


Translating “Immunity” in Sowa Rigpa: Neologisms of Protection and Prevention

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If you are sick, it is a medicine (*sman*),
if you are not, it is like a vitamin for prevention.
-Amchi Jetsün Chimé

1. Introduction

his opening quotation captures the essence of what we found during our interviews with Sowa Rigpa practitioners about their use of “immune boosters” during the COVID-19 pandemic. Jetsün Chimé is an eighth-generation amchi (Sowa Rigpa practitioner) from Tingri in central Tibet. Trained at the largest Tibetan medical institute in India, the Men-Tsee-Khang (hereafter MTK) in Dharamsala, she now lives and works at her Jetsun Khunpen Ling Center in Queens, a borough of New York City, home to around 10,000 Tibetans and members of other Himalayan communities. Early in 2020, Queens became the epicenter of the COVID-19 pandemic in New York. During that time Amchi Chimé organized an emergency response, distributing Sowa Rigpa herbal supplements to people’s homes to combat fever and other flu-like symptoms and offering online yoga classes. Her treatment strategies were documented in the “North America COVID-19 Tibetan Medicine Observational Study” (NACTMOS) in 2020/21, along with those of fifteen other amchis in the US.¹

¹ This study, principally directed by Tawni Tidwell, University of Wisconsin-Madison, and Tenzin Namdul, University of Minnesota, documented 145 cases of non-severe COVID patients in the US and Canada that were treated exclusively with Tibetan formulas by fifteen Tibetan physicians. The aim was “to demonstrate how Tibetan medical physicians provide care for mild and medium-severity COVID-19 cases in North America, and if such treatment approaches are shortening the course of disease, ameliorating symptoms differentially and/or preventing long-term effects of COVID-19.” See: <https://americantibetanmedicalassociation.org/current-study/>. Last accessed February 5, 2025. The results showed that “The Tibetan approach of targeting

During the first two years of the pandemic (2020–2021), in collaboration with the Central Tibetan Administration (CTA) and the Department of Health, MTK manufactured and freely distributed more than 52,000 units of “Sorig immune boosters”—Sorig being the abbreviation for Sowa Rigpa—through its clinics and Tibetan settlements. These units, consisting of around ten different teas, decoction granulates, formulas, a nasal ointment, and precious pills (*rin chen ril bu*), were sent to vulnerable groups such as frontline workers, Tibetans above the age of sixty-five, people with comorbidities, and those in quarantine near Dharamsala.² Overall, this was a phenomenal act in terms of charity and preventive care. It was, however, not an isolated event, since the Indian ministry of AYUSH, under which Sowa Rigpa has been registered since 2010, also freely distributed the Ayurvedic “AYUSH Kavach Immunity Boosting Kit” through their government channels.³

As COVID-19 has shown worldwide, pandemics test people’s trust in governments. For Tibetans, the MTK boosters represented a first aid kit by the CTA government based on traditional Tibetan knowledge. Tibetans we spoke with expressed that the free distribution of the MTK immune booster units gave them a sense that they were taken care of by their government, especially during the first two years of the pandemic.

The approximately 130,000 Tibetans living outside the PRC are spread across various diasporic communities in India, Europe, and North America, with high concentrations in Toronto and New York. They are known to share a sense of identity across borders and maintain active transnational networks.⁴ During the pandemic these networks also supported the translation and exchange of medical knowledge and Sowa Rigpa products. For example, the immune boosters from Dharamsala reached Tibetans in New York through the Tibetan community center in Queens, which collaborates with the CTA. The boosters were discussed across institutions, online

treatment based on symptom groups, especially those within classical Tibetan medical nosology, appears to result in quick symptom resolution” (Tidwell et al. 2024, 1).

² Sangmo et al. (2021, 10) mention that 52,966 units of immune boosters had been distributed by October 2021, when their report was published. See Sangmo and Gerke, this issue, for a detailed list of the Sowa Rigpa formulas used as boosters.

³ This kit included the popular Chyavanprash tonic; the herbal tea compound Ayush Khwat made of tulsi, cinnamon, ginger, and black pepper; the anti-cough Samsamant Vati tablets made of *Tinospora cordifolia*; and an anti-cough oil called Anu Tail. In Ladakh, hundreds of these kits were also freely distributed through the National Institute of Sowa Rigpa (NISR) in Leh and taken by NISR staff as prevention. Personal communication Amchi Tashi Stobgais to Gerke, Leh, August 2024.

⁴ Hess 2009.

platforms, and social media (see van der Valk, this issue). While private practitioners like Amchi Jetsün Chimé did not directly have access to the immune booster units from India, as a medical practitioner with her own clinic, she knew the list of formulas that MTK had designated as “immune boosters” and could prescribe them to her patients on request.

In contrast to the free charitable distribution of MTK’s boosters, anti-epidemic *rimsung* (*rims srung*) pill amulets, such as the nine-compound black pill amulet, Nakpo Gujor (Nag po dgu sbyor), and other *sungkhor* (*srung 'khor*, “wheel of protection”) amulets,⁵ became lucrative sources of income for many Sowa Rigpa pharmacies in 2020/21.⁶

The distribution of thousands of immune boosters also triggered questions regarding what “immunity” means in Sowa Rigpa. How did Sowa Rigpa practitioners conceptualize the need “to boost” immunity? And, crucially, what is this “immunity” about, considering that Sowa Rigpa is a long-established Asian medical tradition with medical theories pre-dating the advent of microscopes, the laboratory, and biomedical thinking, relying on Tibetan medical texts dating back to the thirteenth century and earlier? Can we talk about a “theory of immunity” in Sowa Rigpa? How were ideas of “immunity” translated and interpreted by Tibetan medical practitioners? How, if at all, have ideas of the immune system been expressed in classical Tibetan terms? And how can the same formulas be used for both protection and treatment, as Jetsün Chimé elucidates in the epigraph?

This last question in particular guides our analysis of the malleability of Sowa Rigpa formulas, which, as we shall see, functioned as public health preventatives to protect bodies from widespread infections through the strengthening of the “digestive heat,” referred to as *medrö* (*me drod*). The pandemic responses discussed here focus on the period when MTK immune boosters were conceptualized, produced, and distributed, beginning in April 2020 until vaccines became available in India, in 2021. For that period, we note that Sowa Rigpa practitioners and institutes in various countries adopted different approaches to engage with ideas of immunity and immune boosters.

To begin with, we give two examples from the US and Switzerland for comparison with what we observed in Dharamsala. The Swiss

⁵ Nakpo Gujor and other *rimsung* pills are worn and their ingredients smelled for protection; *sungkhor* amulets are based on astrological protective methods. Both are introduced in detail by Sangmo and Gerke (this issue). See Chui (this issue) on the *sungkhor* amulet.

⁶ Some of them were also distributed freely. On Nakpo Gujor sales, see Gerke 2020a, b, 2024; Phuntsok and McGrath 2020.

company PADMA avoided the term “immune booster.” Herbert Schwabl, then the CEO of PADMA, stated during an interview that immune boosting is a “modern marketing idea.”⁷ He explained, “When COVID started, very soon it became clear that there is an immune response that is taking place. The body starts with a very strong inflammatory response, the cytokines go up, certain immune parameters go up, and the body is overrun by these immune responses, and this at the end leads to these fatalities. It was actually known very early on (...).” Schwabl here refers to a biomedical perspective, observing that the virus overloaded and exhausted the immune system with a “cytokine storm”—a major cause of COVID-19 deaths—which challenges the very notion of immune boosting as a viable strategy for the prevention of COVID-19.⁸

Anticipating that the pandemic would be a long haul, he and his team thought from the beginning of 2020 that, “If you boost the immune system for two years you actually destroy the immune defense, which leads to allergies, and so on.” Instead, PADMA’s approach was to build up resilience and “harmonize the immune system” through their Tibetan formulas.⁹ Schwabl avoided the idea of treating or curing COVID-19 with Tibetan formulas (see van der Valk, this issue). However, in retrospect, he suggested that mild cases could be treated with PADMA 28 (a reformulation of Gabur 25) at home to “help mitigate the cytokine exuberance,” which from a Tibetan medical perspective could be interpreted as “heat.”¹⁰

In the US, “immunity” did not feature in the “North American COVID-19 Tibetan Medicine Observational Study” (NACTMOS).¹¹ Strengthening the immune system was not mentioned in their protocols, and participating amchis—most of whom work privately—did not document whether they gave out MTK’s or any other immune boosters.¹² The focus of the NACTMOS study was to document the formulas that amchis used to treat mild to moderate COVID-19 cases and how these formulas impacted symptom duration. Among the principal formulas included in the NACTMOS study, two (Pangtsi 12, Dashel Dütsima) are also among the six formulas included in MTK’s immune booster unit (see below).

These diverse approaches inspired us to speak with amchis about their understanding of immunity and immune boosters in Sowa Rigpa terms. This paper explores their responses and examines how and why

⁷ Phone interview with Gerke, January 27, 2023.

⁸ See Tang et al. 2020. E-mail communication, Schwabl, February 7, 2025.

⁹ E-mail communication, Schwabl, February 7, 2025.

¹⁰ E-mail communication, Schwabl, February 7, 2025.

¹¹ Tidwell et al. 2024.

¹² Gerke in conversation with Tawni Tidwell, Vienna, December 12, 2022.

immune boosters came to the forefront at the MTK, receiving public attention especially during the first two years of the pandemic. Our ethnographic investigation spanned multiple locations, including Dharamsala, New York, and Darjeeling,¹³ with visits conducted by Ploberger in April 2022 and May 2023 (Dharamsala), and by Gerke in February and March 2020 and April 2023 (Dharamsala), November and December 2023 (New York), and in February 2024 (Darjeeling).

Regarding the distribution of MTK immune boosters, we find it particularly interesting to analyze why formulas, which are typically prescribed based on individual assessments of constitution and imbalance (via urine, pulse diagnosis, and questioning), were distributed to large groups. In other words, how did the collective distribution of therapeutic formulas as a preventive measure become a meaningful pandemic response, considering Sowa Rigpa's individualized therapeutic approach? Crucially, what does this approach have to do with the meanings of Sowa Rigpa terms used to express "immunity."

We explore these questions by analyzing Sowa Rigpa theories of metabolic transformation as explained in the *Four Tantras* (*Rgyud bzhi*), and Tibetan neologisms of immunity-related terms found in contemporary dictionaries created in Dharamsala. Combining philological methods (analyzing dictionary entries) with ethnographic inquiries (interviewing amchis), we document how these terms were created and used during the pandemic. Exploring contradictions, our approach moves back and forth between two key questions: How were ideas of digestion and immunity "metabolized"—metaphorically speaking—in a move to prepare and strengthen bodies to face the pandemic, and in the process translating concepts of "immunity" transculturally? And how did amchis explain that the "digestive heat" or *medrö*—a key theoretical concept of bodily health in Sowa Rigpa—could actually be strengthened through immune booster formulas? And, what does this tell us about the malleability of Tibetan formulas?

Concepts of "bodily constituents" or *lüzung* (*lus zungs*), "prevention" called *gokpa* (*'gog pa*), and "liberation" or *tarpa* (*thar pa*) merge long-standing, sometimes archaic ideas of digestion, spirit invasion, and Buddhist soteriological ideas of liberation. These themes appear in different chapters of the *Four Tantras*, in English-Tibetan glossary entries, and pandemic discussions on protection and treatment of infectious diseases. We argue that rather than reflecting conflicting epistemologies, these contradictory notions highlight the

¹³ We are aware that this coverage is not exhaustive and does not include Sowa Rigpa practices in Nepal, Russia, Poland, Bhutan, Mongolia, and other countries where Sowa Rigpa is practiced.

cosmopolitan nature of Sowa Rigpa¹⁴ and the Tibetan language, which absorbed medical concepts and terms from Ayurveda and Buddhism over long periods of time. As part of a living language, these terms and their meaning remain in flux and are repurposed for very different needs.

2. *Incorporating Biomedical Ideas of Immunity into Traditional Medical Theories*

Pathogen-related immunity¹⁵ is a modern and changing concept. In the early twentieth century, immunity was understood “as an organism’s capacity to defend itself against pathogens.”¹⁶ We now know, however, that “immunity is not limited to the activity of defense. The immune system plays a central role in activities as diverse as development, tissue repair, and clearance of debris, among others.”¹⁷ The notion of “defense,” however, is still dominant in popular thinking, also evident in the myriad of products and supplements that were sold online during the pandemic.¹⁸

The pandemic was not the first time during which the MTK applied the idea of an “immune system” to their products. To our knowledge, immunity-related statements regarding the benefits of Sowa Rigpa products first appeared with the MTK’s development of Sorig supplements, which began in 1994 in the Herbal Product Research Department.¹⁹ During her research on Tibetan longevity practices, Gerke found that ideas of prevention and protection through strengthening the body were widespread in Sowa Rigpa, even long before the pandemic.²⁰ For example, in 2009 the MTK advertised four Sorig products as capable of improving, rebuilding, or strengthening “the immune system” in their English Sorig brochure,²¹ which was not a direct translation of the circulated Tibetan version. The latter utilized Tibetan terms for strength, such as *lütop* (*lus stobs*), *dangtop* (*mdang sthobs*), and *zungtop* (*zungs stobs*), which are linked to the metabolic

¹⁴ See also van der Valk, this issue, for similar findings.

¹⁵ Immunity derives from the Latin term *immunis*, originally referring to exemptions from, for example, tax payments or military services.

¹⁶ Pradeu 2020, 4.

¹⁷ Pradeu 2020, 2.

¹⁸ See, for example, the blogpost by MTK physician, Dorjee Raptan Neshar, titled “First Line Defense Prophylaxis against Coronavirus” (July 20, 2020), van der Valk, this issue.

¹⁹ Gerke 2012c, 205.

²⁰ These practices are typically linked to “essence extractions” (*bcud len*), precious pills, and tonics. See Gerke 2012a, c, 2017, 2021.

²¹ Ridak 2009a, 11, 13, 15, 42.

transformation of the *liizung* (explained in section 3).²² Dr. Dawa Ridrak, who initiated most of the Sorig supplement product range, said, “When the body is strong, life will be long. That is how we understand the immune system.”²³

Incorporating biomedical ideas of immunity into traditional medical theories is not unique to Sowa Rigpa and has led to critical voices among ayurvedic scholars. Outstanding among them is Jan Meulenbeld’s paper “The Woes of *Ojas* in the Modern World.” Meulenbeld critiques ayurvedic authors for merging archaic Vedic with biomedical concepts in an effort to “integrate knowledge about immunity in their theory.”²⁴ He argues that in the process these authors often overlook the nuances of biomedically defined immunity and—through innovative new vocabulary—derail “the ability to read the texts literally and to remain within the bounds of their teaching.”²⁵

Meulenbeld’s example focuses on *ojas*, which parallels the Tibetan “supreme vitality” concept of *dangchok* (*mdangs mchog*), discussed in the next section. Meulenbeld argues that *ojas* evolved from a vague Vedic concept of vitality (“a force inherent in divine beings”) into an “ill-defined,” “fluid substance” in ayurvedic theory,²⁶ which more recently has been coupled with biomedical concepts of immunity. Meulenbeld summarizes the dilemma of *ojas*, which lends itself to multiple interpretations due to its vague and, at times, contradictory ayurvedic definitions:

... while *ojas* plays only a minor and vaguely defined role in classical ayurvedic theory and therapy, it is given special attention and emphasis in the contemporary ayurvedic scene. The rise of immunology in Western medical science has challenged the ayurvedic world, which has responded not only with envy but in a competitive spirit, hoping for rich rewards thanks to its enticing *ojas*.²⁷

Meulenbeld here points to the tendency of ayurvedic writers to

²² Ridrak 2009b. The respective pages in the Tibetan version talk about “developing the radiant power of the body elements” (*lus khams kyi mdangs stobs rgyas pa*; p. 11), “gradually strengthen the elements and bodily constituents such as the blood, and so forth” (*khraḡ la sogs pa’i lus zungs dang ’byung ba rnams kyi stobs rim par*; p. 12), “nurturing debilitated physical strength” (*lus stobs nyams pa gso; zungs stobs nyams pa gso*; p.13), “increasing physical strength” (*zungs stobs skyed* ; p. 15, 42), and “preventing disease” (*nad gzhi sngon ’gog byed pa*; p. 42).

²³ Gerke 2012c, 217.

²⁴ Meulenbeld 2008, 167.

²⁵ Meulenbeld 2008, 167.

²⁶ Meulenbeld 2008, 160.

²⁷ Meulenbeld 2008, 168.

“prove” that modern concepts of immunity exist in Ayurveda, which is a characteristic trope of scientification in Asian medicine.²⁸ He argues that it is fundamentally wrong to equate archaic concepts across history and medical epistemologies, and doing so might harm the standing of the traditional medical system, which otherwise makes positive contributions when following its own medical logic. He cautions:

The question presents itself whether rivalry with Western medicine in the area of immunology and its applications makes any sense. Is it beneficial or detrimental to Ayurveda and its position in the world at large? My answer is that it harms Ayurveda to overshoot its mark.²⁹

Have Tibetans overshot their mark with their immune-boosters and immunity-related neologisms? The conceptual divergence between Tibetan and biomedical immunity-related terms certainly highlights the need to examine how long-established Asian medical traditions articulate their understanding of the body’s metabolism and disease prevention, especially when forming new scientific terms without engaging deeply with the biomedical intricacy of the immune system. Tibetans use concepts similar to *ojas* and its related metabolism to describe the therapeutic benefits of Sorig tonics. As we shall see, such terms also re-emerged in Tibetan pandemic talks and publications on immunity and were also articulated in terms of strengthening the “bodily constituents” (Skt. *dhātu* = Tib. *lus zungs*), and specifically the “radiance” or “supreme vitality” (Skt. *ojas* = Tib. *mdangs mchog*), which is understood in both Ayurveda and Sowa Rigpa to protect from disease. In the following, we explore Sowa Rigpa’s “metabolism of immunity” and will analyze the logic behind translating biomedical concepts of immunity into the Tibetan language.

3. Sowa Rigpa’s “Metabolism of Immunity”

The Tibetan language, for which the syllable is a basic unit of meaning, lends itself to combine syllables in the construction of complex words with intricate meanings.³⁰ There are several contemporary Tibetan terms for immunity. Some involve ideas that are linguistically and variably “metabolized” to express Buddhist ideas of liberation, such as *goné né tarpa* (*’go nad nas thar pa*, “liberation from infectious

²⁸ See, for example, Adams, Schrempf, and Craig 2010.

²⁹ Meulenbeld 2008, 168.

³⁰ See Gaffney 2000; Gerke 2010, 2012b; Goldstein 1984: xi.

disease”), as well as Sowa Rigpa and ayurvedic physiological tropes. For example, *liüzung nüpa* (*lus zungs nus pa*) combines two well-established technical Tibetan medical terms incorporating physiological principles of the “bodily constituents” or *liüzung* with notions of “potency” expressed as *nüpa*. Both terms have early Sanskrit equivalents with medical meanings in Ayurveda. In Sanskrit, *liüzung* is called *dhātu* (constituent) and *nüpa* refers to *śakta* (to be able, potent). These ayurvedic concepts entered Tibetan medicine through Sanskrit medical works, such as the *Aṣṭāṅgahrdayasaṃhitā*, which was translated into Tibetan in the eleventh century and served as a source for the *Four Tantras*.³¹

In Sowa Rigpa pharmacology, *nüpa* is associated with a range of characteristics describing the inherent potentiality of a substance, which can be harnessed as a medicine when properly processed and combined.³² Beyond substances, *nüpa* can also refer to the strength generated through activities like reciting mantras or meditative concentration, as well as the body’s capacity to digest and process nutrients.

Liüzung, a technical medical term, merges *lū* (“body”) with *zung* (“life-sustaining power,” also “to hold”). These “life-sustaining powers of the body” are often referred to the seven “bodily constituents.” The concept of *liüzung* appears in the *Four Tantras* in explanations on digestion, especially the digestive heat. Specifically, digestion is described as a process of refining essences from the five elements (earth, water, fire, wind, and space) and six tastes (sweet, sour, salty, bitter, hot, and astringent) taken in the form of food.³³ In brief, food is refined through the power of the digestive heat in six stages and, during each stage, its essence is transformed into the components of the next stage while also expelling impurities (urine, sweat, feces, and so on). The essence of the chyle (*dwangs ma*) is transformed into blood (*khrag*), muscle tissue (*sha*), fat (*tshil*), bone (*rus*), bone marrow (*rkang*), finally becoming the reproductive fluids, called *khurwa* (*khu ba*). The essence of *khurwa* is known as “supreme vitality”³⁴ or *dangchok*, *dang* referring to a “vital essence” or “complexion” (lit. “radiance”),³⁵ in Sanskrit *ojas*, just discussed above.

³¹ Yang Ga 2010.

³² The *Four Tantras* outlines eight *nüpa* (e.g., heavy, oily, cool, hot) linked to the six tastes and three post-digestive tastes, which help assess a substance’s potency. See Gerke (2019, 162–63) for an explanation of *nüpa* in the context of precious substances and Tidwell and Nettles (2019) for its meanings in Tibetan pharmacology.

³³ G.yu thog gsar ma yon tan mgon po 1988, ff. 38–41, ll. 5–4. For a detailed description of this process, see Gerke 2012a, 162–63; Paljor et al. 2011, 21.

³⁴ Paljor et al. 2011, 73.

³⁵ Drungtso and Drungtso 2005, 211.

The *Carakasamhitā* describes one type of *ojas* as a substance residing in the heart, characterized by a golden color and nourishing and vitalizing all tissues.³⁶ Its depletion or loss leads to disease and death. Similarly, the *Four Tantras* emphasizes, “Although [*dangchok*] resides in the heart, it pervades throughout the entire body to sustain life and bring vigor and radiance.”³⁷ Amchis describe *dangchok* as an expression of healthy *lüzung*, evident in a person’s glowing complexion. *Dangchok* is not an organ-related idea but is deeply linked to the process of digestion, which explains why Sowa Rigpa practitioners have described a lot of “immune boosters” as improving the digestion through fortifying the digestive heat, which acts as the “fire” or catalyst that steers the distillation of the seven essences. In other words, a robust digestive heat nurtures vigorous bodily constituents, resulting in radiant vitality, which protects from disease.

In conversation with Ploberger in 2013, Dr. Pema Dorjee (1950–2015), a renowned MTK-trained Tibetan physician and first chairperson of the Central Council of Tibetan Medicine from 2004 to 2007, talked about what he perceived to be a close correlation between *lüzung* and the biomedical immune system. “All seven bodily constituents are important for a good functioning immune system,” he said. Since *lū* is translated as “body” and *zung* as “life-sustaining power,” *lüzung* not only refers to the seven bodily constituents, he explained, but also to the (protective) power of the body.

Here is an example on how this rationale was used to assess patients during the pandemic. Amchi Jetsün Chimé in New York shared her experience in conversation with Gerke:

During the pandemic we thought about the immune system in terms of protection. Those who were weak easily got COVID-19. Those who had a strong immune system did not catch it so easily. That was my experience. I really saw that people with strong bodies also caught it, but they recovered faster. We gave them medicine, and they recovered. Those with weak *lüzung* took a long time to recover. We have good medicines to make the *lüzung* stronger, like Sedru Dagné [Se ’bru dwangs gnas] and Dashed Dütima [Zla shel bdud rtsi ma], which make the liver and digestion stronger.³⁸

³⁶ Meulenbeld 2008, 160. It is beyond the scope of this paper to compare the ayurvedic types of *ojas* with those found in Tibetan texts. According to Meulenbeld, its varying definitions contribute to the confusion in modern interpretations.

³⁷ Our translation of G.yu thog gsar ma yon tan mgon po 1988, f. 40, ll. 2–3: *snying la gnas kyang lus kun khyab pa dang / tshe gnas gzi mdangs bkrag dang ldan par byed*. For an alternative translation see Paljor et al. 2011, 73, which uses the English term “energy” to talk about the power of *dangchok* (cf. Ploberger 2012, 149).

³⁸ Interview with Gerke, New York, November 11, 2023.

In sum, amchis understand this Sowa Rigpa metabolic strength as a capacity of the physical body to be potent in and of itself to combat disease. As we shall see, a similar validation was employed in the explanations of the workings of the MTK immune boosters during the pandemic.

4. MTK Immune Boosters, Public Health, and Translating Science in Dharamsala

In April 2020, the MTK External Emergency Team (MEET) was established in Dharamsala, recommending Tibetan formulas for the potential management of COVID-19 symptoms. The list comprised thirty-six formulas, five decoctions, three precious pills, and twelve supplements, as well as a range of Sorig herbal teas.³⁹ Based on this list, the MTK collaborated with the CTA to develop an “immune booster” unit, which included six formulas that were changed adapting to the COVID-19 waves in India. One such unit included Pangtsi 12 (Spang rtsi bcu gnyis), Nyentang 15 (Gnyan thang bco lnga), Dashel Dütsima, Tsanglha (Tshangs lha), Dashel 37 (Zla shel so bdun), and Dorjé Rapjom (Rdo rje rab 'joms). It also contained a set of decoctions, a nasal ointment, and the precious pill, Rinchen Mangjor, which contains around fifty different medicinal ingredients and is said to be effective against all kinds of poisoning and digestive disorders.⁴⁰

Senior physician and former MTK director, Dr. Tsewang Tamdin, when asked on *Tibet TV* how the formulas were selected for the immune-booster unit, said that they were mainly medicines that were already listed in the chapter on “widespread fevers” or *rinné* (*rims nad*) in the *Four Tantras* and commented: “These formulas have proven themselves for years.”⁴¹ Since COVID-19 was understood as a type of *rinné*, these formulas were deemed effective, and precious pills were also included in the booster units. They are complex multi-compound formulas that have been more widely available since the 1990s. Many Tibetans use them preventatively as tonics, while they continue to be prescribed for severe diseases.⁴² Dr. Tamdin approved of their

³⁹ For a list of their names see Rigzin Sangmo and Gerke, this issue.

⁴⁰ Personal communication by Dr. Rigzin Sangmo, January 2025 (see also Sangmo and Gerke, this issue). For a formula version of Rinchen Mangjor, see Ridak 2003, 369.

⁴¹ Interview on *Tibet TV*, the online news channel of the CTA in Dharamsala, February 29, 2020: www.youtube.com/watch?v=EySW62PvpbQ, minute 20–25. Quote translated by Ploberger. Last accessed February 24, 2025.

⁴² Gerke 2019.

inclusion in the immune booster units,⁴³ interconnecting prevention and treatment strategies,⁴⁴ quite similar to what Amchi Chimé said in her opening quote.

Collaborating with the MTK on the immune booster units, the CTA biomedical health department added a strip of Crocin (paracetamol) tablets to the package.⁴⁵ Thus, the CTA and the MTK not only shared costs, but also combined their respective approaches to health.⁴⁶ This was not their first joint public health initiative; the MTK has previously collaborated with biomedical health care providers in Dharamsala, such as the Delek Hospital under the chief medical officer, Dr. Tsetan Dorji Sadutshang.⁴⁷ The Department of Health at the CTA has integrated Tibetan medicines into the mother-child health care program for a long time. These consist of formulas, such as Sédrü 5 (Se 'bru lnga pa) for digestion, Agar 8 (A gar brgyad pa) for *lūng* (*rlung*) imbalances,⁴⁸ or Sherap Rilbu (She rab ril bu) to improve memory.⁴⁹ When representing such collaboration, the CTA uses a language that is not specifically focused on Sowa Rigpa but rather talks about traditional medicine in modernized terms. For example, the CTA website states that “Micronutrients based on the traditional system of medicine are also provided to mothers and children.”⁵⁰ This choice of wording is representative of the biomedical outlook of their programs, such as their widespread immunization program, and their efforts to

⁴³ <https://www.tibet.net/cta-provides-free-sorig-immune-boosters-for-tibetans-above-65/>, June 8, 2020. This website also contains several photos documenting the distribution of immune boosters across Tibetan settlements.

⁴⁴ MTK 2021, 22.

⁴⁵ Interview with Tibetan anthropologist Tenzin Wangdak by Gerke, Darjeeling, February 17, 2024.

⁴⁶ The CTA covered one-third of the expenses and the MTK the remaining two-thirds. <https://tibetanhealth.org/news/health-departments-efforts-in-prevention-of-covid-19-through-sorig-immune-boosters/>. Last accessed February 24, 2025.

⁴⁷ For details on their collaboration in general see Prost 2008 and during the pandemic see Sangmo and Gerke, this issue.

⁴⁸ *Lūng*, predominated by the wind element, is the force which is responsible for all movements of the body, including the mind. It is considered the “vehicle” of consciousness. The following symptoms are associated with *lūng* imbalances: intolerance to wind, pain with changing localization, chronic stress and anxiety, heart palpitations and other heart conditions, insomnia, various digestive problems, and so forth. We have added a macron to the phonetic transcription of *lūng* (*rlung*) to avoid confusion with the respiratory organ, the lungs.

⁴⁹ A closer comparison may reveal parallels to the mother-child care plan implemented by the Thirteenth Dalai Lama and his physicians Khyenrap Norbu and Jampa Tupwang between 1919 and 1924 in Lhasa, which included distributing eight types of Tibetan medical pills to pregnant women and their infants (van Vleet 2010–11, 364–67).

⁵⁰ <https://tibetanhealth.org/programs/mother-and-child-health/>. Last accessed February 24, 2025.

treat and prevent tuberculosis, Hepatitis B, and HIV.⁵¹

To understand the position of science in public health in Dharamsala and the formation of science neologisms in the Tibetan language, we turn to the scientification of Tibetan medicine and the general promotion of science among Tibetan communities in exile. Since the 1980s, researchers have observed an increased scientification of Tibetan medicine in the PRC, albeit for different reasons. Tibetan medicine's survival in the PRC became tied to presenting itself as "scientific" and distant from Buddhism.⁵² Today, Tibetan medicine is practiced in modernized ways alongside biomedicine in many hospitals across the Tibetan regions of the PRC,⁵³ which has also led to distinct pandemic responses⁵⁴ and different scientific terminological development.⁵⁵

In India, the Fourteenth Dalai Lama Tenzin Gyatso has long been interested in science and has actively promoted science education among Tibetans through several programs over the years.⁵⁶ Notably, he initiated the Monastic Science Initiative and Science for Monks workshops, in Dharamsala in 1999, building on the Mind and Life Dialogues of the 1980s.⁵⁷ These programs aimed to enhance scientific literacy among monks and nuns, laying the groundwork for the popular Buddhism and Science Dialogues. Clearly, Tibetans needed new terminology to discuss "science." Since 2006, following the Science for Monks program, which officially partnered with the Boston-based Sager family Foundation in 2001, the Library of Tibetan Works and Archives (LTWA) has collaborated with Emory University in the Emory-Tibet Science Initiative (ETSI), which develops curricula to teach science to monastics, aiming to bridge Tibetan and scientific knowledge.⁵⁸

To enable such a dialogue, scientific terms had to be translated from English into Tibetan. This began with the Science Translation Project launched in 2004 in Dharamsala at the LTWA. This work resulted in

⁵¹ For TB refer to, for example, Dorjee et al. 2019, and for Hepatitis B to The Tibet Fund 2022, 10–11.

⁵² Adams, Dhondup, and Le 2010; Janes 1995; Janes and Hilliard 2008.

⁵³ Adams 2002a, b; Cuomo 2022; Kloos et al. 2020; Nianggajia 2015; Schrempf 2010.

⁵⁴ See Cuomo 2020 on pandemic responses in Lhasa and Tidwell 2020 on an overall assessment of pandemic responses among amchis in the PRC.

⁵⁵ For example, in Lhasa, amchis work on finding biomedical correlations of Sowa Rigpa disease categories. The goal is to ensure Tibetan medicine is covered by Chinese health insurance, which necessitates specific nosological categories. Personal communication, Tawni Tidwell, December 22, 2022.

⁵⁶ Lott 2016; The Dalai Lama 2005.

⁵⁷ These are described in detail by Lott 2016, 112–18.

⁵⁸ Lott 2016, 116–18. See also Peña-Guzmán and Locke 2021 for examples on the challenges of cross-cultural philosophical encounters between Buddhist monks and their science teachers.

the *Glossary of Standardised Terms* (hereafter the *Glossary*), published in ten editions between 2008 and 2017. These glossaries provide standardized Tibetan technical terms, covering fields from anatomy to zoology.⁵⁹ Prost describes this transcultural translation process as a mix of phonetic appropriation, analogical thinking, and utilizing traditional Buddhist terminology, and observed that the participating monks understood science in relation to mental perceptions as taught in Buddhism.⁶⁰ This is also a key fascination in the popular Buddhism and Science Dialogues.⁶¹ At Emory, a more recent outcome of years of effort is the elaborate *English-Tibetan Modern Science Dictionary*, published in 2020 by ETSI. This online dictionary was specifically designed to support the ETSI monastic science curricula and also includes teaching slides.⁶² It thus differs in scope, pedagogical concept, and its practical usage from the earlier glossaries which aimed at standardizing scientific terms for a broader audience to enable wide-ranging scientific discourses in Tibetan, beyond monastic settings. In Dharamsala, the Tibetan science and translation projects can be interpreted as a survival strategy. According to Prost they were “essential if Tibetans were not to be left behind, and some even argued that Tibetan would disappear as a language if it was not kept up-to-date.”⁶³

5. Forging Tibetan Medical Terms in Exile Since the 1980s

Much like the translation of specialized Tibetan medical terms into English, the translation of “immunity” into Tibetan requires a nuanced understanding of how Tibetans have translated medical terms across specific social and political contexts. These issues have been debated by translators, Tibetan physicians, and academics for decades,⁶⁴ and here we offer some examples from Dharamsala to illustrate the challenges.

At the MTK, engagement with science was part of a global effort to

⁵⁹ Department of Education 2017: xxi.

⁶⁰ Prost 2006, 142–43.

⁶¹ These have long been promoted by Richard Davidson at the Center for Healthy Minds at UW-Madison, who encourages explaining meditation through neuroscience, working with meditators as research collaborators. See Lott 2016, Chapter 6.

⁶² Drongbu and Khangsar 2020. For downloading the almost 800-page dictionary and for online searches visit: <https://www.emorytibetscienceinitiative.com/>. Last accessed September 30, 2024.

⁶³ Prost 2006, 139.

⁶⁴ See, for example, Czaja 2010; Gerke 2010, 2012; Lott 2016; Prost 2006; Tidwell 2019; Tidwell and Nettles 2019.

preserve Tibetan culture and identity, while acknowledging the differing epistemologies between science and Sowa Rigpa.⁶⁵ Prost conducted fieldwork in Dharamsala from 2001 to 2002, observing the challenges Tibetans faced in using both biomedicine and Sowa Rigpa, which led to the creation of numerous neologisms. She discusses the political context of this movement, noting how scholars in exile institutions developed many terms which also reflected the Tibetan government-in-exile's effort to create a "secular," "modern" democracy conversant in scientific language.⁶⁶

In 1996, on the initiative of the Dalai Lama, the MTK organized a Conference on Clinical Research and Tibetan Medicine. At the conference, a group of Tibetan and biomedical doctors discussed diabetes and its potential Tibetan translations as *chinnyi né* (*gcin snyi'i nad*) and cancer as *dré* ('bras) or *drené* ('bras nad). Olaf Czaja analyzed the proceedings, published in Tibetan,⁶⁷ and came to the conclusion that diabetes and *chinnyi né* were more easily treated as equivalent,⁶⁸ whereas the equivalence of cancer with *dré* led to extensive discussions and disagreements because of the vastly different Sowa Rigpa etiologies of *dré*⁶⁹ as well as the limited knowledge of biomedicine among the physicians.⁷⁰ Czaja also pointed out that the choice of discussing biomedical equivalents of common diseases such as diabetes and cancer "had more to do with the 'global market' than with epistemological rigor."⁷¹

On the philological side, a lot has changed since then, and Tidwell's discussion of *drené* in 2019 illustrates that the focus of such debates is no longer on finding one-to-one-correlations. To avoid the equivalence issue altogether, biomedical terms are frequently phonetically transcribed in the Tibetan script.⁷² Tidwell shows, for example, that "many Tibetan medical scholars outside of Tibet have used the English transliteration *kensar* (*kan sar*) [or even just used the English *cancer*] to differentiate biomedical conceptions of cancer from *drétren* and *dréné*."⁷³ She argues that conflating *drené* with cancer, or *tren* with biomedical neoplasms, poses a serious threat to the etiological lenses of each medical system's understanding of the body (2019, 187).

⁶⁵ Kloos 2010, 2015; Gerke 2021.

⁶⁶ Prost 2006, 133.

⁶⁷ MTK (ed.) 1998.

⁶⁸ For exceptions see Tenpa 1998. See Prost 2006, 136 for ethnographic observations on how new technical terms were not always adopted by the lay population.

⁶⁹ Apparently only one category of *dré* was discussed at the conference (Czaja 2010, 275; cf. Tidwell 2019, 159).

⁷⁰ Czaja 2010, 273–75.

⁷¹ Czaja 2010, 279.

⁷² Gerke 2010.

⁷³ Tidwell 2019, 145.

Therefore, it is crucial in each case to analyze and map out distinctive etiological understandings of biomedical and Sowa Rigpa concepts, avoiding simplistic neologisms.⁷⁴

In India, there is a renewed emphasis on aligning Sowa Rigpa with biomedical standards through the ministry of AYUSH, which is standardizing Sowa Rigpa education, for example, through the centralized NEET (National Eligibility cum Entrance Test), conducted online in Tibetan. The NEET exam assesses potential Sowa Rigpa students on Tibetan history, Buddhist philosophy, Indian poetry, and science, and asks for biomedical equivalents of Tibetan medical terms. For example, one of the fifty NEET questions asked in 2023 was, “What type of blood cancer is *trak gi drené* (*khrag gi 'bras nad*)?” with the expected answer being “leukemia.”⁷⁵ Such simplified translations question the achievements of more nuanced scholarship just discussed and may lead to Sowa Rigpa authors being pushed towards the ayurvedic model and forms of competitive scientific equivalence, which Meulenbeld so heavily criticized.

To sum up the above examples, teaching science in Dharamsala helped shape a scientific outlook for Tibetan medicine while strengthening national identity in exile. Scientific terms could legitimize, complement, or replace traditional ones, also helping to open global markets for Sowa Rigpa products.⁷⁶ As Kloos argues, the Tibetan diaspora in India has presented Tibetan medicine as both scientific and modern without fundamentally challenging its grounding in Buddhism and other Tibetan traditions.⁷⁷ Overall, translations have facilitated dialogue between Buddhism and science, resisting what Tibetans perceived as the socialist “purification” of Tibetan language and culture in the PRC.⁷⁸

We now explore whether Sowa Rigpa neologisms for immunity-related biomedical terms during the pandemic reflect a continuation of these earlier translation practices. We recognize the influence of existing tropes as highlighted by Prost. However, we also identify unique Sowa Rigpa characteristics in the formation and description of new medical terminology. We are aware that creating a new term for inclusion in a glossary is one thing, while its integration into mainstream usage is another, even within a specific field such as medicine.

⁷⁴ Tidwell and Nettles (2019) have continued this process by identifying important concepts of purity and potency in both pharmacology and *menjor* (*smen sbyor*), facilitating pharmaceutical research across biomedicine and Tibetan medicine with a focus on drug synergies rather than the lock-and-key model of pharmacology.

⁷⁵ Personal communication by a MTK medical student to Gerke, Dharamsala, April 2023.

⁷⁶ Czaja 2010; Gerke 2012c; Kloos 2010, 2015; Prost 2006.

⁷⁷ Kloos 2015.

⁷⁸ Prost 2006, 143.

The creation of language follows its own trajectories. The pandemic may have accelerated the adoption of immunity neologisms in Tibetan discourse and among Sowa Rigpa practitioners, but assessing the extent and reasons behind this shift would require comprehensive linguistic fieldwork. Below, we limit ourselves to analyzing immunity-related terms from the *Glossary of Standardised Terms* (with some reference to the *The New English-Tibetan Dictionary*),⁷⁹ since MTK physicians were actively involved in creating them, and explore their thinking about Sowa Rigpa epistemologies of “immunity.”

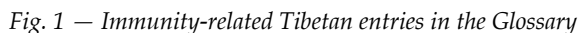
Our argument in this regard is two-fold. First, the relationship between Sowa Rigpa and science as it has been forged in the Tibetan communities of Dharamsala has helped determine how Tibetan terms of immunity and immune boosters were created, especially in regard to the Sowa Rigpa etiologies of the *liüzung*. Second, the MTK could repurpose Tibetan formulas as immune boosters in times of emergency, because of the malleability of formulas and their interconnectedness with Sowa Rigpa principles, such as the *liüzung*. Formulas used therapeutically could also take on notions of prevention in a collective effort to prepare bodies through strengthening their digestive heat to be protected from and be able to fight widespread disease.

6. Immunity-related Neologisms

The late Dr. Pema Dorjee was instrumental in creating the *Glossary*, and he was largely responsible for its medical entries. In a 2010 meeting with Ploberger, he explained that he consulted biomedical dictionaries when developing these entries, but that his approach remained firmly rooted in Sowa Rigpa. To capture Sowa Rigpa's nuances, he often used multiple Tibetan terms for a single English biomedical term. Figure 1 illustrates this with four glossary entries related to immunity, analyzed below.⁸⁰

⁷⁹ Monlam 2000. Lexicographer and editor Lobsang Tendar developed this dictionary along with a group of scholars in Dharamsala.

⁸⁰ Department of Education 2013, Serial 6, 244.



The *Glossary's* immunity-related neologisms merge several Sowa Rigpa concepts. Central to this is Dr. Pema Dorjee's rendering of "immunity" into Tibetan as *lüzung nüpa*, which translates literally to "the capacity of the life-sustaining powers of the body," or briefly "potent constituents." Dorjee further defines this as "the ability to prevent external diseases, inflammation, and so forth, from harming the body fundamentally."⁸¹ Dr. Dorjee here highlights "the ability to prevent" as *gokpé nüpa* (*'gogs pa'i nus pa*), which focuses on the capacity to block or repel external diseases, aligning closely with one of Sowa Rigpa's frameworks of disease as an invasion into the body through specific orifices and pathways. Unlike the biomedical model of immunity, which typically emphasizes resisting or defending against pathogens, the verb *gokpa* reflects a view of disease entering and invading the body, requiring protective measures to block these invasions. This perspective has persisted since the thirteenth century, as shown by William McGrath, who explores the etiology of *nyen*

⁸¹ Department of Education 2013, Serial 6, 244: *lus kyi gshis la gnas pa'i phyi'i nad dang / gnyan kha sogs kyis mi tshugs par 'gogs pa'i nus pa*. We translate *gnyan kha* ("mouth of a wound") as inflammation.

(*gnyan*) fevers in relation to this invasion model⁸² and argues that *nyen* fevers demonstrate clear etiologies of invasion, emphasizing the need for a medical system that fortifies the body's boundaries against invaders (e.g. through various protective amulets, mantras, and rituals). This is quite different from the physiological model of strengthening the bodily constituents or explaining disease through the imbalance of the three *nyépa* (*nyes pa gsum*, i.e. *rlung*, *mkhris pa*, and *bad kan*). The concept of *gokpa* also intertwines with historical Tibetan miasmatic ideas, where diseases enter the body as poisonous breath, called *khalang* (*kha rlang*).⁸³ *Gokpa* also merges with *ngön* ("prior, former") into the word for "prevention" as *ngöngok* (*sngon 'gog*), which was frequently used during the pandemic.

The employment of Buddhist terminologies in the creation of scientific neologisms in Tibetan is not uncommon in Dharamsala as previously noted with examples from Prost's research. The *New English-Tibetan Dictionary* suggests *gone né tarpa* (*'go nad nas thar pa*), as a neologism for immunity.⁸⁴ Translating to "liberation from infectious disease," a Buddhist trope is discernible in the use of the soteriological term *tarpa*, akin to the Sanskrit *mokṣa*, or liberation. *Mokṣa* carries a profound spiritual connotation, denoting freedom from cyclic existence or *samsāra*, and in this context signifies the freedom from infectious diseases. We find the term *tarpa* in the first of the *Four Tantras* in a dharmic context of achieving "liberation of suffering" (*sdug bsngal las thar pa*), referring to freedom of illness through the study of Sowa Rigpa.⁸⁵

In summary, the Tibetan terms *gokpa* and *tarpa* align differently with Sowa Rigpa etiologies when compared to *lüzung nüpa*. As shown above, we see three different approaches in forming neologism for immunity, drawing from early Tibetan ideas of invasion (*gokpa*), Buddhism (*tarpa*), and Ayurveda (*lüzung*). Dr. Dorjee opted for *lüzung nüpa* as the term for immunity, incorporating Sowa Rigpa physiological concepts of ayurvedic origin. As a practicing physician, *lüzung* and its physiological paradigms received priority, perhaps because they open up therapeutic possibilities (strengthening the *lüzung* through Sowa Rigpa formulas). In comparison, *tarpa* and *gokpa* support the use of protective Buddhist practices, such as mantra recitation and the wearing of blessed amulets. Subsequently, Dr.

⁸² McGrath 2023 (lecture).

⁸³ *Khalang* refers to the poisonous breath of the mamo (*ma mo*) beings causing *nyen* disease (McGrath 2021, 215). Contemporary amchis have also interpreted *khalang* in prophetic terms as environmental pollution (Czaja 2010, 271–72).

⁸⁴ Monlam 2000, 385.

⁸⁵ G.yu thog gсар ma yon tan mgon po 1988, folio 11, l.3; Paljor et al. 2011, 11.

Dorjee’s neologism was used⁸⁶ but was also modified during the pandemic discourse.

Similarly, the term for immunology draws upon the same conceptual foundations. Dr. Dorjee and his team proposed *liüzung rikpa* (*lus zungs rig pa*) meaning “knowledge of the bodily constituents,” and *negok rikpa* (*nad ’gog rig pa*) meaning “knowledge of blocking off diseases.”⁸⁷ These terms focus on understanding the body’s internal capacities for disease prevention and protection. In contrast, the *New English-Tibetan Dictionary* offers *nerik ngöngok rikpa* (*nad rigs sngon ’gog rig pa*), which translates to “knowledge of blocking off/preventing various diseases.”⁸⁸ *Nerik ngöngok* also became an online dictionary entry for inoculation,⁸⁹ emphasizing the protective connotation of *gokpa*. It reflects the importance placed on the body’s ability to block invaders, in this case not referring to invasive *nyen* spirits, but to external pathogens.

In the *Glossary*, the newly coined term for the immune system is *liüzung malak* (*lus zungs ma lag*). The term *malak* indicates a branch or a system. The term *liüzung malak* is further defined as “a bodily system aimed at blocking off *nyen* diseases [and] contaminations through all kinds of disease-causing agents (*’bu srin*),⁹⁰ anywhere in outer and inner places [of the body].”⁹¹ While we note the move to present the physiological concept of *liüzung* as a separate “system,” the definition remains distinct by focusing on the body’s ability to protect itself through the strength of its constituents and pathways without losing sight of the insightful notion of *gokpa*—blocking off invaders, such as *nyen* and *sinbu*—and thus protecting from disease.

The *Glossary* term for immunization is referred to as *nesung* (*nad srung*), translating as “disease protection” and *liüzung sotap* (*lus zungs gso thabs*), meaning “the ways of healing/nourishing the bodily constituents.” The authors define this further as “the characteristic methods of strengthening [the *liüzung*] with greater potency than before to prevent internal diseases in humans and sentient beings.”⁹²

⁸⁶ It was included in the online glossary published by the CTA. See <https://tibterminology.net/?s=immunity>. Last accessed February 24, 2025.

⁸⁷ Department of Education 2013, 244.

⁸⁸ Monlam 2000, 385.

⁸⁹ https://rywiki.tsadra.org/index.php/nad_rigs_sngon_%27gog; last accessed October 2, 2024.

⁹⁰ These pathogenic agents, usually termed *sinbu* (*srin ’bu*), can be internal or external.

⁹¹ Department of Education 2013, Serial 6, 244: *phyi nang gi gnas gang du’ang nad gnyan ’go ba’i ’bu srin rnam ngo ’phrod nas / phyir ’gog par byed pa’i lus po’i ma lag*. Compare with the CTA online glossary entry: <https://tibterminology.net/?s=immune+system>. Last accessed February 24, 2025.

⁹² Department of Education 2013, Serial 6, 244: *mi dang / sems can gyi lus po’i nang nad ’gog pa’i nus pa rnam sngar bas kyang shugs che ru gtong thabs kyi bya gzhang*.

Here, *gokpa* again plays a central role, with a focus on protection and prevention through “inoculation,” translated in the *New English-Tibetan Dictionary* as *goné ngöngok jépa* (*’go nad sngon ’gog byed pa*), defined as “to guard against infectious disease.”⁹³ Further, the MTK used the term *ngöngok menkhap* (*sngon ’gog sman khab*; “preventive injection”) for vaccination during the pandemic.⁹⁴

Overall, we note that *gokpa* and *lüzung* appear repeatedly in these neologisms, reflecting Sowa Rigpa’s focus on proactive disease prevention through strengthening the digestive heat. In sum, Tibetan terms expressing the concept of immunity—such as *lüzung nüpa* and *gokpé nüpa*—focus on maintaining the strong capacities of the bodily constituents and on blocking off invasive disease agents. In this they combine two distinct theories, one based on ayurvedic metabolism of the seven constituents that is discussed in the first two tantras, and the other dealing with invading *nyen* and *sinbu* (*srin ’bu*)⁹⁵ discussed in the *rimné* chapters of the *Oral Instruction Tantra*⁹⁶ and in the twenty-seventh chapter of the *Subsequent Tantra* on protective measures.⁹⁷ The latter go back to earlier treasure literature such as *The Vase of Ambrosia*, attributed to Padmasambhava.⁹⁸

To sum up, Dr. Dorjee’s approach to create a Tibetan term for “immunity” and related ideas, combines two important Tibetan medical physiological principles: the idea of potency is applied to the refinement process of digestion, indicating the body’s capacity to protect from disease. From a Sowa Rigpa perspective, well-developed bodily constituents result in a radiant complexion, which in the eyes of the Tibetan physicians we spoke with would have a reference to their “immune system.”

The methodology employed by Dr. Pema Dorjee in developing the glossary entries moves beyond mere translation equivalence, aiming instead at integrating Sowa Rigpa’s physiological insights into the creation of a biomedical Tibetan term. This process illustrates specific “Sowa Rigpa sensibilities,”⁹⁹ since the ways in which amchis have conceptualized their ideas of an immune system and forged new terms reflect not only a deep connection with Sowa Rigpa epistemologies, but also transcultural exchanges with Buddhism, Ayurveda, and

⁹³ Monlam 2000, 385.

⁹⁴ MTK 2021, Sangmo et al. 2021.

⁹⁵ See Czaja 2010, 270, for definitions of *sinbu* as pathogenic agents, and Tidwell and Gyamtso 2021, 93–96, who align the networks of *sinbu* with the concept of a microbiome.

⁹⁶ Dolma et al. 2017, 341–74.

⁹⁷ Paljor et al. 2011, 297–311.

⁹⁸ McGrath is researching this text in relation to plague outbreaks in Tibet (2020, 2021).

⁹⁹ As described by Adams, Schrempf, and Craig 2010.

biomedicine. Next, we explore how these immunity-related glossary terms were used during the pandemic.

7. Immunity-related Tibetan Terms Used During the Pandemic

We now analyze how Tibetan neologisms of immunity and the immune system were employed during the pandemic by Sowa Rigpa practitioners we met in Dharamsala, Darjeeling, and New York. We also present a few observations from our conversations with Tibetans who have taken MTK immune boosters. Some Tibetan physicians were reluctant to even attempt a translation of immunity, while others suggested specific Tibetan terms as equivalents. As we shall see in the explanations provided by Sowa Rigpa physicians below, *lüzung* and *ngöngok* emerged as essential parameters in talking about immunity.

Before the pandemic, most people in Dharamsala were using the English term immunity.¹⁰⁰ This changed in 2020, when Dr. Tsewang Tamdin established a high-level committee at MTK to discuss pandemic topics in communication with the Central Council of Tibetan Medicine (CCTM), including immunity-related Tibetan terminology.¹⁰¹ They debated several potential terms, like “enhancing the constituents” (*lus gzungs gso byed*; *lüzung sojë*), “powerful radiance” (*mdangs stobs*; *dangtop*), and the “capacity to prevent/block off” (*sngon gog nus pa*; *ngöngok nüpa*). Dr. Rigzin Sangmo, head of the MTK Clinical Research Department, stated that *lüzung sojë* was selected as the official term for “immune booster” and *ngöngok nüpa* for “immunity.”¹⁰² The choice of these terms reveals an even stronger focus on prevention and protection in times of pandemic crisis, with *ngöngok nüpa* replacing the earlier term *lüzung nüpa* from the Glossary for immunity. Choosing *lüzung sojë* for “immune boosters” clearly emphasizes the perceived need at MTK to strengthen the bodily constituents in the face of COVID-19.

Except among amchis who discussed immunity with us, we did not find the term *lüzung malak* used widely as a term for the immune system. MTK-trained Dr. Nawang Chodrak in New York explained *malak* as a technical term that can be used for the digestive system (*’ju byed ma lag*), nervous system (*dbang rtsa’i ma lag*), and so forth. Amchi Jetsün Chimé in New York explained *malak* using the image of branches and pathways in the body:

¹⁰⁰ Dr. Rigzin Sangmo in conversation with Gerke, Dharamsala, April 10, 2023.

¹⁰¹ See Rigzin Sangmo and Gerke, this issue.

¹⁰² Dr. Rigzin Sangmo in conversation with Gerke, Dharamsala, April 10, 2023.

Malak is like *yenlak* (*yan lag*)—a branch. It is like branches inside the body that go into all the organs, and all these branches are made strong and are protected. (...) *Lüzung* is the immune system. *Malak* is not used much in colloquial Tibetan; we use it among amchis only.¹⁰³

When asked which term she uses when talking to ordinary Tibetans about the immune system, she answered: “*Zukpo zungtop* [*gzugs po zungs stobs*, “strength of the bodily constituents”] or *lütop* [*lus stobs*, “bodily strength”] are colloquial; *lüzung* they do not understand.” She said that during the pandemic the colloquial terms were used frequently, since people spoke more about immunity. “They mainly used *zungtop*,” she said.¹⁰⁴ Gerke came across *zungtop* also among Tibetans in Darjeeling in India, though in this cosmopolitan urban space most Tibetans speak English and Nepali and used the English term in conversation and had to ponder for a while when asked about Tibetan terms for immunity.

Dr. Kunchog Tseten is a Tibetan physician from the Amdo region of eastern Tibet (today part of China’s Qinghai Province), who lived through the pandemic in New York City and took part in the audio project “Himalayan Covid Diaries” during spring and summer of 2020.¹⁰⁵ On a daily basis he recorded his experiences during the first wave of the COVID-19 pandemic in New York. In one of his podcasts he used the Tibetan term *ngöngokpé niipa* (*sngon gog pa’i nus pa*), meaning “the capacity of preventing/blocking off disease”—similar to Dr. Dorjee’s *gokpé niipa* in the *Glossary* above—which he then translated himself into English as immunity.¹⁰⁶ In another online video, Dr. Kunchog Tseten emphasized the digestive heat when answering the question of how to strengthen the body so as not to get sick with COVID-19: “A main problem is indigestion (*ma zhu ba*), and what is important is to protect the digestive heat, *medrö*.”¹⁰⁷

We also heard *ngöngok niipa*—MTK’s official term for immunity—as a colloquial term used for the immune boosters among Tibetan amchis living in New York, whereas *lüzung sowa* (*lus gsungs gso ba*) was considered a more technical term for immune boosters, similar to MTK’s term *lüzung sojé*. Dr. Nawang Chodrak in New York pointed

¹⁰³ Interview with Gerke, New York, November 11, 2023.

¹⁰⁴ Interview with Gerke, New York, November 11, 2023.

¹⁰⁵ Craig et al. 2021.

¹⁰⁶ <https://soundcloud.com/elalliance/sets/dr-kunchog-tseten-amdo-diary>; Part 2, minute 8; Part 3, minute 2. Last accessed February 24, 2025. Translated from Tibetan by Ploberger.

¹⁰⁷ <https://soundcloud.com/elalliance/sets/dr-kunchog-tseten-amdo-diary>; Part 3, minute 2. Last accessed February 24, 2025. Translated from Tibetan by Ploberger.

out to Gerke that *sowa* in this context does not only mean “healing,” but also has the connotation of prevention, making the body stronger (nurtured) in terms of rejuvenating it in order to prevent diseases in the future.¹⁰⁸ We come back to this preventative focus in the conclusion.

So far, we conclude that first, the pandemic steered nuanced discussions about Tibetan terminology among Sowa Rigpa practitioners themselves, building on previous glossaries and medical terms that were already in use for prevention and protection before the pandemic. Second, the choice of terms reflects a tendency to include Sowa Rigpa physiology-related terminology rather than finding Tibetan words expressing the meaning of complex biomedical immunity-related ideas.

Not all Tibetan physicians we spoke with were convinced of the merit of translating “immune system” into Tibetan. Ploberger spoke with Dr. Tobgye, a senior Tibetan physician and executive member of the CCTM who works at the private Khangkar clinic of the late Dr. Ama Lobsang Dolma, which is currently run by her daughter, Dr. Pasang Gyalmo Khangkar, in McLeod Ganj, Upper Dharamsala. When asked how he would translate the English word immune system into Tibetan, Dr. Tobgye replied that it was impossible to express this term correctly in the Tibetan language. In his opinion the concept of the immune system does not occur in Tibetan medicine.¹⁰⁹ Asked the same question, Dr. Pasang Gyalmo Khangkar, said that it is nearly impossible to find correct Tibetan terms for COVID-19 or the immune system. She said to ask the Clinical Research Department of the MTK, which “came up with some fancy terms.” Dr. Khangkar maintained that “you cannot compare Tibetan Medicine and Western Medicine.”¹¹⁰ Similarly, MTK-trained Amchi Wangdue, previously lecturer at the MTK college, argued that it would be difficult, if not impossible, to find a suitable Tibetan equivalent for the immune system of modern biomedicine. That said, he agreed that in their therapeutic approach Tibetan physicians aimed at strengthening the *lüzung* during the pandemic.

Amchi Theinlay Trogawa, director of the Chagpori Tibetan Medical Institute (CTMI) in Darjeeling, who used to be the interpreter during consultations between the late Sampel Norbu Trogawa Rinpoche (1932–2005), founder of CTMI, and his foreign patients, said that many patients wanted medicine from Rinpoche to strengthen their immunity. At the time he paraphrased immunity with the Tibetan

¹⁰⁸ In conversation with Gerke, New York, November 14, 2023 and via WhatsApp December 11, 2023.

¹⁰⁹ In conversation with Ploberger, May 22, 2023.

¹¹⁰ In conversation with Ploberger, May 22, 2023.

expression *nezhi ngöngok nüpa* (*nad gzhi sngon 'gog nus pa*), invoking the capability and strength to prevent disease. When asked which term he used for immune boosters during the pandemic in Darjeeling, he said they would use the English term, since there is no particular Tibetan word for “immune booster.”¹¹¹

Similar to what Jan van der Valk found in his analysis of online presentations (this issue), we also documented several amchis emphasizing that the connection between *liüzung* and the immune system has an emotional component and that fear, which was very prevalent during the pandemic, could negatively affect the *liüzung*. MTK-trained Amchi Wangdue, while adamant about the equivalence issue, admitted that the *liüzung* are nevertheless related to the immune system and said that the emotion of anger would harm the first of the seven *liüzung*—the nutritional essence *dangma* (*dwangs ma*)—and thus also the immune system.¹¹² MTK-trained Dr. Threlsar Yeshe Tsering similarly expressed that, in case of COVID-19, it is important to decrease fear and stress as well as to strengthen the *liüzung*.¹¹³ In his opinion, these two factors help to minimize susceptibility to infections and strengthen the immune system. The mental health aspect is also reflected in the inclusion of *lūng*-balancing medicines such as Arlu (Ar klu) and Tsanglha in lists of “immune boosting oral medications,” suggested by the MTK and the CCTM.¹¹⁴

A Tibetan anthropologist from Darjeeling, Tenzing Wangdrak, spent two weeks in quarantine with his wife in Dharamsala after exposure to a COVID-19 positive patient. They both received the MTK immune booster units from the CTA, which included several Tibetan formulas, decoctions, precious pills, as well as a strip of Crocin tablets. He remembered:

Both my wife and I took everything, except the Crocin, since we were not sick. I didn't believe that the immune boosters would prevent COVID, but I thought that even if I got COVID, it would help to, sort of, lower symptoms. (...) It definitely gave us confidence, since at the time there were no vaccines and no cure for COVID.¹¹⁵

In Darjeeling, Tibetans received MTK immune booster units through Tibetan Settlement officers, though their packages were not labeled, and the formula names were unknown, so the term “immune booster”

¹¹¹ Interview with Gerke, Darjeeling, February 7, 2024.

¹¹² Skype conversation with Ploberger, March 16, 2023.

¹¹³ Tsering, 2020.

¹¹⁴ CCTM 2022, 264.

¹¹⁵ Interview with Gerke, Darjeeling, February 17, 2024.

did not spread. Tashi Dhondup, the retired director of the Central School for Tibetans in Darjeeling explained:

The instruction was that those who get COVID should take these medicines as a treatment for COVID. Those who do not have COVID can take them as a precautionary measure. That time everyone took it. Those who had COVID took it as a treatment, those who did not have COVID took it as a preventive measure.¹¹⁶

Here we observe that the basic tenet of the MTK immune booster concept—prevention and treatment—was communicated from New York to Darjeeling, across Tibetan communities.

At the beginning of this paper, we raised the question of how compounds that are meant as medicine could become preventative immune boosters for the public. We conclude with a quotation by Amchi Wangdue, which highlights the Sowa Rigpa approach to digestion and metabolic transformation. When asked, why some special Tibetan formulas, which are usually given individually after a precise diagnosis, are now recommended to all people for COVID-19, Amchi Wangdue replied, emphasizing the significance of the *lüzung*:

With COVID-19, the condition of the digestive heat, *medrö*, the five vital organs [*don*], and the six vessel organs [*snod*] are of crucial importance. In the last hundred years, almost no new Tibetan formulas have been developed. Efforts are being made to use medicines which have been used for centuries, even for newly emerging biomedical diseases. Of course, it is ideal and the normal procedure in Tibetan Medicine to carry out an exact diagnosis before prescribing an individual therapy. Only in times of emergencies such as COVID-19, when many people need medical care at the same time, can the normal procedure be dispensed with and some special Tibetan formulas are recommended to all people. (...) Tibetan formulas are not designed to treat a specific disease, such as COVID-19, but are steered towards balancing the entire body through strengthening the *lüzung*.¹¹⁷

8. Conclusions

In this paper we described how the development of Tibetan terms for biomedical concepts, such as immunity, emerged within a political

¹¹⁶ Interview with Gerke, Darjeeling, February 21, 2024.

¹¹⁷ Skype interview with Ploberger, December 22, 2023. Translated from the Tibetan by Ploberger.

and identity-driven context to introduce scientific terminology in the Tibetan diaspora, beginning with the science initiatives in Dharamsala in the 1980s. By 2009, several MTK Sorig supplements were advertised as strengthening the immune system, and the *Glossary of Standardised Terms* employed Sowa Rigpa technical terms in the creation of immunity-related neologisms. The integration of these newly developed terms into colloquial usage and Sowa Rigpa discussions was further prompted by the COVID-19 pandemic, which served as a testing ground for their applicability, especially when the MTK distributed more than 52,000 “immune booster” units across Tibetan communities. They combined a sense of trust in tradition and government (who freely distributed them) with preparedness and prevention, especially at a time when vaccines were not yet available. Several Sowa Rigpa formulas were used both as immune boosters and as medicines to treat symptoms of COVID-19. The boundaries between preventative and therapeutic care were not always clear. There were also some overlaps with the use of Sorig supplements (often presented as “tonics”), since they were included in the list of MTK products to manage COVID-19 symptoms, but not in the immune booster units themselves.¹¹⁸

Meulenbeld’s critique of how specialized ayurvedic concepts such as *ojas* are conjoined with other classical terms that are usually distinct to designate a new concept such as “immunity” is problematic for the philologist and textual scholar. By combining such terminological analysis with ethnography, however, we have shown how terms are not only translated, but are also culturally adapted and used within communities, reflecting real-world applications beyond theoretical translations and dictionary definitions. We emphasize the importance of contextual relevance in translation practices and suggest that translation analysis should reflect on the underlying socio-political and medical paradigms of Sowa Ripa in its interaction with science.

The use of classical Tibetan medical terms in Tibetan science glossaries and English-Tibetan dictionaries developed in Dharamsala reveals a continuity of Tibetan medical concepts, from the time of the *Four Tantras* down to the present day. For instance, terms like *gokpa* emphasize the prevention or repelling of external diseases, highlighting the concept of invasion, which McGrath shows originated in *terma* literature of the thirteenth century. While *lüzung nüpa*, of ayurvedic providence, emerged as a neologism for immunity, terms like *gokpa* and *ngöngok* continued to inform discussions of protection and prevention. Concepts of strengthening the digestive heat and the

¹¹⁸ This list is available online in Tibetan: <https://drive.google.com/file/d/1ywA8LdCq13YvkV23WPznIX2YhcJlcGbp/view>. Last accessed on February 12, 2025. For a translation see Sangmo and Gerke, this issue.

essences of the body’s metabolism also persisted over time.

During the pandemic, the use of terms related to Sowa Rigpa metabolic functions, such as *lüzung nüpa*, *lüzung sojé*, and *ngöngok nüpa*, offered more nuanced insights into the conceptualization of immunity from a Sowa Rigpa perspective. These classical technical Tibetan terms formed the conceptual basis of the immunity boosters at the MTK. They merged widespread popular ideas of immune boosting with Sowa Rigpa theories by borrowing technical terms from Sowa Rigpa ideas of metabolic strength. While in principle this is quite similar to what Meulenbelt critiqued in Ayurveda—linking *ojas* to immunity—practically speaking, it had a positive impact on Tibetan communities during the pandemic.

We have also shown that the creation of scientific neologisms in Dharamsala takes place in a very different socio-political context when compared to what Meulenbelt described for ayurvedic competitive efforts to explain and translate the modern immune system through *ojas*. The diasporic neologisms we observed emerged from a range of exile-specific dialogues between Buddhism and science, in which Sowa Rigpa found a place to forge new scientific terms in Tibetan. In this process, Sowa Rigpa epistemologies themselves are shifting, depending on the ways in which amchis have integrated science into Sowa Rigpa theories for varying reasons.

Interestingly, we did not come across any transliterations of the English term immunity in Tibetan similar to how it was done for cancer as *kensar* (*kan sar*) in an effort to distinguish the biomedical meaning from the Sowa Rigpa meanings of *dretren* and *drené*. We note that a more common practice in Tibetan pandemic-related publications was to insert the English term “immune system” along with the Tibetan neologism.¹¹⁹

At the MTK and CTA in Dharamsala the pandemic led to a collective and collaborative distribution of immune boosters to many individuals, seemingly clashing with fundamental principles of Sowa Rigpa, which typically prioritize tailored treatments based on an individual’s specific constitution and imbalances. We conclude that the COVID-19 pandemic led to a departure from this individualized model toward a more generalized understanding of health, combining prevention and treatment in one package. That said, individual consultations still took place where possible (e.g. through telemedicine), and depending on pandemic circumstances COVID-19 patients received formulas tailored to their specific symptoms and needs, as documented, for example, in the NACTMOS study and the MTK report (Sangmo and Gerke, this issue).

¹¹⁹ See, for example, CCTM 2022, 53.

Here, we focused on the standardized distribution of medicines during a crisis that reveals an intricate balance between upholding long-standing medical epistemologies and addressing immediate public health concerns. Our analysis shows that Sowa Rigpa's plasticity, malleability of formulas, and cosmopolitan origins of its varied principles of *lüzung*, *gokpa*, and *ngöngok* enabled this navigation between treatment, protection, and prevention. From a Sowa Rigpa perspective this provided meaningful explanations for why the same formulas could be used for both prevention and treatment. This, however, does not translate into a specific "theory of immunity" in the *Four Tantras*, which present different ideas of infectious disease causation, ranging from *nyépa* imbalance, to invading *nyen* spirits, miasmatic vapors, and *sinbu* pathogenic agents.

We noticed that the choice of terminology, such as immune boosters, sparked controversy with Sowa Rigpa representatives in the Global North. Operating under very different legal conditions and in line with COVID-19 immunopathology, PADMA could not share MTK's approach towards immune boosters. Nevertheless, numerous Euro-American alternative and complementary medicine (CAM) practitioners, some of whom later became critical of vaccination, advocated immune boosting during the pandemic in ways that could have harmed the reputation of PADMA as an established pharmaceutical company. Combining these medical and health-political perspectives, for PADMA, the idea of "harmonizing" the immune system, was the suitable word choice.¹²⁰ Here, "harmonizing" was not derived from the widely-known Sowa Rigpa theory of "balancing" the elements and three dynamic principles, the *nyépa sum*, but a biomedical understanding of immune responses. Thus, we find very different immunity-related glosses, derived from different epistemologies of immunity in the pandemic Sowa Rigpa contexts of India and Europe. In Dharamsala "harmonizing" did not speak to the severity of a pandemic emergency in the way "boosting" did. For Tibetans in Dharamsala "boosting" embodied a public health requirement as well as the strengthening capability of Tibetan tradition—in the form of formulas and governmental support—to enhance and empower not only Tibetan diasporic bodies, but also their *lüzung* in an effort to vigorously block off an invasion of pathogens and protect communities in times of crises. We conclude that for Sowa Rigpa practitioners the *lüzung* rationale successfully informed the observed shift from the classical individualized therapeutic approach towards a wider public health approach, which the pan-demic ("all the people") called for.

¹²⁰ Email communication, Schwabl, February 7, 2025.

We also note a lack of studies analyzing the pharmacological composition of the substances in these booster formulas and how they synergize clinically. Furthermore, ethnographic research on their practical application—how Tibetans received, used, and understood them—could provide valuable insights into the variety of experiences of the COVID-19 pandemic, as well as why and how people employed glosses for immunity-related concepts. Our study, by contrast, has primarily focused on Sowa Rigpa practitioners, the technical terms that they used, and Tibetan immunity-related nosologies in modern Tibetan dictionaries.

Finally, let us conclude by noting that the *sowa* of *liizung sowa*, a technical term for immune boosters, expands the usual interpretation of Sowa Rigpa as a “Science of Healing.” As explained to us by Dr. Nawang Chodrak in New York, *sowa* encompasses not only healing, but also practices of prevention, rejuvenation, and healthy living—typically including diet and behavior. This association between healthy living and healing also contributes to the parallel use of formulas as both preemptive and rejuvenating medicines, the knowledge of which forms an important part of Sowa Rigpa medical training and practice. While some contradictions remain between *nyepa*-imbalance theory and invasion-based concepts of infection, during the pandemic these converged into an unusual, innovative, and unified response of preemptively distributing formulas. The strengthening essence of *sowa*, along with the significant role of *liizung* in disease prevention, clarifies why Sowa Rigpa physicians saw no inherent contradiction in using therapeutic formulas for both the prevention and treatment of COVID-19.

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