowa Rigpa Pandemic Responses from Dharamsala

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1. Introduction

or Tibetans in India, the Men-Tsee-Khang (Tibetan Medical & Astro-Science Institute, hereafter MTK), played a pivotal role in addressing the COVID-19 pandemic through the use of traditional Tibetan medicine.¹ Their efforts centered on providing a range of protective amulets as well as a set of herbal formulas for prevention and COVID-19 symptom management during the different stages of the pandemic. The MTK also supported biomedical public health strategies, in collaboration with the biomedical Delek Hospital, the Central Council of Tibetan Medicine (CCTM), and the Central Tibetan Administration (CTA) in Dharamsala. This report examines how medical knowledge about COVID-19 was accessed, shared, and implemented. To summarize and analyze the MTK's strategies and contributions, we draw on the MTK's internal documentation, published newsletters, observational research, and online guidelines.² We also examined CCTM's publications on COVID-19 (CCTM 2022), and conducted interviews with MTK physicians and one MTK astrologer. This report covers the pandemic phase from February 2020 to April 2022, with some retrospective reflections from 2023 and 2024.

Founded in Lhasa in 1916 and re-established in Dharamsala in 1961 (see Cholotar 2000), the MTK has been focused on preserving and disseminating Tibetan medicine through training, clinical practice,

¹ Tibetan medicine is also known as Böluk Sowa Rigpa (Bod lugs gso ba rig pa), or the "Healing Science of Tibet." It was recognized in India by the Ministry of AYUSH as Sowa Rigpa in 2010. On the politics of naming Tibetan medicine see Craig and Gerke 2016. We use Tibetan medicine and Sowa Rigpa interchangeably in this report.

² Thirty-five documents in English or Tibetan are archived at: <https://mentseekhang.org/covid-19/>. Last accessed November 25, 2024.

research, and medicine production. With a large pharmacy, it distributes around 184 medical formulas across its fifty-eight branch clinics and two wellness centers in India and a series of Sorig supplement products within India and internationally.³ Since the official recognition of Sowa Rigpa in India in 2010 under the Ministry of AYUSH (see Blaikie 2016, Kloos 2016), the MTK has been involved in standardizing its educational and medical practices in line with national healthcare policies.

During the pandemic, this translated into adhering to the Indian government's COVID-19 guidelines, which included lockdowns and vaccination policies. Despite these efforts, the MTK faced challenges in gaining formal support from Indian health authorities, which impacted its ability to manage COVID-19 symptoms on a large scale, for example, moving Sowa Rigpa support into pandemic-affected areas across India. Efforts to communicate with the AYUSH ministry did not elicit the desired support, but also not an outright rejection.⁴ The MTK navigated these challenges by offering established formulas as symptomatic management for COVID-19, such as cough and fever, carefully avoiding claims of treating or curing COVID-19. AYUSH published a circular on pandemic guidelines and distributed it online. Neither the CTA Health Department nor the MTK received pandemic guidelines directly from AYUSH via email.⁵ This situation reflects the broader issues faced by traditional medical systems in gaining acceptance in national health strategies in India, even more so in times of crisis.

Before analyzing the MTK's pandemic response in detail, by way of introduction, we can say that at the heart of the MTK's pandemic response was the formation of the "MTK External Emergency Team" (MEET), which took charge of clinical management, public health education, and community support. Economically, the pandemic posed significant challenges, yet the MTK chose not to commercialize COVID-19-related products. Instead, they emphasized charitable distribution to ensure community access to treatments, which reflects their ethical commitment to healthcare over profit. Protective pills and amulets were sold at reasonable prices, covering the costs of production.

The MTK remains dedicated to preserving and promoting Sowa Rigpa, incorporating both medical and astrological knowledge (MTK

³ See: <https://www.men-tsee-khang-exports.org/>. Last accessed November 25, 2024.

⁴ The director's letter to AYUSH was printed in MTK 2021a, 4. It remained unanswered but presented the MTK's intentions to the public.

⁵ Dr. Tsamchoe, chairperson of CCTM, personal communication to Dr. Rigzin Sangmo, December 26, 2024.

2021a, 1). Both aspects were utilized during the pandemic in terms of developing protective amulets, called *sungkhor* (*srung 'khor*), and protective amulet pills known as *rimsung* (*rims srung*), as well as a set of medicinal formulas distributed as “immune boosters,” discussed below.

The MTK advocated for a perspective of COVID-19 that viewed it not as a novel disease but similar to febrile diseases called *rimné* (*rims nad*), described within classical Tibetan medical texts, specifically the *Four Tantras* (*Rgyud bzhi*), Sowa Rigpa’s foundational compendium. MTK physicians relied on their interpretation of the *Four Tantras* which influenced their therapeutic approaches and was integral to their public health messaging, aiming at maintaining trust among the Tibetan community during the pandemic. This perception of COVID-19 as an established disease category also influenced the ways of naming the disease in Tibetan, which requires some discussion.

2. Naming COVID-19 in Tibetan

After February 11, 2020, when the World Health Organization (WHO) officially named the disease caused by the novel coronavirus “COVID-19,” MTK doctors and the CTA began discussing which Tibetan terms to use for COVID-19. At the time, there were no confirmed COVID-19 cases in Northern India (see Fig. 1 for an overview of the first COVID-19 wave in India in 2020, with approximate caseloads and deaths).

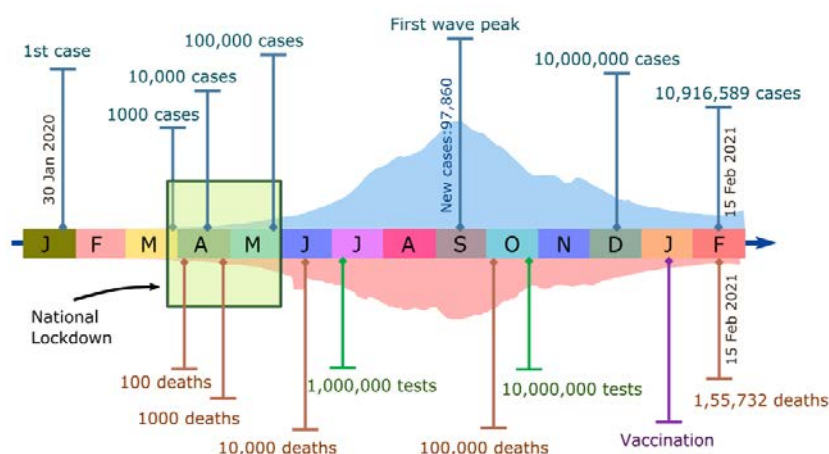


Fig. 1 — COVID-19 waves in India, January 2020 to February 2021, from Hazra et al. 2021. Available online: <https://www.medrxiv.org/content/10.1101/2021.06.02.21258203v1> (CC BY-NC-ND 4.0).

In the PRC, which had outbreaks before India, the term Tokyip (*tog dbyibs*; lit. “fruit shaped” or “seed shaped”) was widely used to denote the specific and recognizable shape of the virus as seen under a microscope, in which the spiked protein structure resembles a crown or fruit. Dr. Pema Tsetso⁶ was leading the Men-Tsee Terminology Committee (Sman rtsis tha snyad gtan 'bebs tshogs cung) in Dharamsala at the time. The Terminology Committee, comprising about fifteen members from the MTK and the CTA, debated various Tibetan terms that circulated via social media. Initially, following the Lhasa Mentsikhang and the Tibetan Terminology Standardization Board at the CTA Department of Education in Dharamsala, the MTK adopted the popular term Tokyip-19 (*Tog dbyibs bcu dgu*).

However, following the second wave of the pandemic in India (early March to June 2021), the term was revised by the then MTK director, Tsering Tashi Puri. He argued that the number 19 could lead to confusion, as there are eighteen established categories of “severe febrile disease” or *nyenrim chogyé* (*gyan rims bco brgyad*) in the *Four Tantras*. Tsering Tashi Puri argued that adding the number 19 might suggest the emergence of a “new” *nyenrim*. For Tibetan doctors at the MTK, COVID-19 was not a new *nyenrim* due to its similarities to conditions described in the chapters on the eighteen *nyenrim*. If COVID-19 was considered a *nyenrim*, it could be treated with traditional formulas developed for the eighteen known *nyenrim*. This approach also helped the MTK to reassure the public about their capability to handle this disease. Thus, the term Tokyip-19 was amended. Tsering Tashi Puri instead opted for the term Tokyip-19 Nyenrim and issued an executive order for this term to be used in all MTK publications (MTK 2021b). After July 2021, this term was again abandoned, and Tibetans in Dharamsala simply used the popular and established terms Tokyip-19, Nyenrim-19, or Tokyip Nyenrim-19, treating this term as a direct translation of COVID-19 without any reference to any specific disease categories of the *nyenrim* chapters in the *Four Tantras*. Dr. Rigzin Sangmo remembers that they had many online meetings at the MTK to discuss whether COVID-19 referred to any of the eighteen *nyenrim*. Finally, it was decided by the high-level medical council of the MTK to go along with Lhasa Mentsikhang and just translate COVID-19 as Tokyip Nyenrim-19.

Before the pandemic, most people in Dharamsala were using the English term “immunity,” but the pandemic prompted dialogues and discussions regarding the use of appropriate Tibetan terms.⁷

⁶ Registered Sowa Rigpa physicians are allowed to use the “Dr.” title in India and the PRC (cf. van der Valk, this issue).

⁷ Personal communication by Dr. Nyima Tsering to Dr. Rigzin Sangmo, April 10, 2023.

Regarding immunity-related Tibetan terminology, the MTK in communication with the Central Council of Tibetan Medicine (CCTM) and the Department of Health opted for the Tibetan term *lüzung sojé* (*lus gzungs gso byed*) as the official term for “immune booster” and *ngöngok nüpa* (*sngon 'gog nus pa*) as the term for “immunity.” The choice of these terms reveals a focus on prevention and protection through strengthening the bodily constituents, as explained in the article by Gerke and Ploberger (this issue). The term *lüzung sojé* was further cemented when eight senior physicians led by Dr. Tsewang Tamdin specified a list of Tibetan medicines as “immune boosters” (see below).

3. First Preventive Measures, February 2020

In Dharamsala, the first response to the COVID-19 news coming from China in the early months of 2020, led to the MTK thinking through its existing Sowa Rigpa arsenal of protective substances. Sowa Rigpa characteristically has a strong focus on prevention of disease through maintaining a suitable diet and lifestyle. It also relies on a range of protective substances that combine a variety of *nüpa* (*nus pa*) or potencies, relying on medico-religious knowledge of disease prevention. Some of these measures, outlined in the twenty-sixth chapter of the *Subsequent Tantra (Phyi rgyud)*, the fourth of the *Four Tantras*, guide physicians in protecting themselves during times of infectious disease outbreaks (Paljor et al. 2011, 274–96).

During the second half of March, 2020, the first author of this report, Dr. Rigzin Sangmo, head of the Clinical Research Department, and other MTK doctors actively explained how to use these protective measures (*sngon 'gog gi thabs lam*). They discussed these during the first meeting of representatives from the MTK together with Delek Hospital doctors and staff from the Department of Health and the CTA. These meetings were organized by the Department of Health. Information was distributed via Tibetan TV channels, such as *Tibet TV* and *Voice of Tibet*.⁸ The response to these protective substances varied in the community. There was a high demand for *rimsung* amulets and protective pills among the public; most of them sold out most of the

⁸ See, for example: Dr. Rigzin Sangmo on *Voice of Tibet*, January 30, 2020: <https://www.youtube.com/watch?v=RXVFU-xo6ec>, titled “Health and Wellness: Amchi Rigzin Sangmo speaks on benefits of Rimsung Rilbu and other alternative Sowa Rigpa options amidst Coronavirus outbreak.” Last accessed November 25, 2024, when the page had 30,928 views. See also: “In Conversation With Tibet TV,” featuring Jampa Phuntsok, Additional Secretary of the Health Department, CTA, and Dr. Rigzin Sangmo, MTK, about the free distribution of Sorig Immune Boosters, TTV, September 6, 2020: https://www.youtube.com/watch?v=BO3FIJefpLQ&ab_channel=TibetT, last accessed January 24, 2025.

time (see Gerke 2020 a, b). However, they also drew some critical comments on social media, especially regarding whether amulets and smells could actually prevent COVID-19. Retrospectively, we can say that *rimsung* pills played a role in the navigation of fear of infection, but did not prevent most Tibetans from following hygiene, mask wearing, and government guidelines, and, later in 2021 and 2022, accepting vaccines. It was not unusual to meet Tibetans who were wearing a black *rimsung* pills (see next section) and other protective amulets around their necks as well as a face mask, and having been vaccinated at the earliest opportunity. The MTK never claimed that these protective measures should be used instead of biomedical public health measures. Instead, the MTK collaborated with the CTA in combining Sowa Rigpa with public health care measures (Fig. 2). In 2021, the MTK director did not make an official public statement on the vaccines, leaving the decision up to individuals, but the MTK circulated some guidelines in Tibetan for Sowa Rigpa professionals and local Tibetans (MTK 2021 c, d).



Fig. 2 — A public health poster by the Department of Health following WHO guidelines at the MTK clinic in Ganchen Kyishong (Photo: B. Gerke, Dharamsala, March 2020).

3.1. *Rimsung Dorjé Palam and Nakpo Gujor*

Before any COVID-19 cases were reported in India, on February 27, 2020, the MTK started a major production of one of the many infectious

disease protective pills mentioned in the *Four Tantras*, briefly called *rimsung rilbu* (*rims srung ril bu*).⁹ These pills are worn around the neck and smelled for protection from *rimné* or “febrile diseases.” Various formula versions of *rimsung* exist, typically with seven to nine ingredients. The MTK followed the formula called Rimsung Dorjé Palam (*Rims srung rdo rje pha lam*; Fig. 3), which they also prepared in 1994 during the plague outbreak and in 2003 during SARS.¹⁰ Another popular *rimsung* is the nine-ingredient black pill called Nakpo Gujor (*Nag po dgu sbyor*), which was prepared by other pharmacies, including the clinic of late Dr. Yeshe Donden (1927–2019) in McLeod Ganj, now directed by his nephew Dr. Kelsang Donden, and the Palpung Sorig Pharmacy at Palpung Sherabling monastery near Baijnath, Himachal Pradesh.

Both versions of *rimsung* are mentioned in commentaries on the *Four Tantras* and formulary texts and became popular as anti-epidemic protection pills worn around one’s neck (Threlsar Yeshe Tsering 2020, 2021a). Their potency is explained as being based on smells—some aromatic, others foul-smelling—and mantra consecration, among others. The five-color thread wrapped around each pill symbolizes the five elements and also adds potency.

Historically, *rimsung* pills were developed by Sowa Rigpa institutes across Tibetan areas in China and India, already during the SARS outbreak of 2003 (Craig and Adams 2008, 14). During an outbreak of bubonic and pneumonic plague in the Indian states of Maharashtra and Gujarat in 1994, which led to fifty-six deaths (CDC 1994) and a wide-spread panic in India (Ramalingaswami 2001), the MTK also produced *rimsung*.¹¹ Thus, the COVID-19 pandemic was the third instance in the past three decades that the MTK responded to infectious disease outbreaks with the production of protective *rimsung* pills based on their classical medical literature.

In early 2020, producing and distributing *rimsung* across India and Nepal at the minimal cost of ten Indian Rupees was among the first MTK pandemic-related activity, also responding to a very high demand among the public, causing long queues at the MTK clinics in and around Dharamsala. These led to a temporary discontinuation of their distribution by local health officials (Gerke 2020a, b).

⁹ E-mail communication MTK Pharmacy Department to Dr. Rigzin Sangmo, September 2024.

¹⁰ E-mail communication MTK Pharmacy Department to Dr. Rigzin Sangmo, September 2024. See also Craig and Adams 2008.

¹¹ Gerke, interview with Dr. Tenzin Taye, Dharamsala, April 2023.



Fig. 3 — The protective rimsung pill amulet prepared by the MTK in 2020 (Photo: B. Gerke).

In addition, on January 27, 2020, the MTK also produced *rimsung* in the form of oil-based nasal drops, called “Protective Nectar Drops” or Naegog Dhuetsi Thikpa (Nad ‘gog bdud rtsi’i thigs pa; Fig. 4). This liquid balm could be applied to one’s nostrils activating a potency of plant essences, *tsigi nüpa* (*rtsi gi nus pa*).¹² According to the MTK pharmacy department, *tsigi nüpa* refers to herbal ingredients that not only heal certain diseases but also have potency to rejuvenate the body and boost immunity. Naegog Duetsi Thikpa was formulated following a Tibetan formulary book called the *Excellent Flow of Nectar* (*Bdud rtsi’i rgyun bzang*).¹³

¹² *Rtsi sman*, translated as “exudant medicines” (Glover 2010, 259) or “aromatic medicines” (Paljor et al. 2008, 197), is one of the eight categories of *materia medica* in the *Four Tantras*. *Rtsi sman* refer to substances that are either very aromatic with strong scents or that exude sticky substances (Glover 2010, 259; cf. Paljor et al. 2008, 197). Examples from the *Four Tantras* are: camphor (*ga bur*), clove (*li shi*), nutmeg (*rdza ti*), green cardamom (*sug smel*), black cardamom (*ka ko la*), musk (*gla rtsi*), shilajit or bitumen (*brag zhun*), and others (Paljor et al. 2008, 201).

¹³ E-mail communication MTK Pharmacy Department to Dr. Rigzin Sangmo, September 2024.



Fig. 4 — Naegog Dhuetsi Thikpa, the MTK's protective liquid balm
(Photo: IT Department, MTK, February 2025).

MTK doctors explained to the public that inhaling the combined smells of *rimsung* ingredients strengthens the body's defenses by delivering medicinal properties directly through the nasal passages to the respiratory tract. This process is believed to enhance resistance to harmful pathogens at their first point of entry. In January 2020, on *Voice of Tibet*, Dr. Rigzin Sangmo emphasized the role of combining scent and mantra recitation in alleviating fear (Sangmo 2020). For many, the act of wearing and inhaling the strong smells of *rimsung* was not just about fortifying the body—it was a way to ease fear, regain a sense of control, and navigate uncertainty. Especially in the beginning of COVID-19 outbreaks, scents and amulets served to promote a sense of protection and thus lessened prevailing fear of contagion.

3.2. Astrological Amulets

The MTK has a long tradition of teaching and practicing both astrology (*rtsis*) and medicine (*sman*), which are deeply anchored in historical practices and have inspired the very name of the Men-Tsee-Khang: the Tibetan Medical & Astro-Science Institute. For a long time, the MTK has been providing a series of specific protective amulets called *sungkhor* (*srung 'khor*, “wheel of protection”) to the public. These amulets combine astrological symbols with colors, consecrated

substances, and mantras, often focus on a specific deity, and are aimed at protecting from obstacles or promoting wealth and wisdom.¹⁴ Already before the pandemic, the MTK created special amulets designed to ward off sickness, which became popular in early 2020, providing both physical and spiritual protection against *rimné*.

In April of 2023, Gerke discussed the development and purpose of the *sungkhor* amulets with a senior astrologer, Ms. Tsering Choezom, head of the Astro-Science Department at the MTK. The MTK first made *sungkhor* around 2015. During the COVID-19 pandemic, this amulet was produced in large numbers. The *sungkhor* amulet features an image of a wild boar, chosen for its symbolic power to ward off negative influences (see article by Tony Chui, this issue). The amulets are available in two colors: red for men, representing the element of fire, and blue for women, symbolizing water (Fig. 5). These colors are selected based on their associations with these elements in astrology.



Fig. 5 — The blue *sungkhor* amulet for women, produced by MTK, February 2020
(Photo: B. Gerke).

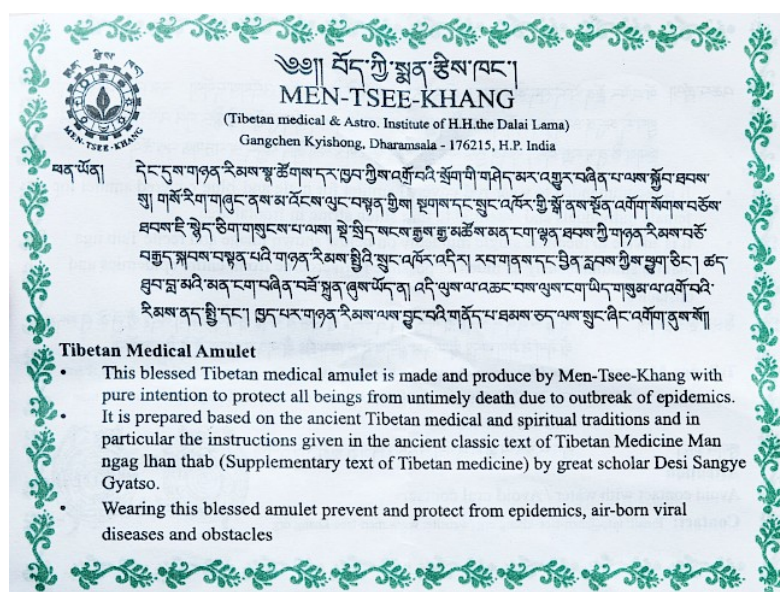
Substances are smeared on paper inside the amulet, which adds a level of potency known as the “potency of substances” (*rdzas gi nus pa*). This multi-compound paste is prepared by the MTK’s pharmacy. The completed amulets undergo a ritual consecration (*rab gnas*), performed by a local monk at the MTK shrine room. Ms. Tsering Choezom explained that this ritual is essential for activating the amulets’ protective qualities and that it is conducted twice: once on the printing blocks used to create the printed image of the wild boar and once on

¹⁴ The various MTK amulets are summarized in Tenzin Yanki Namling 2020.

the finished amulets. She also emphasized that the effectiveness of the amulets is enhanced when users recite the accompanying mantra (printed on the leaflet, see Fig. 6) with focus and respect. If the amulet is mindfully kept dry and clean, it can last a lifetime, she said.

In March 2020, there was a significant increase in demand for these *sungkhor*. The production process is meticulous, time-consuming, and requires skilled workers to fold each piece with the necessary technique and reverence. This has caused each amulet to cost 250 Indian Rupees, which is many times more than the 10 Indian Rupees that the *rimsung* black pill protective amulet costs. At the time, additional MTK staff had to be trained to fold the complex amulets.

Dr. Tenzin Thaye remembered the inception of this particular amulet at the MTK.¹⁵ It traces back to 2015 or 2016, when the revered Nyingma Lama, Dzogchen Ganor Rinpoche from the Dhargyeling Tibetan Settlement Tezu in Arunachal Pradesh, visited the MTK. Dzogchen Ganor Rinpoche was invited to Dharamsala to give the Medicine Buddha Empowerment to medical students at the MTK. This included important knowledge transfers, such as the passing on of oral transmission (*lung*) on the *Four Tantras* as well as the seventeenth-century text, *Additional Instructions (Man ngag lhan thabs)*, by the regent of the Fifth Dalai Lama, Desi Sanggyé Gyatso (Sde srid sangs rgyas rgya mtsho, 1653–1705).



¹⁵ The following is based on a conversation with Gerke, April 13, 2023, in Dharamsala.

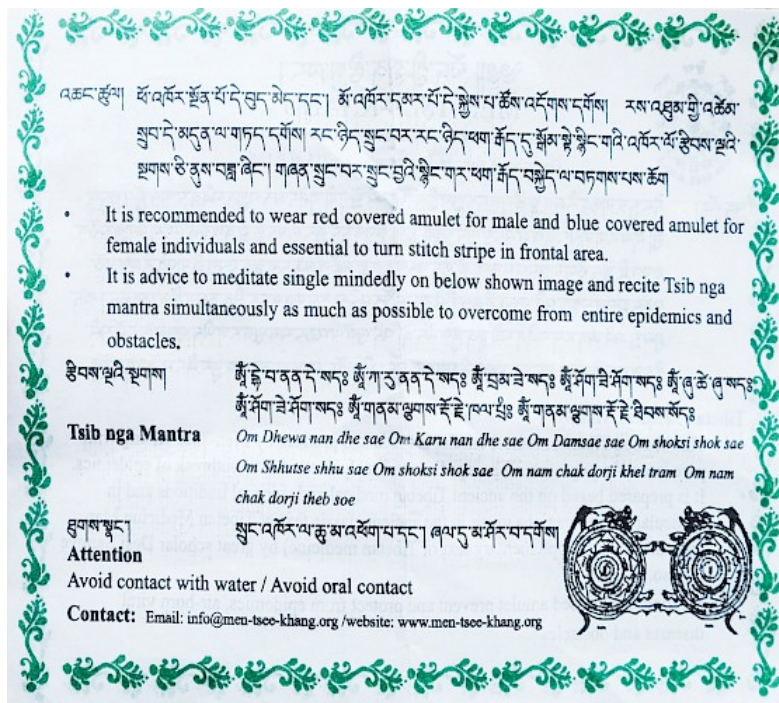


Fig. 6 — The MTK leaflet explaining the use of the sungkhor wild boar amulet with the five-spoke mantra (rtsibs lnga snags).

There was also time for questions, and several MTK doctors requested Dzogchen Ganor Rinpoche to explain the crafting of *sungkhor*, which involves specific substances, mantras, and meticulous folding techniques, all aimed at warding off infectious disease-causing spirits or *nyen* (*gnyan*). Dzogchen Ganor Rinpoche, who had received the transmission of making *sungkhor* in his early life, explained the complex process of making them. He emphasized the significance of visualizing the wild boar, encircling the practitioner with a protective wheel. The internal *sungkhor*'s design includes a print of five petals (see Fig. 1 in Chui, this issue).

The creation of these amulets at the MTK in 2020 points to a revival of a Sowa Rigpa practice recorded by Desi Sanggyé Gyatso in the seventeenth century. It connects contemporary Sowa Rigpa practices in Dharamsala with the “golden century of Tibetan medicine” (Meyer 2003), initiated by the Great Fifth Dalai Lama and his Ganden Podrang government in Lhasa, which has remained a highly revered center of Tibetan medical and religious knowledge. In Dharamsala, the amulets were a welcomed response to the fears of contagion at the beginning of the pandemic. Through this amulet, the MTK not only preserved a

cultural heritage from the seventeenth century, but also provided a source of spiritual comfort and protection from contagion fears to the public.

Especially at the beginning of the pandemic, fear of contagion was pervasive, as people faced an invisible threat with few certainties. In Tibetan communities Dharamsala, this fear led many to turn to *rimsung* protective amulets for both physical and psychological protection. Their trust in *rimsung* was rooted in past experiences and collective memories, particularly from 2003 during the SARS outbreak, when many Tibetans who wore *rimsung* reportedly remained unaffected despite traveling to infected regions. As people in Lhasa sent them to loved ones in mainland China, the demand for all kinds of protective and blessed amulets, aromatic incense, and precious pills (*rin chen ril bu*) soared during SARS (Adams and Craig 2008, 3). Although no scientific evidence confirms their epidemic protective efficacy, the belief in their protective power was strong and remembered when news of COVID-19 reached Dharamsala in early 2020.

3.3. Protective Measures for Medical Staff

During the pandemic, the MTK prioritized the safety of its medical staff, combining traditional remedies and modern protective measures. Apart from the WHO-adopted hygiene strategies of washing hands, wearing masks, and social distancing, Tibetan doctors developed their own strategies to protect themselves based on their personal clinical experience. For example, one strategy employed by Dr. Migmar Lhamo was to keep one pill of Pangtsi-12 (Spang rtsi bcu gnyis), a formula used to treat infections and inflammation of the throat, under her tongue while she was seeing patients. All of her colleagues did the same under her guidance and recommendation. She even wrote an essay about it sharing her experience in English (Migmar Lhamo 2021). Other doctors drank Sowa Rigpa decoctions, such as Norbu Düntang (Nor bu bdun thang) or Trültang ('Phrul thang). In 2020, as a preventative measure, the MTK provided Trültang tea to their staff on a daily basis instead of distributing sweet tea during the morning tea break.

Norbu Düntang and Trültang are long-standing formulas prescribed for the prevention and treatment of flu-like symptoms. For example, the Lhasa Mentsikhang formula book, which students in Dharamsala also memorize, states that Trültang “has the ability to prevent the widespread nature of [contagious] *cham rims* (*khyab brdal rang bzhin cham rims sngon 'gogs thub*)” (Nawang Soepa 2015, 29). Their

increased use during the pandemic also led to debates and discussions among physicians about which of the two decoctions should be used, when, and for how long. Some cautionary insights have been published on Trültang, which, due to its cooling properties, is not suitable for long-term preventive use (Threlsar Yeshe Tsering 2021b). Furthermore, the distribution of the Sorig immune boosters (see section 6.1) among MTK staff, and later among the public, illustrates the MTK's focus on prevention through boosting internal resilience.

Gerke spoke with several practicing Tibetan doctors (MTK and private) in Dharamsala in 2023, who kept their clinics open even after the initial lockdowns (which began on March 25, 2020), several of whom worked for one and a half years in exposed circumstances, some wearing PPE throughout, others relying on masks as well as their protective formulas, prayers, and a strong motivation to serve their people.

4. The MTK COVID-19 Task Force

The formation of the MTK External Emergency Team (MEET) in 2020 marked a strategic point for a more organized pandemic response at the MTK. This task force was instrumental in coordinating the clinical management of COVID-19 cases, integrating traditional Tibetan medical practices with the guidelines provided by global health authorities. The task force, comprising four doctors and three staff members, also facilitated international collaborations despite communication challenges, such as India's blocking of WeChat.¹⁶ The aim was to keep the Tibetan communities informed globally and support them throughout the pandemic.

As the pandemic progressed, MEET focused on interpreting COVID-19 through the lens of Sowa Rigpa, categorizing it under severe contagious diseases known as *nyenrim* (*gnyan rims*). As noted by various scholars (e.g., Gerke 2020a, 197; Tidwell and Gyamtso 2022, 93–98), Tibetan authors have conceptualized contagion and virulence through various terms, such as *nyen* (*gnyan*), *rim* (*rims*), and *nyenrim* (*gnyan rims*). Their meanings vary across classical Sowa Rigpa and Buddhist medical texts and have evolved over time. In classical texts, *nyen* refers to a spirit believed to cause *nyenrim*, or infectious disease. The term *nyenpa* (*gnyen pa*) describes something cruel, fierce, or severe, such as a plague (Czaja 2019, 289). Historically, *nyen* referred both to specific types of spirits and to malignant diseases attributed to tiny

¹⁶ WeChat, among the most used apps in China, was banned by the Indian government citing national security concerns in the year 2020.

organisms known as *sinbu* (*srin bu*). However, contemporary physicians typically identify *nyen* conditions “as those derived from a virus, bacteria, amoeba, or other pathogenic vector” (Tidwell and Gyamtso 2022, 98).

To combat the emerging *nyenrim* pandemic, in Dharamsala the MEET task force was committed to utilizing Tibetan medicine to mitigate viral symptoms. One of the key strategies was the selection of thirty-six regular pills, five decoctions, three precious pills, and twelve supplements identified from Tibetan texts for their potential to manage COVID-19 symptoms (Tables 1 and 2). This selection was the result of an internal analysis in consultation with branch clinics, incorporating suggestions from both senior and junior doctors. The formulations were administered based on symptom severity and patient demographics, making adjustments for different age groups. Through these efforts, MEET selected established Sowa Rigpa and herbal supplements, provided dietary and behavioral advice, and directly engaged with COVID-19 patients once this was permitted by the Indian government. They also developed a nutritional guide specifically for those afflicted by the virus.¹⁷ These measures were tailored not only to treat symptomatic individuals but also to offer preventive care for asymptomatic persons, as further described below.

¹⁷ Online at: <https://drive.google.com/file/d/1Y5zHhCgm2UAgdLSwMpqjqqDiF10FK-1la/view>. Last accessed, January 4, 2025.

གསེལ་སྒྲན་པག་གི་མིང་།	ཐང་སྒྲན་པག་།
༡༽ རྩ་བཞེད་མར་མོ། ༢༽ སྒྲང་ཅི་བཙུག་ཅིས། ༣༽ དགའ་བ་བཙུག་པ། ༤༽ བྱ་ལྷུང་ལ། ༥༽ བོང་དམར་བདུན་པ། ༦༽ གཙོ་མོ་ཉེར་ལ། ༧༽ གཏུར་ཉེར་ལ། ༨༽ རྩ་གང་ཉེར་ལ། ༩༽ སྒྲང་རྒྱན་བཙོ་ལ། ༡༠༽ རྒྱན་འབྲུམ་བདུན་པ། ༡༡༽ མི་རྒྱན་བཙུག་ཅིག་། ༡༢༽ བན་པ་ཀུན་ལྡན། ༡༣༽ ཀུང་ལྷང་། ༡༤༽ མི་ཤི་དྲག་པ། ༡༥༽ འཇུག་པ་ཀུན། ༡༦༽ གཙོ་བཙུན་གལ་ལྷ་རལ། ༡༧༽ སྒྲིན་ཐལ་རྒྱ་ཟེར། ༡༨༽ བསེལ་བཙུན་བཙོ་ལ། ༡༩༽ ཐང་ཆེན་ཉེར་ལ། ༢༠༽ སྒྲོ་ཆད་ཀུན་སེལ། ༢༡༽ སྒྲར་བྱ་ལ། ༢༢༽ རྒྱ་ཤེལ་སོ་བདུན། ༢༣༽ རྒྱ་ཤེལ་བདུན་ཅིས། ༢༤༽ སེ་འབྲུ་ཀུན་བདེ། ༢༥༽ སྒྲན་གཅིག་། ༢༦༽ སྒྲན་གསུམ། ༢༧༽ དུག་ཉེར་ལ། ༢༨༽ སམ་ཁྲིས་ཁྲི་བདུན་པ། ༢༩༽ ཐག་ལྷན་དགུ་པ། ༣༠༽ སེལ་པད། ༣༡༽ གསེར་མདོག་བཙུག་ཅིག་། ༣༢༽ ཉིག་ཏ་བཙུན་པ། ༣༣༽ ཨར་ལྷ། ༣༤༽ ཨར་ཆེས། ༣༥༽ ཆང་ས་ལྷ། ༣༦༽ སྒྲག་འཛིན་བཙུག་ཅིག་།	༡༽ རྩར་བྱ་བདུན་པད། ༢༽ སྒྲོ་ལོ་མཆི་ཐང། ༣༽ འབྲུམ་པད། ༤༽ གཉིད་འཇུག་པ་གསུམ་པད། ༥༽ གཉན་ཐང་བཙོ་ལ། ཕྱི་ཆེན་སེལ་བྱ། ༡༽ ཕྱི་ཆེན་གྲང་སྒྲོར་ཆེན་མོ། ༢༽ ཕྱི་ཆེན་མང་སྒྲོར་ཆེན་མོ། ༣༽ ཕྱི་ཆེན་བཙོ་བྲུ་རྒྱ་ཤེལ། གསེལ་སྒྲན་སྒྲེད་པག་། ༡༽ སྒྲན་པའི་སྒྲག་པ། ༡༽ དུག་པ་མི་བདེ་བའི་སྒྲན་པ། ༢༽ བད་ཀན་པ། ༣༽ རྒྱང་པ། ༤༽ སྒྲོ་ཆད་སྒྲན་པ། ༥༽ སྒྲག་སྒྲེད་ཆེག་པད། ༢༽ གསེལ་སྒྲན་སྒྲེད་པ། ༡༽ གཙོང་ཆེན་བཙུན་ལེན། ༢༽ ཆས་གསོ་བཙུན་ལེན། ༣༽ སྒྲོ་བས་སྒྲན་བཙུན་བཙུས་རྒྱ་མཆོ། ༤༽ ཨ་རུ་ཡ་ཆས་རྒྱ་ལེན། ༥༽ རྩ་ཉི་དྲག་པ། ༦༽ བྲག་སྒྲུམ་ཨ་གར་བདེ་ལྷོར། ༧༽ བདུན་ཅི་ལྷ་ལས།

MEET སྒྲན་པའི་ཆོག་པ་རྒྱང་ནས།

ཕྱི་ལོ་ ༢༠༢༠ ལྷ་ ༠༩ ཆེས་ཀྱི་ཉེན་ལ།

Table 1 — The thirty-seven formulas and twelve supplements identified by MEET to manage COVID-19 symptoms, April 17, 2020.¹⁸

¹⁸ The Tibetan table is online at: <https://drive.google.com/file/d/1ywA8LdCq13YvkV23WPznIX2YhcJlCgBp/view>. Last accessed January 4, 2025.

<i>Names of Formulas (Gsol sman khag gi ming)</i>	<i>Medicinal Decoctions (Thang sman khag)</i>
<ol style="list-style-type: none"> 1. Tazi Marpo (Rta bzi dmar po) 2. Pangtsi 12 (Spang rtsi bcu gnyis) 3. Gawa 16 (Dga' ba bcu drug) 4. Jakhyung 5 (Bya khyung lnga) 5. Bongmar 7 (Bong dmar bdun pa) 6. Tsobo 25 (Rtso bo nyer lnga) 7. Gadur 25 (Ga dur nyer lnga) 8. Chugang 25 (Cu gang nyer lnga) 9. Panggyen 15 (Spang rgyan bco lnga) 10. Gündrum 7 (Rgun 'brum bdun pa) 11. Ligün 11 (Li rgun bcu gcig) 12. Penpa Künden (Phan pa kun ldan) 13. Gurkhyung (Gur khyung) 14. Lishi 6 (Li shi drug pa) 15. Trukkün ('Khrug kun = 'Khrug glo kun gsol) 16. Tsogyé Yurel (Gtso brgyad g.yu ral) 17. Trindrel Dazer ('Phrin 'bral zla zer) 18. Silchü 15 (Bsil bcud bco lnga) 19. Tangchen 25 (Thang chen nyer lnga) 20. Lotsé Künsel (Glo rtshad kun gsel) 21. Tarbu 5 (Star bu lnga pa) 22. Dashed 37 (Zla shel so bdun) 23. Dashed Dütsima (Zla shel bdud rtsi ma) 24. Sedru Kündé (Se 'bru kun bde) 25. Menchik (Sman gcig) 26. Mensum (Sman gsum) 27. Datrik 25 (Da trig nyer lnga) 28. Triché 7 (Mkhris phyé bdun pa) 29. Drakzhün 9 (Brag zhun dgu pa) 30. Rilpé (Ril pad = Ril dkar pad gdong) 31. Serdok 11 (Gser mdog bcu gcig) 32. Tikta 8 (Tik ta brgyad pa) 33. Arlu (Ar klu) 34. Artsé (Ar tshe) 35. Tsanglha (Tshangs lha) 36. Sokdzin 11 (Srog 'dzin bcu gcig) 	<ol style="list-style-type: none"> 1. Norbu Düntang (Nor bu bdun thang) 2. Solo Zhitang (Sro lo bzhi thang) 3. Trültang ('Phrul thang) 4. Nyiguk Sumtang (Gnyid 'gugs gsum thang) 5. Nyentang 15 (Gnyan thang bco lnga) <p><i>Precious Pills (Rin chen ril bu)</i></p> <ol style="list-style-type: none"> 1. Rinchen Drangjor Chenmo (Rin chen grang sbyor chen mo) 2. Rinchen Mangjor Chenmo (Rin chen mang sbyor chen mo) 3. Rinchen Tsotru Dashed (Rin chen btso bkru zla shel) <p><i>Units of Sorig Health Supplements (Gso rig thon skyed khag)</i></p> <p>A) MEDICINAL TEAS (<i>Sman ja'i rigs</i>)</p> <ol style="list-style-type: none"> 1. Wukmi Dewé Menja (Dbugs mi bde ba'i sman ja) Respiratory care tea 2. Bekenja (Bad kan ja) Beken tea 3. Lungja (Rlung ja) Loong tea 4. Lotsé Menja (Blo tshad sman ja) Lung soothing tea 5. Gakkyā Chiktang (Sgag skya chig thang) Fresh ginger decoction or tea¹⁹ <p>B) SORIG SUPPLEMENTS (<i>Gso rig thon skyed</i>)</p> <ol style="list-style-type: none"> 1. Chongchen Chülen (Gcong chen bcud len) Vitality supplement 2. Gepé Sowé Chülen (Rgas pa'i gso ba'i bcud len) Rejuvenating supplement 3. Topmen Chüdü Gyatso (Thobs sman bcud bsdus rgya mtsho) Health tonic 4. Aru Yacham Dazhün (A ru ya cham zla zhun) Aru balm 5. Dzati 6 (Dza ti drugs pa) Heat compress therapy 6. Juknum Agar Deter (Byug snum a gar bde ster) Massage oil 7. Dütsi Ngalum (Bdud rtsi lnga lums) Hot medicinal bath

Table 2 — The thirty-six herbal formulas, five decoctions, three precious pills, and twelve Sorig supplements assembled by MEET for the management of COVID-19 symptoms (Tibetan product names are rendered phonetically and in Wylie transliteration).

¹⁹ The MTK recommended preparing a fresh ginger decoction or tea as a home remedy. The Palpung Sorig Pharmacy at Palpung Sherabling Monastery in Himachal Pradesh made a similar product as a “ready-made single ginger decoction” called Chagé Chik Tang (Bca' sga'i chig thang), adding saffron (*gur gum*) and molasses (*bu ram*) as an “add-on” or *katsar* (*kha tshar*) to enhance the therapeutic signature of the ginger decoction (WhatsApp communication by Dr. Epa Sonam Rinchen to Dr. Ringzin Sangmo, January 4, 2025).

Amidst the initial widespread uncertainty and limited information about the virus, MEET continued to adapt and respond to the evolving situation. As India went into lockdown between March 25 and May 31, 2020, and introduced strict management protocols for COVID-19, MEET took up the logistical aspects of healthcare delivery. By July 21, 2020, when the first main COVID-19 wave was well underway in India (see Fig. 1 above), MEET had set up three branch clinics in Delhi,²⁰ which was one of the main pandemic hot spots in India. They distributed pamphlets (online and printed) and guided the public on how to access Tibetan medicine. The team managed teleconsultations for patients with COVID-19 symptoms, prescribing initial seven-day courses of medicines, which would be picked up by relatives or were home delivered by MEET. They also conducted follow-up consultations to monitor patients' conditions and mental health, while also covering other illnesses (MTK 2021a, 14).

The effectiveness of Tibetan medicine during this crisis has been difficult to measure. A retrospective cohort study conducted among Sowa Rigpa physicians in the USA documenting the effect of Tibetan herbal formulas on symptom duration among COVID-19 patients was published recently.²¹ The MTK encouraged its practicing physicians in the branch clinics to document their experiences, particularly recording how formulas would work for COVID-19-positive patients with mild to moderate symptoms. These efforts were supported by comprehensive questionnaires aimed at assessing patient outcomes, facilitating data collection that would inform both current and future treatment protocols. Between February 2020 and May 2021, the Research and Development Department of the MTK carried out an observational study, guided by Dr. Rigzin Sangmo and colleagues, among 4,681 COVID-19 patients who sought Sorig treatments at MTK branch clinics. Each participant completed a questionnaire detailing their demographic information, any biomedical and Sorig-specific symptoms, as well as the herbal prescriptions they received. The final results of this study are forthcoming, but initial results were published by MTK in 2021 (Sangmo et al. 2021).

Based on the practical experience of Dr. Damchoe Rabjor and Dr. Lobsang Yeshe, patients reported improvements in symptoms like loss of taste and smell within a few days of starting the MTK treatment (MTK 2021a, 14). MEET's efforts to supply formulas that would potentially alleviate physical symptoms extended also into providing mental health support. There was a palpable need to help patients cope

²⁰ Mr. Ugyen Tsewang, Head of the MTK Delhi Export Branch, arranged accommodation for the team. Mrs. Legjin Tshering, a well-wisher of the MTK, provided the monthly rent of INR 30,000 for almost four months (MTK 2021a, 13).

²¹ Tidwell et al. 2024.

with the stress and fear associated with the pandemic. The MTK also combined Sowa Rigpa practices with biomedical strategies to manage quarantine centers, as outlined next.

5. Public Health Outreach

During the pandemic, the MTK engaged in public health education through webinars and medical camps, spreading awareness, and offering free health consultations and medical services, online and during clinic hours once medical facilities reopened. MTK-trained physicians informed the Tibetan public on *Tibet TV* in Tibetan and via YouTube videos. This information campaign began very early in 2020, before any COVID-19 cases were confirmed in India. Biomedical doctors from the Delek Hospital and MTK amchis came together to share their perspectives with the public. For example, in a social media post on *Tibet TV* (Fig. 7), Dr. Tenzin Namdon of Delek Hospital and Dr. Tenzin Lhundup from the MTK explained their biomedical and Sowa Rigpa perspectives (analyzed by van der Valk, this issue).²²

Later, when there were reported cases, the MTK particularly focused on high-risk communities, including Tibetan settlements, where the close proximity of houses contributed to the spread of COVID-19 (MTK Newsletter July-Dec 2021, 8). A significant aspect of the MTK's response was providing charitable healthcare services, spending approximately 48,000 USD monthly by offering free or subsidized healthcare to the needy, including senior citizens, monks, nuns, students, and recent refugees from Tibet (MTK Newsletter Feb-May 2021, 14).

²² See: <https://www.youtube.com/watch?v=txtSM1-6wok&t=284s>. Last accessed November 25, 2024, 15K views.



Fig. 7 — A screenshot of a social media post regarding a joint TV presentation by MTK and Delek Hospital. Dharamsala, February 6, 2020 (Screenshot: B. Gerke).

6. Sowa Rigpa Management of COVID-19 Symptoms

The management of COVID-19 symptoms by the MTK involved two main strategies: prevention through Sorig immune boosters and treatment of symptoms through Sowa Rigpa formulas. The boosters were for the most part also formulas, but they could be taken to strengthen the body as a preventative measure if healthy, or to treat COVID-19-related symptoms when falling sick. The MTK also developed a three-stage treatment plan relying on Tibetan formulas. Both strategies are analyzed below.

6.1. Developing and Distributing Immune Boosters in Collaboration with the CTA

The development of immune boosters was spearheaded by Dr. Tsewang Tamdin, who relied on a combination of classical Tibetan texts and his clinical knowledge. Based on his list of formulas, the MTK collaborated with the CTA to develop a set of “immune boosters.” The set included six classical Sowa Rigpa formulas (Fig. 8), which were adjusted depending on the severity of the COVID-19 outbreaks. The

first set included Tsanglha (Tshangs lha), Dashed Dütsima (Zla shel bdud rtsi ma), Nyentang 15 (Gnyan thang bco lnga), Artsé (Ar tshe), and Pangtsi 12 (Spang rtsi bcu gnyis). A second set with stronger potency was combined for those in quarantine or isolation, or where family members had already been infected with COVID-19. This set included: Tsanglha, Dashed Dütsima, Nyentang 15, Dashed 37 (Zla shel so bdun), and Pangtsi 12 with Dorjé Rapjom (Rdo rje rab 'joms) in combination of two pills each, called Pangdo (Spang rdo). Two precious pills (Rinchen Mangjor) were also added to each package, to be taken once every five days. A package of two herbal decoctions, Norbu Düntang and Trültang (ten dosages each), was included to make daily decoctions. The nasal ointment was included to apply to the nostrils. These “boosters” were designed to enhance the strength of the “seven bodily constituents” (*lus gzungs bdun*; see Gerke and Ploberger, this issue) with specific formulations tailored for different demographic groups including the elderly, adults, and children.



Fig. 8 — One version of the MTK set of preventative immune booster formulas: Tsanglha, Dashed Dütsima, Pangtsi 12, Artsé, and Nyentang 15 (Photo: B. Gerke).

Recognizing the lack of a specific cure for COVID-19 and understanding that a robust immune system significantly lowers the risk of severe disease, the Department of Health of the CTA, in collaboration with the MTK, distributed the Sorig immune boosters. The MTK finalized a set of immune-boosting medicines, which was then produced and distributed with the costs being shared with the

CTA Health Department covering two-thirds and the MTK one-third (Tibetan Health Department 2020). Immune booster packages in the Dharamsala region also contained a strip of paracetamol (Crocine) that was added to the immune boosting package by the CTA Health Department.²³ Tibetans receiving the complete immune-boosting package took the Tibetan formulas for prevention, and, when sick, used them to manage symptoms.

The immune booster distribution targeted vulnerable groups including the elderly, frontliners, those with comorbidities, and individuals in quarantine or in contact with COVID-19-positive patients. The third wave, dominated by the Omicron variant, hit India in late December 2021 and peaked in mid-January 2022. In anticipation of this third wave—expected to impact the younger population under the age of seventeen for whom vaccines were not yet available in India—the CTA and the MTK extended and adapted their preventive measures to these groups. The efforts also had an international component, with emergency distributions to at-risk Tibetan diaspora groups abroad, as part of their global outreach initiatives (Tibetan Health Department 2020). This meant that Tibetans living in Queens (New York), one of the COVID-19 hot spots in the USA, could have access to MTK immune boosters through their CTA representatives (see also Gerke and Ploberger, this issue). This response demonstrates the CTA's commitment to public health among Tibetans in India and abroad. Moreover, it shows the potential of integrating Sowa Rigpa into broader health strategies during critical times.

The joint activities by the Department of Health, the CTA, and the MTK during the pandemic represent a collaboration on several levels—informing and advising, combining biomedicine with Sowa Rigpa, and offering formulas to patients—which helped manage this severe health crisis within the Tibetan communities to some extent.

6.2. *Treatment Strategies*

The MTK's therapeutic approach to COVID-19 involved a three-stage treatment module, which was developed by a group of senior MTK doctors, based on classical Tibetan texts and personal long-term clinical experience. This module categorized treatments based on the progression of symptoms and was continually adjusted based on feedback from clinical outcomes. The integration of dietary and behavioral recommendations into the treatment regimens aligned

²³ Interview with Tenzin Wangdak by Gerke, February 17, 2024.

these traditional practices with the broader guidelines issued by the AYUSH ministry (Kotecha 2021).

As India's second wave of the delta variant of COVID-19 (early-March to June 2021) waned,²⁴ concerns escalated about a forthcoming third wave, which was anticipated to disproportionately affect children due to the higher rates of vaccination and natural immunity among adults. In preparation for a potentially more severe wave fueled by emerging virus variants, an array of stakeholders—including the state governments, the CTA's Health Department, the COVID-19 Task Force, the MTK, and hospitals in Tibetan Settlements—collaborated to devise preventative guidelines. At that time, the MTK convened multiple sessions to formulate specific preventive measures for children. Recommended practices included avoiding certain foods, applying traditional remedies like Mani Rilbu²⁵ and Aru Balm (a MTK Sorig supplement product),²⁶ as well as enforcing public health measures such as mask-wearing and handwashing, and maintaining well-ventilated living spaces to protect children from the anticipated third wave. Children also received immune boosters, but in lower dosages.

During the pandemic, certain formulations were reclassified as Over-the-Counter (OTC) medications to simplify distribution in the form of supplements. On October 17, 2020, during the MTK's 104th founding anniversary, the new OTC version of a known formula, Sangthel Nyernga (Zangs thal nyer lnga),²⁷ was launched to relieve common lung disorders and infections, reducing excessive fluid accumulation in lungs, and acting as a supplement for healthy lungs (MTK newsletter September-December 2020, 1, 4). This supplement was packaged with thirty pills in a strip, which was easier to distribute to a wide range of patients than to count out pills at the dispensary involving a doctor's visit and individual prescriptions.

²⁴ The second wave of COVID-19 in India lasted from early March to around June 10, 2021. During this period, the Delta variant emerged as the predominant strain, contributing to a significant rise in cases and complications (World Health Organization 2021).

²⁵ Mani Rilbu are small pills consecrated at the Dalai Lama's temple with the *om mani padme hūm* mantra of the Bodhisattva of Compassion, Avalokiteśvara (Chenrezik). On the history of Mani Rilbu see Gentry 2023.

²⁶ The Aru balm contains: chebulic myrobalan, cinnamon, cardamom, peppermint, clove, eucalyptus oil, peppermint oil, Carnauba wax, soybean oil, carom oil, and mint oil. See: https://www.men-tsee-khang-exports.org/product_details.php?&1156863998288787781566257000&page=1&pID=4515&rID=0&cPath=573. Last accessed February 28, 2025.

²⁷ The formula contains, among other substances, licorice, raisins, nutmeg, clove, hog plum, weaver's bamboo, chebulic myrobalan, giloy, pomegranate, amla, sunflower, cardamom, and coriander and is sold online on several sites.

7. Collaborations During Quarantine

Dharamsala had four quarantine facilities for Tibetans: The Covid Care Center at Nelenkhang, which was later extended to include one center at Gambir Ganj, a center at Upper TCV (Tibetan Childrens' Village), and the Covid Care Center in McLeod Ganj, which was jointly managed by the Tibetan Youth Congress and the Settlement Office (Jampa Phuntsok 2021, 33, 88). The MTK provided its own institutional quarantine, isolating their own doctors and staff. They treated those in isolation who were symptomatic with Tibetan medicine. No institutional testing facilities were available at the MTK; COVID-19 tests had to be done privately. Overall COVID-19 was treated symptomatically, not as per test results. Tests were not available for free, but had to be bought privately (in India the cost was between 700 and 2,000 INR).

There was apparently no mass outbreak of COVID-19 at the MTK, but there were outbreaks at the Tibetan Children's Village, at CTA, and at Sarah Buddhist College. Dr. Sangmo recalled that staff at the MTK were not so afraid because they knew how to treat any of the COVID-19 symptoms. She looks back with a feeling of success of having managed the crisis. The MTK had a nurse and some oxygen, but they did not need it.

A collaboration between Sowa Rigpa and biomedicine was also arranged on the local level. The Sikyong Dr. Lobsang Sangay (the political leader of the CTA at that time), who launched CTA's COVID-19 emergency relief committee website²⁸ mandated that each emergency task force committee in each Tibetan settlement had to include one biomedical and one Sowa Rigpa physician (Jampa Phuntsok, 2021, 36). This allowed for Tibetans to have access to both biomedical and Sowa Rigpa formulas.

The MTK together with practitioners from the Department of Health and Delek hospital coordinated efforts to treat Tibetans at the Nelenkhang quarantine center, which opened in lower Dharamsala on April 20, 2020, and served 1,108 Tibetans until May 5, 2021 (Jampa Phunstok 2021, 88). It was staffed with one MTK-trained Tibetan physician, Dr. Gyatso, and Dr. Namdul from Delek Hospital. There were also volunteers. One of the biomedical volunteers, Dr. Ugen Gyatso, shared his experience:

During the Covid pandemic, I volunteered to start and establish a Covid Care Center at the Tibetan reception center, Khaniyara,

²⁸ <https://tibet.net/sikyong-inaugurates-cta-official-covid-19-emergency-committee-website/>. Last accessed November 26, 2024.

under the Department of Health to help look after Covid patients in our community. I personally didn't get to collaborate with any Tibetan doctor, but there was a dedicated Tibetan doctor who stayed at the center and helped take care of the patients. I heard from many patients that Tibetan medicine helped them in many ways.²⁹

Dr. Tenzin Namdon, the Medical Officer of the biomedical Delek Hospital experienced the collaboration between biomedicine and Sowa Rigpa firsthand during his work at a quarantine center. She shared with us her reflections:

Personally, I took Tibetan medicine while I had a COVID-19 infection. I felt *thang* [decoction] was good for my sore throat and other flu-like symptoms. I think it was a very good idea and initiative to combine both Tibetan and western medicine to fight COVID-19 infections. This way our patients benefited from the best of both the systems. The COVID patients were also seen daily by a Tibetan medicine physician at the quarantine center, which further eased the anxiety of the patients.³⁰

The MTK also collaborated with the CTA's COVID-19 Task Force at the central and local level. In January 2021, this Task Force, which included an MTK representative, conducted weekly briefings on *Tibet TV* urging the public to continue precautions as vaccines became available from January 2021 onwards (Jampa Phuntsok 2021, 8, 32). They held frequent discussions with Tibetan settlement officers to facilitate vaccine availability across Tibetan settlements. Vaccination rates among Tibetans in India were high. The *Tibetan Review* reported (October 29, 2021): "Some 94.7% of the 51,306 eligible Tibetans in India were stated to have received at least one dose of the coronavirus vaccine."³¹

The newsletter of the CTA Health Department reported in 2021 that "the Central Council of Tibetan Medicine explained that the government has not made vaccination mandatory, leaving it up to the individual decision." She particularly stressed that "even as vaccines drives were carried out, precautionary measures must be followed without fail." (Jampa Phuntsok 2021, 7). The MTK utilized the local Indian government facilities to vaccinate their staff. They also issued

²⁹ E-mail to Dr. Rigzin Sangmo, September 21, 2024.

³⁰ E-mail to Dr. Rigzin Sangmo, September 24, 2024.

³¹ <https://www.tibetanreview.net/32-new-covid-cases-2-deaths-among-tibetans-in-india-nepal-in-past-one-week-97-of-delhis-population-have-covid-antibodies/>. Last accessed November 26, 2024.

guidelines for the public and Tibetan physicians, suggesting not taking any Tibetan formulas when getting vaccinated (MTK 2021 c, d). In this way they stayed clear of having any Tibetan formulas interact with vaccines as well as having any vaccine side effects potentially linked to Sowa Rigpa.

8. Mortality and Spiritual Support

The pandemic's impact on mortality among Tibetans was closely monitored by the CTA, which maintained detailed statistics on COVID-19-related deaths within the Tibetan community in India. Online prayers and rituals by local monasteries provided spiritual support to families, especially when patients died in Indian hospitals and were cremated soon after, and bodies could not be retrieved by the families to observe the traditional three-day rituals before cremation.

During the COVID-19 pandemic, according to the CTA, the Tibetan communities in India and Nepal mourned the loss of approximately 148 Tibetans as of September 1, 2021,³² including two dedicated MTK-trained Tibetan doctors from Delhi, whose stories reveal the personal risks and sacrifices made by Sowa Rigpa practitioners. One of the two, Dr. Nyima Tsering, ran a private clinic in the Tibetan enclave of Majnu-ka-Tila in North Delhi. He was in his sixties and had become well-known, seeing about sixty patients a day.³³ When COVID-19 cases emerged in his area, Nyima Tsering bravely treated about a dozen infected Tibetans. Despite his efforts—his protection was limited to just a mask—he contracted the virus. As his condition worsened and with no available hospital beds in Delhi, he was taken to Chandigarh for treatment. Although he initially recovered with the aid of oxygen support, a subsequent infection led to his deterioration and eventual demise in the ICU. Nyima Tsering's body was cremated in Chandigarh before his family returned to Delhi. His passing profoundly impacted his family, particularly his son who graduated from Chagpori Tibetan Medical Institute in Darjeeling and took over his father's clinic Majnu-ka-Tila after his death.

Another Tibetan physician, Dr. Tenzin Norbu, who succumbed to the virus, worked at the MTK Rohini branch clinic in Delhi. After contracting the virus from his patients, he was also taken to Dehradun for treatment, where he ultimately passed away. His wife continues to work at the MTK.

³² <https://www.contactmagazine.net/covid-19-update/>. Last accessed January 4, 2025.

³³ This story was told by Dr. Kalsang Donden to Gerke on March 23, 2023.

These stories show the vulnerabilities faced by Tibetan doctors during the pandemic. The losses remind us of the dedication and challenges faced by those at the frontline, particularly in communities and regions overwhelmed during the peak phases of the pandemic. We dedicate our efforts in writing this report to the Tibetan physicians who passed away due to COVID-19.

9. Concluding Remarks

The pandemic not only made Tibetan physicians produce immune boosters but it also boosted Sowa Rigpa in India. It led to a shift in the perception of Tibetan medicine within the community, particularly among the youth. This shift was catalyzed by the increased reliance on traditional practices during a period when conventional medical solutions were limited or inaccessible. Talking to Tibetan physicians who worked during the pandemic at the MTK, it became clear that young Tibetans who had not taken Tibetan medicine earlier, did try it during the pandemic. Dr. Sangmo recalled that many Tibetan students and young nuns and monks in the nunneries and monasteries took the immune boosters and relied on MTK medicines when suffering from COVID-19.

The response of the MTK to the COVID-19 pandemic illustrates the potential of integrating Sowa-Rigpa into modern public health responses. While challenges remain in gaining broader acceptance and integration into national health frameworks, the pandemic has highlighted how through a combined effort between health departments and medical institutions (biomedical and Sowa Rigpa) complementing medical approaches can jointly contribute to combat global health crises.

The MTK's response to the COVID-19 pandemic illustrates that Sowa Rigpa can play a vital role in addressing a public health crisis. The efforts documented in this report make us think about how community engagement and collaboration across medical epistemologies allows for forms of integration of traditional knowledge into public health strategies. The pandemic experiences of MTK physicians offer valuable lessons for future pandemic preparedness and the potential roles traditional medicine systems could play in times of crisis.

Acknowledgements

We thank the Men-Tsee-Khang and all contributing physicians as well as the astrologer Ms. Tsering Choezom, Head of the MTK Astro-Science Department, for their kind support in researching and writing this report. We are specifically grateful to Mr. Thupten Tsering, the MTK Administrative Director, and the Director of Culture, Dr. Tsering Norbu, as well as Dr. Penpa, the Head of the MTK Pharmacy, the pharmacy physician Dr. Nyima Tsering, and Dr. Tenzin Paldon of the Clinical Research Department.

Only Dr. Barbara Gerke was supported by the Austrian Science Fund through her project *Pandemic Narratives of Tibet and the Himalayas* at the University of Vienna (FWF Project P36136).

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