

Strategic Holisms: Documenting Online English-Language Sowa Rigpa Perspectives on COVID-19

Jan M. A. van der Valk

(University of Vienna)


Our main goal is to show you there is a holistic and integrative method to work with [COVID-19]. Not only do we follow all CDC [US Centers for Disease Control] guidance, we do things in addition. We can add onto this holistic medicine methods, and our goal is to reduce hospitalizations.

-Yangdron Kalzang,
“Encountering COVID-19” webinar series, part 1 (April 2, 2020)

We really need to look at this pandemic with a more holistic approach taking into confidence the invaluable contributions from the time-tested traditional systems of medicine rather than relying heavily on scientific evidence alone, thus ending up losing more precious lives. We have got to be more pragmatic, scientific, and humanistic at the same time.

-Dorjee Raptan Neshar¹

1. Introduction

his article aims to survey the narratives that circulated on Anglophone online Sowa Rigpa platforms during the 2020–2021 years of the COVID-19 pandemic.² The wave-like temporality and eventually global reach of this pandemic facilitated interfaces of digitally mediated communication between distant Tibetan and Himalayan communities, as well as scholars, practitioners, and students of Sowa Rigpa from different nationalities and institutional backgrounds. The resulting boom in online material therefore presents a unique opportunity for gaining broader insights into contemporary Tibetan medical discourse, illuminating how

¹ Neshar 2021, 749.

² For reasons of feasibility, I restrict the scope of my argument to this unprecedented yet relatively small proportion of English-language material. There was an even larger digital outburst of Tibetan-language published statements, public health presentations, media interviews, and lectures, especially when also considering messaging and microblogging social media such as WeChat, Weibo, Kuaishou, and Douyin (TikTok). See McGrath 2020 and Tidwell 2020 for examples.

perennial issues converge in times of a public health crisis. The online and often livestreamed dissemination of English-language blogposts, media interviews, webinars, and articles stimulated rapid exchange between Tibetans in China, Tibetans in the diaspora, and practitioners of Euro-American descent, while also including the voices of biomedical doctors, psychologists, Buddhist teachers, and academics.³

Many of the sources analyzed below can be grouped according to the main institutions that facilitated online exchange. The Dharamsala Men-Tsee-Khang hosted four programs, Nida Chenagtsang's Sowa Rigpa Institute hosted seven, the Shang Shung Institute headed by Phuntsog Wangmo hosted eleven, Pasang Yonten Arya's Tibetan Medicine Education Center hosted three, the Kunde Institute clinic also hosted three, and various academic platforms hosted eight programs. This survey therefore complements the limited research on Sowa Rigpa in the Global North, and in digital spaces in particular.⁴ Inspired by sociological analyses of holism in the contested field of Complementary and Alternative Medicine (CAM), this article also contributes insights to the important debate on what is at stake in the emerging interfaces between biomedicine and its putative Others, especially in Sowa Rigpa settings.⁵ The aim is to move away from an idealized singular definition of Tibetan medical praxis, therefore, by placing in dialog multiple voices and perspectives on COVID-19.

Under the next heading, I summarize the digital Sowa Rigpa responses into four main themes that emerged from going through the source materials themselves: prevention, mental health, microorganisms, and spirit beings. As will become evident, the former two perspectives can be grouped together on the basis that both approach disease primarily as an imbalance within the patient. The latter two, on the other hand, foreground an etiology of invasion revolving around entities (i.e., viruses and spirits) distinct from the human body. Terms such as "holistic" and "integrative" were frequently applied by Sowa Rigpa practitioners in the surveyed source materials. I argue, therefore, that the four practitioner perspectives can be interpreted as strategic holisms that cater towards different audiences by approaching disease causation and the body-mind nexus in distinct ways. Drawing on Assaf Givati's insightful work on the

³ Refer to Supplementary Tables 1 and 2 in the appendix for an overview of the 39 online media sources that were analyzed. These include more than 67 hours of recorded video and 34,000 words of text.

⁴ Leaving aside the more considerable body of work on Trans-Siberian connections as well as clinical, experimental, and pharmacological contributions, see for instance Craig and Gerke 2016, 109–14; Janes 2002; Millard 2008; Takkinen 2021, 123–73; van der Valk 2017; and Vargas 2008.

⁵ Brosnan et al. 2018 and Gale 2014; see Samuel 2006 for Sowa Rigpa, and Scheid 2014 and 2016 for Chinese medicine.

“pragmatic holism” of CAM professionals in the UK, I approach these strategic holisms as a set of pragmatic discourses that are adopted differently and flexibly by practitioners to construct and emphasize overlaps with prioritized fields of knowledge.⁶ In line with Givati, this article represents these as strategic claims without seeing the need for evaluating their “actual” degree of holism in an essentialist manner.

2. Disease as Imbalance in the Patient

2.1. Prevention (Body)

The first known epicenter of the COVID-19 outbreak was the city of Wuhan in the People’s Republic of China. Looking at the dataset chronologically, therefore, it is not surprising that the earliest media reports hailed from within China and that the initial focus was not necessarily on treatment, but on preventive and protective measures. Apart from a translated blogpost compilation,⁷ however, the *Tibet TV* news item titled “Tibetan Doctors Speak on Coronavirus” is the earliest and likely most widely seen English-language contribution. This half-hour interview with Dr. Tenzin Namdon (a biomedical doctor stationed at Delek Hospital, Dharamsala) and Tenzin Lhundup (Men-Tsee-Khang)—both female—aired when there were still no confirmed cases in Tibetan exile communities (February 6, 2020).⁸ Whereas Namdon started off by highlighting the imminent risk of the virus spreading to Delhi and beyond via air traffic from China as well as the need for prophylactic measures, Lhundup was asked to provide

⁶ Givati 2015.

⁷ See McGrath 2020. On February 4, 2020, High Peaks Pure Earth posted a compilation of translated health advisory notices and illustrations along with advice, a cartoon, and satirical poems by the influential Southwest Minzu University professor emeritus and Tibetan medical physician, Thubten Phuntsok. His comments questioned the efficacy of traditional medical and religious practices in the face of a newly emerging epidemic, focusing in particular on the apotropaic “Black-9 Compound” (Nag po dgu sbyor) pill. Although this translation was the most widely read item of the year on the website it was posted, Phuntsok’s original posts were clearly directed at Tibetans within China and only mentioned in passing by two practitioners in the English-language sources covered here.

⁸ Refer to McKay (2007, 23–26) and Prost (2008) to learn more about the relationship between Delek Hospital and Men-Tsee-Khang, and between biomedicine and Tibetan medicine in Indian exile. Refer to Fjeld and Hofer (2011) for an introductory analysis of women and gender in Sowa Rigpa. Registered Sowa Rigpa physicians are allowed to use the “Dr.” title within countries such as India and the PRC, but this is not the case in the Global North. For clarity, I therefore refrain from adding it to their names in the transnational context of this article.

the Tibetan medical understanding of this “Coronavirus disease.” She replied that it is one of the eighteen types of contagious disorders that are listed in the *Four Tantras* (*Rgyud bzhi*, Sowa Rigpa’s foundational text) and later commentaries, including the regent Sanggyé Gyatso’s (Sde srid sangs rgyas rgya mtsho, 1653–1705) *Supplement of Pith Instructions* (*Man ngag lhan thabs*). According to her explanation, epidemics such as this one fall under the category of *nyenrim* (*gnyan rims*), where *nyen*—the subtype known as *parpata* (*parpa ta*) in particular—are identified as “a kind of microbe which is harmful,” and *rim* refers to the rapid progression and spread of the disease. As the interview progresses, Namdon shared the little that was known about the zoonotic origins of the virus. Lhundup emphasized the severity and complexity of *nyenrim* disorders, noting that the mentioned classical texts prescribe preventative methods. The conversation then shifted to Men-Tsee-Khang’s production of *rimsung* (*rims srung*) pill amulets. For those familiar with Tibetan culture, the potent symbolism of its black wrapping and five-colored string already provides a sense of security. Nevertheless, its effect was explained mainly through the strong odor and “antimicrobial properties” of its ingredients, which act “like an air purifier or a kind of mosquito repellent” that averts disease-provoking “obstacles.”⁹ Later on, the well-known anti-inflammatory Garuḍa-5 formula (Khyung lnga)¹⁰ and the anti-poisoning precious pill Rinchen Mangjor (Rin chen mang sbyor) were indicated as potential treatment options.

A few months after this influential early response broadcasted from Dharamsala, US-based Tibetan physicians such as Tenzin Namdul (April 18, 2020) and Phuntsog Wangmo (May 1, 2020) picked up on the theme of prevention in separate online interviews. Namdul (Men-Tsee-Khang graduate and Emory University Medical Anthropology PhD) suggested that, for example, besides medical intervention and personal protective equipment, people should stay calm and contemplate Buddhist philosophical tenets like interconnectedness that bring “psychological immunity.” Like other practitioners, he also highlighted the preventive benefit of drinking boiled hot water—especially in the context of respiratory infectious disease—and the usefulness of breathing exercises for reducing mental stress and

⁹ Gerke (2020a) observed long queues of Tibetans in Dharamsala wanting to purchase Men-Tsee-Khang’s *rimsung* in early February. In the same month, the district’s Chief Medical Officer forbade their distribution on grounds that the frenzy caused unnecessary panic. Teasing out some of the stakes involved in this clash of epidemic epistemes and the contested “politics of prevention,” Gerke (2020b) also reflects on the difficulty of scientifically proving “the effect of such combined potencies on body and mind, in the midst of a crisis.”

¹⁰ See van der Valk 2019.

supporting the lungs, relying on the intimate connection between mind and breath. Wangmo (who studied at Lhasa Tibetan Medical College and is the academic director and main instructor of Shang Shung Institute), on the other hand, emphasized the foundational importance of having a strong digestive fire (*me drod*). She said that this heat fuels our metabolism together with the foods we eat, nourishes all organs and tissues, and finally produces a subtle essence (*mdangs*) that radiates throughout the body, giving a healthy complexion that keeps disease at bay.¹¹ In her view, this radiance protects the body. If the body is weak, the mind also weakens and vice versa. She further advised a number of “home remedies” for self-quarantined COVID-19 patients that ought to prevent things getting worse, including teas of ginger, chamomile, or dandelion, depending on the symptoms, and wearing the Black-9 Compound pill around the neck to ward off contagion.

In a blogpost titled “First Line Defense Prophylaxis against Coronavirus” (July 20, 2020), senior Men-Tsee-Khang doctor Dorjee Raptan Neshar (Chief Medical Officer, Bengaluru Branch Clinic) similarly offered preventive measures that are “good against any form of epidemic diseases or infectious conditions like viral flu.” The list of ten Tibetan medical formulae starts off with *rimsung* and presents two well-known pills, Druptop Rilkar (Sgrub thob ril dkar) and Dashel Dütsima (Zla shel bdud rtsis ma), as “highly indicated for immune boosting.”¹² In his later interview-style article in the *Journal of Ayurveda and Integrative Medicine*, he further lays out external, internal, and secret protective measures based on Tibetan medical works.¹³ The first set consists of moral conduct, travel restrictions, staying in isolation, and purifying the environment, which Neshar sees as proof of Sowa Rigpa’s continued veracity in light of contemporary public health and sanitation measures. He was less convinced at the time by vaccines, however, which he deemed “hasty and unconfirmed,” and “like trying to hit a target which is not being established clearly.”¹⁴ The set of

¹¹ In a later Shang Shung webinar (December 18, 2020), Wangmo compared having good digestive heat and its resulting pure essence with carrying arms for self-protection, making an explicit link to both the immune system and the resilience granted by high self-confidence.

¹² “Immune boosting” was a trending topic online at the time, both on social media such as Instagram and on US and Canadian websites (Rachul et al. 2020, Wagner et al. 2020), often serving commercial interests and potentially contributing to misinformation. The Indian Ministry of AYUSH also issued an advisory (taken offline in 2024) with “ayurvedic immunity promoting measures,” including the formula Cyavanaprāsh, herbal decoctions, and hot milk with turmeric.

¹³ Neshar 2021, 747.

¹⁴ Ibid., 749. Neshar’s frank article is the only instance of overt criticism on the efficacy of vaccination that I could find in the covered sources. His critique also extends to vaccines being a money-making business, and that they are a temporary

internal protections includes an “anti-epidemic” *rimsung* amulet, burning of incense, and placing sacred geometric diagrams (*srung 'khor*) above entrances. Thirdly, the secret measures involve consecrated pills, visualization, and mantra recitation.

Lastly, a dialogue hosted by Nida Chenagtsang—a non-monastic practitioner (*sngags pa*) born in Amdo and internationally very active teacher of Sowa Rigpa and the related Yutok Nyintik (G.yu thog snying thig) tantric cycle—about ten months after the first news on a novel epidemic in China (December 7, 2020) offers a more cautious stance. Chenagtsang invited Herbert Schwabl, then-CEO of the Swiss pharmaceutical company PADMA, to discuss his scientific outlook and the usefulness of PADMA’s products based on Tibetan formulae. Schwabl took on a more or less neutral position vis-à-vis vaccines by stating they have a role to play but that they are not a miracle solution and that COVID-19 is a longer-term issue. This not only avoids PADMA potentially losing anti-vax clientele, it also shifts the focus to individual preparedness: “We have to prepare our immune system for this *samsaric* marathon,” Schwabl advised. Hygienic measures were deemed necessary, but so was adopting “an anti-inflammatory lifestyle.” Consistent with this protracted response, he was critical of immune boosting, which he declared cannot be maintained for months and could be inappropriate in case infection causes an overreactive immune response. Instead, he advocated invigorating the body and harmonizing the immune system, which can be achieved by means of supporting blood circulation, optimal digestion, and removing toxins from the liver. PADMA products that support each of these processes happen to be available, including PADMA 28 (derived from Gabur-25, Ga bur nyer lnga), Digestin (Sedru-5, Se 'bru lnga pa), and Hepaten (Drebu-3, 'Bras bu gsum), respectively. In line with the strict European regulations on allowed indications of use for medicines and food supplements,¹⁵ Schwabl reminded Chenagtsang again and again that the aim is not to directly treat the disease: “not for [the] coronavirus, but in times of [the] coronavirus.”

The pandemic perspective summarized above revolves around an eclectic *mélange* of “Western scientific” and Tibetan medical concepts and practices of prevention, protection, and immunity. Although there is considerable variation, the overarching idea is that strengthening the body (and, to a lesser degree, mind) beforehand is the preferred option, potentially preventing infection or at least considerably attenuating its severity. Key terms foregrounded in this category of sources include diet and lifestyle, self-help, hygiene, digestion, herbal

solution that neglects the underlying “root cause” of epidemics. Overall, vaccination was not a marked topic of discussion.

¹⁵ Schwabl and Vennos 2015.

teas, supplements, and immune boosters. In Europe and the US, these approaches typically fall under the umbrella of CAM, which aims to “support” and “harmonize” the health of consumer-patients instead of explicitly treating disease. In extremis, the role of the practitioner is then reduced to offering health advice and the consumer-patient remains accountable for their own wellbeing.¹⁶ On the other hand, one could equally argue that these efforts at health optimization are an extension of much older currents of tradition revolving around the restoration of vitality and extending the lifespan.¹⁷ The main focus of this preventive perspective is on ingestible, body-strengthening remedies, many of which are framed to resonate—rather uncomfortably—with biomedical notions of immunity.¹⁸ Although Tibetan medical physicians in exile strongly advised people to wear contagion-protective pills and amulets during the early phase of the pandemic, these overtly ritual protections did not transfer as readily to international platforms more peripheral to the Tibetan cultural sphere. In sum, this self-made perspective frames COVID-19 as preventable through physical preparedness, which can be empowering for health-conscious individuals. At the same time, however, it also tends to victimize unhealthy bodies and habits, implicitly blaming people for getting ill in the first place.

2.2. Mental Health (Mind)

Nida Chenagtsang was invited for an interview on the Guru Viking Podcast (March 31, 2020) as part of a special pandemic series where the host asked his guests “how to work with fear, anxiety, and panic, how to work with isolation, how to work with sickness and death, and how to help others who are also having those experiences.” After a disclaimer by the host that this is not medical advice, Dr. Nida—as he is commonly known—started off by saying that it is not the first time that humanity has faced a deadly pandemic, but that nowadays we

¹⁶ See for instance Vargas (2008) for the role of amchi in the commoditization of Tibetan medicine in the US. Janes (2002) noted the role of the market in its globalization early on, and Sowa Rigpa has more recently been analyzed as an Asian medical industry (Kloos 2017, Kloos and Blaikie 2022). The category of CAM is less relevant in Asian countries such as India and China, where non-biomedical “traditional” modalities are regulated differently. Furthermore, pharmaceuticalization is not exclusively capitalist in nature; it can go hand in hand with humanitarianism (Kloos 2019; see Tidwell 2020, who reported on the mediatized donations of Tibetan medical companies, hospitals, and physicians in China).

¹⁷ Cf. *bcud len*; Gerke 2012a,b and Oliphant 2016.

¹⁸ See also Gerke and Ploberger, this issue.

can easily stay connected virtually even when in lockdown. Pointing towards the disorienting effects of continuous negative news and misinformation, he shared that many people end up with “psychosomatic symptoms,” becoming “hypochondriacs.” Chenagtsang advised everyone to stay calm, to distract themselves by watching good movies, reading books, to practice yoga, to engage in meditation and retreats, and to cultivate gratitude for the sacrifices of medical professionals and health workers. He also made the point that, although the Dharma and trusting in protector deities can provide much-needed “mental hygiene” and “psychological support,” physical distancing and protective measure should certainly not be neglected. Chenagtsang elaborated further on this mental health perspective in two subsequent online events: a dedicated panel discussion titled “Mental Health & Sowa Rigpa in the Times of Covid-19” (April 19, 2020) and an inaugural speech at a similarly titled online Sorig Congress on health and happiness (April 25, 2020). At the outset of the former, he stated that, although millions have been physically affected by the coronavirus, billions are suffering mentally, invoking the term PTSD (Post-Traumatic Stress Disorder). In the latter, Chenagtsang explained that in Sowa Rigpa happiness is the main aim and result of good health. He illustrated this by introducing the metaphorical tree of health as the template for a balanced body-mind, with its three fruits of “spirituality” (*chos*; more mental), wealth (*nor*; more physical), and ultimately happiness (*bde*). The three mental poisons of desire, anger, and closed-mindedness are the primary causes of disease, but “the essence of human life is happiness.” He asserted that modern medical science, on the other hand, mostly deals with mental illness while neglecting happiness itself.¹⁹

In a very similar vein, Shang Shung’s “Addressing Fear and Trauma” webinar (May 29, 2020) offered advice from Tenzin Wangyal Rinpoche (a Bön monk and teacher, director of Ligmincha International) and Edward Schmookler (a psychotherapist) alongside Phuntsog Wangmo. Wangyal Rinpoche emphasized the importance of a positive outlook that takes on obstacles as opportunities, and Schmookler the challenges of emotional reactivity in relation to triggers of the sympathetic nervous system for different personalities, as well as the influence of childhood trauma on the chronic activation of the “freeze” modality of the fight-or-flight response during the pandemic. Wangmo reiterated how the news portraying COVID-19 like some kind of monster spreads fear. Rinpoche picked up on this,

¹⁹ This sentiment dovetails with the rise of positive psychology since the late nineties. This relatively new subfield equally played a role during the COVID-19 pandemic (Waters et al. 2022), but is not without its critics (e.g., Held 2004, and debates on toxic positivity).

pointing out that fear and trauma are in fact not external objects but internal processes that can be overcome through awareness, especially when relinquishing the “pain identity” of self-grasping. When asked for the Tibetan medical understanding of all this, Wangmo spoke about wind (*rlung*) imbalance: worrying disturbs the wind element, which in turn “traumatizes” the nervous system through overstimulation and then affects the brain as well as the entire body through the channels. Prolonged wind disturbance exacerbates anxiety, eventually leading to trauma and physical symptoms by affecting the other humors as well.²⁰ She concluded that the Tibetan medical approach is “completely holistic,” preventing, diagnosing, and treating imbalance on the physical, energetic, as well as mental level in an integrative, systematic manner, including meditation, breathing exercises, and yoga.

The Mental Health Department of Men-Tsee-Khang also hosted several webinars, including one in English with four guest speakers (July 27, 2021): Tsering Choezom (Chief astrologer, Head of the Astro-Science Department), Dorjee Raptan Neshar, and Indian practitioners of Ayurveda and homeopathy from Chennai. In the opening address, then-director Tashi Tsering Phuri remembered how the Fourteenth Dalai Lama had stated once that it would be good if Tibetan medicine concentrated more on treating mental disorders. This is also reflected in the current name of Men-Tsee-Khang’s Mental Health Department, which was founded in 2013 as the Body, Mind, and Life Department. Choezom’s contribution on the influences of malefic planets, negative zodiacal alignments, and obstacle years was the first in line. She noted that Tibetan astrology “gives more importance to mental wellbeing” even though the mentioned planetary conditions that cause hardship are external. Neshar also underscored the agency of the natural environment, but equally made the following statement: “[...] most of the deaths which are related to COVID are actually not from the pathological conditions of the virus itself, but more from the fear and panic associated with it.” These feelings of hopelessness are understandable given the dire situation—not enough hospital beds, shortage of oxygen, piles of dead bodies being burnt, etc.—but the crux of the issue according to him was that particularly scared or dejected people were more badly affected by the virus than those who had a positive attitude. This calls for the need for counseling by practitioners to help patients deal with extreme emotional states, which in such

²⁰ Since the publication of Terry Clifford’s pioneering work (1984), the complex interconnections between wind (*rlung*), mental health, psychology, and psychiatry have attracted the attention of several researchers. Recent contributions include Deane (2018), Samuel and Deane (2019), and Tidwell et al. (2023). Compare with Lang’s (2018) incisive analysis of “Ayurvedic psychiatry.”

cases “works much better than giving medicines.” In this, he further suggests that “strengthening of the heart chakra” through a properly balanced diet and lifestyle is crucial.²¹

These examples show what I call “psychologizing the pandemic”: a perspective in which emotional states are presented as the ultimate cause, key factor, and foremost solution for COVID-19. This leads to a remarkable circular argument in that being happy and positive is not just the result of good health, it is also an essential precondition for the prevention and treatment of illness. In this context, relief comes in the form of counselling, meditation, self-help, stress management, and relaxation. There are clear parallels with the preventive perspective’s focus on individualized bodies. In the mental health paradigm, however, healthy minds are the idealized goal before, during, and after getting ill, sometimes at the cost of taking physical or even structural processes seriously.²² This perspective is beholden to the more encompassing exchanges between Buddhism and science that have taken place since the late twentieth century, especially the mindfulness movement and neuroscientific encounters facilitated by The Mind and Life Institute.²³ As set out by Richard Payne, the psychologizing discourse in particular has long been applied by modern apologetics, installing deeply entrenched presumptions that “structure what Buddhism can say.”²⁴ Characteristics relevant to the pandemic perspective summarized by Payne include blurring of the distinction between meditation teachers and psychotherapists, redefining Buddhist practice as primarily aimed at reducing suffering and fostering wellbeing, and the commodification of Buddhism as a provider of happiness experiences. The interpenetration of psychology and Sowa Rigpa, however, also seems to exceed this framing by virtue of its reliance on more medically oriented crossovers with psychiatry, and a more physiological focus on nerves, winds, and the subtle body.

²¹ Neshar explicitly states that strengthening the heart chakra improves immunological parameters in that energetic blockages in the flow of life force obstruct the distribution of the body’s subtle regenerative essence (*mdangs*). In a different webinar, senior Men-Tsee-Khang doctor Namgyal Qusar (March 10, 2021) offered a related interpretation: the heart is like a house that needs to be inhabited and lit up, otherwise robbers can easily break in. He also emphasized that the heart is an “energy center” that is critical for mental disorders, and that many people suffering from COVID-19 in hospitals might have actually died from heart attacks caused by fear and stress.

²² This is somewhat akin to critiques that have been levied against the secular mindfulness movement, in which, for instance, multinational corporations aim to improve the capitalist productivity and resilience of their employees’ minds whilst avoiding sociopolitical transformation (see Purser 2019).

²³ Samuel 2014.

²⁴ Payne 2021, 400.

3. Disease as Entity Separate from the Patient

3.1. Microorganisms (Body)

None of the practitioners participating in the online sources analyzed here denied the existence of the SARS-CoV-2 virus. Nevertheless, microorganisms and their proposed Sowa Rigpa counterparts only became a central concern in a particular subset of rather specialized discussions held among practicing Tibetan medical clinicians, biomedical doctors, and scientists. This integrative clinical approach was championed by the “Encountering COVID-19 Webinar Dialogue Series” hosted by the California-based Kunde Institute in April–May 2020, three of which are included here.²⁵ In the first of this series, the most detailed overview of “virulent infectious disease” or *nyenrim* (*gnyan rims*) was presented by means of twenty-seven bilingual slides by Khenrab Gyamtso, a senior physician who studied and then lectured at Men-Tsee-Khang for eighteen years, and who now practices in Toronto. The presentation included extensive quotations from classical texts and was arranged into the following sections (translated by Tawni Tidwell, Emory University PhD in Biocultural Anthropology as well as Tibetan medical doctor who studied at the Men-Tsee-Khang and the Qinghai Tibetan Medical College): the identification of COVID-19 as a type of *nyenrim*, causal factors and inciting conditions for epidemic infectious disease (*nad yams*), Tibetan medical modes of infection, characteristics of *nyen* illnesses, the nature of “virulent pathogens” (*gnyan srin*), *nyenrim* types, prevention, diagnostic signs, diet, behavior, treatment methods, and Gyamtso’s personal opinion. Broadcast early on in the global spread of the virus (April 2, 2020), this systematic overview must have left an impression on his colleagues and Sowa Rigpa students in particular. For our purposes here, it is important to first note the professional medical form and content of the information shared. This clearly relates to the institutions backing the webinars—the American Tibetan Medical Association (ATMA) and the Global Health Research Foundation (of which the director, Erica Weirich [MD], was attending)—as well as to the panel of speakers, nearly all of whom are institutionally trained Tibetan medical physicians and several of whom are ATMA members. Professionalism is indexed further through the detailed interfacing with biomedical explanations and terminology, patient cases, the

²⁵ At least four more “Encountering” webinars were held (April 12, 19, and 26, and May 2, 2020), but these fall outside the scope of this study because they required prior registration, were not publicly shared, and/or were conducted entirely in Tibetan language. The Kunde Institute is a California-based group practice. This “Tibetan wellness and healing center” was founded in 2005 by Yangdron Kalzang.

profuse repetition of professional titles, and a disclaimer statement that was added to the third and later webinar recordings on YouTube and Facebook that reflects the rather precarious situation of Tibetan medicine in the US regulatory context.²⁶ In her final words, Yangdron Kalzang—who graduated from the Lhasa Tibetan Medical College, founded the Kunde Institute, and has been practicing in the US for more than twenty years—concluded that “Tibetan medicine is not only integrative medicine; it is also a holistic medicine. [...] It is not only dealing with the physical body but also with mental and spiritual health,” involving all aspects that contribute to an individual’s wellbeing. This notwithstanding, there was a strong emphasis on etiologies of bodily invasion. Biomedical vocabulary was prominent, including in explanations of *lung* as part of the neuroendocrine system and *sin* as microorganisms.

In the second “Encountering” COVID-19 webinar, which focused explicitly on “integrative healing,” Dr. Weirich first went through a mild patient case. She listed challenges to effective biomedical diagnosis, treatment, and self-quarantining, opening the floor for discussion of integrative care. The next presentation by Kalzang dovetailed perfectly with this call. She had specific clinical questions for Weirich about the presented case and went on to use the construction of the Golden Gate Bridge as a metaphor for the need to communicate, interact, and work together. In the end, she concluded the seminar by highlighting the importance of tackling blind spots in the healthcare system and that together they can stimulate self-healing and minimize hospitalization through “an integrative and holistic way to help people.”²⁷ Although prevention was not neglected, physicians such as Gyamtso and Wangmo offered systematic treatment strategies relying exclusively on Sowa Rigpa pathologies and remedies.²⁸ This

²⁶ The disclaimer states that the content is for information purposes only (not medical advice), that “[...] these perspectives do not claim to prevent, diagnose or treat COVID-19, and are only discussing supportive therapies for the condition called *glo tshad gnyan rims* [translated as ‘infectious lung heat’].” Moreover, “[a]ny traditional Tibetan herbal formulas discussed here have not been approved or investigated by the FDA, and are herbs formulated according to tradition only. [...] Please only use Tibetan formulas under the guidance of a fully trained Tibetan medical practitioner.” In North America, practitioners of Sowa Rigpa usually work in small private clinics, operating under acupuncture licenses or state-based health freedom acts.

²⁷ Kalzang’s presentation in the “Healing the Healers” webinar traced the integrative nature of Tibetan medicine back to the eighth century, in which physicians from several countries were invited by the Tibetan king to contribute their expertise to Tibetan indigenous knowledge. Refer to McGrath 2017 for alternative origin narratives.

²⁸ Refer to the North-American COVID-19 Observational Study (Tidwell et al. 2024) for promising results on patients with mild to medium symptoms treated

consisted of dividing disease progression into three consecutive stages that are associated with phlegm, bile, and wind respectively: (1) an initial stage in which the fever is ripened with the help of specific decoctions, (2) the acute phase, when it should be “killed” with cooling formulas that depend on the symptoms, and (3) the final stage of calming wind, clearing empty fever, and strengthening the patient through nutritious food and mild medicines.²⁹

Biomedical interfacing was taken to a new level by Tidwell and Gyamtso, who stated they relied on grounded theory to identify COVID-19 as a type of *nyenrim*, and to posit *sinbu* (*srin bu*) as “an endemic concept for microorganisms and a Sowa Rigpa microbiome.”³⁰ *Sinbu* can become harmful and are said to be able to spread to other organs and tissues, which was interpreted as infectious disease and linked to *rinné* (*rims nad*). Particularly virulent forms of the latter are known as *nyen* illnesses (*gnyan nad*). Combined in the term *nyenrim*, institutionally trained Tibetan physicians in the PRC and in exile now associate this category with severe, highly contagious diseases with epidemic potential, such as plague, Ebola, SARS, and COVID-19. According to Tidwell and Gyamtso, this microbiome serves as a central feature that links body, mind, and environment, elucidating the origins and effects of “virulent pathogens” (*gnyan srin*) such as SARS-CoV-2:

They [microorganisms] are intimate partners, agents, and subjects of coevolutionary trajectories, ecosystem networks, and interdependent symbioses, and integrally implicated in gut-brain/mind-body/intra-inter relational pathways of development, life-course health, and even death and dying processes. Their chemical products, nutrients, signaling molecules, and other cytosolic components influence each other and their host. This definition of the microbiome, including its innumerable biotic and

exclusively by means of Tibetan medicine in the US and Canada. Preliminary findings were presented by Tidwell during the second IASTAM webinar on Asian Medicines and COVID-19 (International Association for the Study of Traditional Asian Medicine, October 22, 2020).

²⁹ The hot-cold transition (*ri thang mtshams*, cf. chapter 14 of the *Oral Instruction Tantra*) between the second and third stage was repeatedly stated to be critical, requiring extra care and precise timing of treatment to avoid long-term complications. Kunchog Tseten (trained at Qinghai Tibetan Medical College and now practicing in New York) furthermore noted that drinking decoctions when there is no fever harms digestive functions and might lead to side effects, and that popular anti-fever medicines such as Tazi Marpo (*Rta zi dmar po*) are very strong for children and the elderly. Nevertheless, according to Tawni Tidwell (Himalayan communities webinar, December 18, 2020) this medicine is particularly suited for treating the systemic inflammation and neurological effects caused by COVID-19.

³⁰ Tidwell and Gyamtso 2021, 93.

abiotic elements, *closely aligns* [emphasis added] with the concept of *sinbu* and its diversified interactions, functions, and layers of engagement with mind-body pathways. As such, the complex types and networks of *sinbu* and their body-mind-environment interactions form what we propose can be thought of as a “Sowa Rigpa microbiome.”³¹

Notably, terms such as “integrated” or “holistic” were not taken up a single time by Tidwell and Gyamtso even though their argument draws on integrative medical research. The tempering of explicitly holistic discourse is a known response by heterodox practitioners seeking to legitimize their knowledge claims vis-à-vis biomedicine, especially amongst practitioners operating in more mainstream scientific settings. Following Givati, this can be interpreted as a pragmatic strategy in the drive towards professionalization that aims to enhance their social status.³² By presenting distinct epistemes as “closely align[ed]” and equally grounded in Tibetan conceptions of disease, the “Sowa Rigpa microbiome” perspective normalizes the highly innovative leaps required for this conceptual fusion while largely ignoring epistemological contradictions. An analogous example is Mingji Cuomu’s interpretation of the Tibetan neologism for “virus” (*nad dug* = Chi. *bīngdú* 病毒).³³ She approached each part of the term, “disease” (*nad*) and “poison” (*dug*), through the lens of Sowa Rigpa to illustrate how Tibetan medical doctors can understand viruses. Such correlations and translations are problematic from a historicist perspective.³⁴ Nevertheless, it is clear that “‘science’ and ‘tradition’ mingle” in the very definition of diseases and their etiologies.³⁵

In sum, the integrative clinical gaze foregrounds the viral pathogen and the disease itself as the enemy that is to be overcome, a fever that needs to be “killed” with the essential help of doctors and their therapeutic arsenal. This (bio)medicalized perspective tends to focus on treating specific cases or generalized patient groups (such as in Shang Shung’s “Caring for Our Elders” webinar). By putting the weight of responsibility on the shoulders of practitioners and their treatments, they risk overworking and burning out, which is why they themselves were also deemed to be in need of “holistic” (self-)care. As covered in the “Healing the Healers” event hosted by University of California – San Francisco (April 20, 2020), this can take the form of

³¹ Ibid., 95–96.

³² Givati 2015, 37–38, 44–45.

³³ Cuomu 2020.

³⁴ Gerke 2020a, 197–99.

³⁵ Ibid., 202.

mindfulness meditation (labeled a psychological practice), compassion training (explained through neurobiology), reflection on interdependence (a religious coping strategy), or even Green Tārā mantra recitation (to feel secure, comfortable, and happy, which produces “a lot of good hormones like oxytocin and dopamine [...] that boost your immune system”). In such a scientizing environment, translation makes Tibetan ideas appear more concrete and up-to-date while effacing the intricate theoretical understandings that undergird the original concepts.³⁶ Comparisons between patterns of integration in the Tibetan Autonomous Region versus the United States are also pertinent.³⁷ Gyamtso and several others studied on the Tibetan Plateau and/or were later based in the US and Canada, where they encountered a North American version of integrative medicine as an increasingly established part of healthcare.³⁸ This is indicated by the position of the US National Center for Complementary and Integrative Health, who state that “evidence-based complementary therapies should be ‘integrated’ with and not used as an ‘alternative’ to conventional medicine.”³⁹ Submission to the dominant regime thus seems to be the only way to legitimize aspects of Sowa Rigpa.

Nonetheless, instead of perceiving these syncretic processes as inherently damaging towards Sowa Rigpa’s “integrity,” I follow Adams et al. in making sense of these encounters from a pragmatic Sowa Rigpa positionality towards scientific praxis.⁴⁰ In doing so, we can recognize that this epistemological permeability is flexible on some fronts yet also resistant to change on others. Terms such as *nyen* resist word-for-word translation into English, and associations with spirit provocation did not disappear altogether (see below). Likewise, no practitioner argued that the *Four Tantras* contains a clear equivalent for “virus,” even though *parpata* and *nyensin* were proposed as approximations. On the other hand, *sinbu* proved to be a capacious concept that was mobilized to build bridges with aspects of systems biology, which also presents itself as a holistic approach.⁴¹

³⁶ Cf. Adams 2007.

³⁷ Adams and Li 2008.

³⁸ Horrigan et al. 2012; Rakel and Minichiello 2023.

³⁹ NCCIH Strategic Plan 2021–2025, 1.

⁴⁰ Adams, Renchen Dhondup, and Le 2011.

⁴¹ Refer to Gatherer (2010) for a historically contextualized overview of the reductionism/holism debate in the philosophy of biology.

3.2. *Spirit Beings (Mind)*

The fourth and final major theme that emerged from the included Sowa Rigpa practitioner narratives foregrounds the moral decline of humanity and the resulting desecration of the environment as root causes for the emergence of COVID-19. This perspective fuses Buddhist prophecies of an impending degenerate age (*snyigs ma'i dus*) with the apocalyptic tendencies of contemporary environmentalism in the context of the Anthropocene.⁴² This focus on a more-than-human cosmology in which spirit beings are provoked to enact a karmic revenge of nature through the spread of disease calls for both ecological and spiritual remediation. Rituals are employed to restore good relations with angered landowners (*sa bdag*) and protectors (*chos skyong*), but also for people to protect themselves from fear and contagion by means of specific visualizations and mantras.

In a specialized panel discussion with Chenagtsang and others on these so-called “provocation diseases” (*gdon nad*, April 9, 2020) caused by angered external entities, moderator Ben Joffe commented that “Buddhism teaches us to understand reality on different levels.” He added that this “integrated worldview” does not need to come at the expense of modern medical science. Indeed, in spite of having distinct epistemological orientations, these four pandemic perspectives are not mutually exclusive. Neshar, for instance, listed a host of preventive measures (summarized above), and later stressed the crucial role of psychology for COVID-19 patient survival (“Mental Health & Pandemic” webinar, July 27, 2021). Yet, he also elaborated on how SARS-CoV-2 is “an agent of Mother Nature’s destructive curse,” stating that this traditional wisdom should be taken seriously in order to have an effective, “more holistic approach” that goes beyond scientific evidence alone.⁴³ Similarly, while contributing to the second, microbially oriented “Encountering COVID-19” webinar (April 9, 2020), Tseten admonished that “evil spirits” lie outside the framework of modern science, but that they are recognized as a significant external cause of disease in Tibetan medicine. *Nyenrim* disorders such as COVID-19 therefore require “a unique Tibetan cultural way to treat,” relying not only on material substances (*rdzas*), but also on mantras (*sngags*) and meditative concentration (*ting nge 'dzin*).⁴⁴ Elsewhere Tseten noted that “emotional problems” such as anxiety,

⁴² This perspective has been documented and analyzed in detail by van der Valk (2024).

⁴³ Neshar 2021, 746, 749.

⁴⁴ This is a recurring triad of sources of power, corresponding to body, speech, and mind. Refer to Gentry (2019) for an introductory overview of power objects in Tibetan Buddhism.

stress, depression, and insomnia were the most prevalent complaints amongst his patients, while also stating that “the heart of most Tibetan medicine treatments is the protection and maintenance of the digestive system.”⁴⁵ Still, practitioners did not subscribe to all perspectives to the same degree. Across three online sources mainly directed at his students (late March and early April 2020), Pasang Yonten Arya (senior physician and former Men-Tsee-Khang college principal, living in Italy since 1994 and director of Tibetan Medicine Education Center) did not psychologize the pandemic in the way described above, and did not adopt an integrative medicine paradigm. He spoke at length about protection, but only in the context of prophecies, spectral ecologies, and tantric ritual practices derived from the *Vase of Ambrosia* (*Bdud rtsi bum pa*), a scriptural cycle of treasure teachings attributed to Padmasambhava that first appeared in the thirteenth century.⁴⁶ Without going into further detail on this spectral revenge covered in a recent publication elsewhere, it should be clear that this perspective illustrates the artificiality of rigid medicine/religion dichotomies in the context of Sowa Rigpa pandemic responses. Tibetan medical empiricism is rooted in a morally infused worldview that recognizes karmic forces, spirits, blessings, and so forth, which here strongly came to the fore.⁴⁷

4. Conclusion

Throughout 2020 and 2021, physician-scholars from Tibet, India, the US, and Europe underscored the value of Sowa Rigpa in relation to the COVID-19 pandemic. Sharing their views along with practical advice via online English-language media, many practitioners employed a holistic discourse, strategically foregrounding the holism of their

⁴⁵ Craig et al. 2021, 60, 71. Craig et al. (2021) analyze the audio-recorded COVID-19 diary of Kunchog Tseten, a Tibetan physician originally from Amdo who has been living in New York City for a decade. Collected as part of a broader community-based research effort showcasing Himalayan language diversity, Tseten’s diary was interpreted through the lens of translocal medicine. The article highlights his development of “Tibetan telemedicine,” the precarious political, legal, and economic conditions under which care was provided, the nefarious influence of Sinophobia and anti-Asian sentiments in diasporic settings, and the epidemiological invisibility of his patients and the diverse Himalayan community more broadly.

⁴⁶ See McGrath 2021; Simioli 2019.

⁴⁷ Saxer (2013), Hofer (2018), and Craig et al. (2020) have sequentially elaborated on the concept of moral economy in relation to Sowa Rigpa, which relates to Buddhist ethical imperatives involving patronage and merit-making practices, as well as to assertions of Tibetan cultural identity and localized political economies of humanitarianism.

medical tradition as a key asset in these uncertain times. Physicians such as Phuntsog Wangmo illustrated this by means of the tantric triad of body, speech, and mind (e.g., Shang Shung webinar, May 29, 2020): material, energetic, as well as mental/spiritual aspects of imbalance are dealt with, relying on an extensive therapeutic spectrum ranging from diet and behavior to medicines, external therapies, yoga, mantra, breathing exercises, and meditation. Such inclusive framing weaves together Buddhism and medicine on both conceptual and practical levels. The findings presented in this article therefore seem to support the utility of Salguero's "Buddhist medicine" beyond a mere second-order term of academic convenience.⁴⁸ They also speak to what Adams et al. call a "Sowa Rigpa sensibility," which aims to take this field of healing knowledge as its starting point, complicating reified notions of medicine, science, and religion by recognizing multidirectional flows of ideas and practices.⁴⁹ The four pandemic perspectives laid out above showcase this epistemological pluralism, the durability, adaptability, and permeability of Sowa Rigpa, as well as the "morally charged cosmology" in which it is embedded.⁵⁰

This essay does not offer a comprehensive analysis of all Sowa Rigpa responses to COVID-19, a project which would require retrospective ethnographic fieldwork in several countries in addition to in-depth research on Tibetan-language online sources, state policies, vaccination, and so forth. However, I have shown that each of the digital perspectives that were documented constructs particular bridges: with (1) the immune-boosting health industry, (2) psychology, (3) biomedical germ theory, and (4) Tantric Buddhist cosmology. This epistemological bridging generates coherent yet partially overlapping instances of strategic holisms that operate with particular body-mind configurations. While each perspective integrates novel aspects in a syncretic fashion for a specific audience and purpose, they also connect to much older debates about the coexistence of etiologies of imbalance and invasion within Sowa Rigpa and the history of medicine more generally.⁵¹ From this vantage point, it seems COVID-19 has merely resurfaced the same foundational issues in a new guise.

It should be clear that each individual or organization contributing to the discussion can and often did adopt several of the perspectives studied in this essay. What is shared at a particular moment depends on factors such as the questions raised by interviewers and

⁴⁸ Salguero 2022, 3–11.

⁴⁹ Adams, Schrempf, and Craig 2011.

⁵⁰ Ibid., 13.

⁵¹ A forthcoming historical monograph by William McGrath, *Plague in Tibet*, discusses these theories of disease causation at length.

moderators, the presence of other panelists, and the knowledge (and language!) of the intended audience. I demonstrated how practitioners reflexively positioned themselves, creating spaces for Tibetan healing modalities to speak to public health concerns and thus rendering Sowa Rigpa legible in the COVID-19 pandemic. Instead of attempting to critically assess the extent to which any of these instances are “truly holistic” or “actually Buddhist,” I suggest a more fruitful line of inquiry that awaits further research concerning the specific theoretical assumptions, translations, and political-economic implications brought to the fore by these perspectives in situated times and places. As such, what I have called “strategic holisms” resonates with Givati’s analysis of CAM practitioner discourses by highlighting the adaptive pragmatic and performative nature of multiple coexisting holistic expressions.

Although holism has totalitarian tendencies,⁵² the holistic discourses that were strategically deployed online during the pandemic cannot be reduced to a singular integrative project. Tibetan medical practitioners—several of them also identifying as humanities scholars and/or scientists—cultivated their capacity to shift between and merge aspects of various traditional and modern paradigms, articulating novel syntheses that inevitably bring up contradictions that cannot be eradicated. While there is room for more reflection on this amongst practitioners, I suggest that academic researchers should also learn from this dynamic epistemological pluralism. Recognizing this nowadays as well as in the past highlights the tenuousness of the search for generalized answers on the (non-)holism of Sowa Rigpa,⁵³ its (a-)religious core,⁵⁴ and its scientific or psychological nature. Which Sowa Rigpa? Which synthesis are we talking about, and who decides which one counts?

Acknowledgements

This research was supported by the Austrian Science Fund, as part of project P36136. The author is grateful for the feedback provided by the two anonymous reviewers, and wishes to thank Barbara Gerke and William McGrath for their very helpful suggestions.

⁵² Cf. Scheid 2016 for Chinese medicine and systems biology.

⁵³ E.g., Samuel 2006, 73; see also Samuel 2013, 340.

⁵⁴ Pordié 2007, 2014; Gyatso 2015.

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Supplementary Table 1: Overview of the included online media sources. Division into groups (underlined headings) is fuzzy at times with contributors fitting into several categories. 17 of the 54 authors and speakers (31%) identified as female.

Date (DD/MM/YYYY)	Media type	Host / organizer	Author(s) / speaker(s)	Interviewer / moderator	Title
<u>Dharamsala Men-Tsee-Khang</u>					
6/02/2020	interview	Tibet TV	Tenzin Namdon, Tenzin Lhundup	Sakina Batt	Tibetan Doctors Speak on Coronavirus
20/07/2020	blogpost	Tibetan Medicare and Holistic Health	Dorjee Raptan Neshar	—	First Line Defense Prophylaxis against Coronavirus
20/01/2021	blogpost	Medicine Space	Threlsar Yeshe Tsering	—	Nag po dGu sByor – Nine Ingredient Black Pill: The Savior for Many Epidemics. A Brief Review from a Practitioner
27/07/2021	webinar	Mental Health Department, Men-Tsee-Khang	Tsering Choezom, T. Thirunaryanan, Dorjee Raptan Neshar, G. Nagendra Babu, Tashi Tsering Phuri	Tenzing Choying	Mental Health & Pandemic
<u>Dr. Nida and students</u>					
11/03/2020	blogpost	Shrīmālā	Erik Jampa Andersson	—	Tibetan Medicine and Covid-19
31/03/2020	podcast	Guru Viking	Nida Chenagtsang	Steve James	Guru Viking Podcast: Pandemic edition - Ep 41: Dr Nida Chenagtsang
9/04/2020	webinar	Pure Land Farms	Nida Chenagtsang, Robert Thurman, Eric Rosenbush, Lobsang Tsering	Ben Joffe	Tibetan Medical Approaches to Understanding Covid-19: A Panel Discussion

19/04/2020	webinar	Pure Land Farms	Nida Chenagtsang, Tenzin Yangdon, Jens Tönneman, Caroline Van Damme, Anastazia Holečko	Ben Joffe	Mental Health & Sowa Rigpa in the Times of Covid-19
22/04/2020	podcast	A State of Mind	Erik Jampa Andersson	Julian Royce	Coronavirus & Tibetan Medicine - A State of Mind Podcast
25/04/2020	lecture	Sorig Khang International (Sowa Rigpa TV)	Nida Chenagtsang	—	Sorig Congress Online: Healthy and Happy in the Times of COVID 19
7/12/2020	podcast	Dr. Nida's Dialogue Series (Sowa Rigpa TV)	Nida Chenagtsang, Herbert Schwabl	Nida Chenagtsang	Coronavirus: Special Challenges, Special Solutions
<u>Shang Shung and students</u>					
12/03/2020	blogpost	Wailua Healing Arts	Neeshee Pandit	—	Coronavirus (COVID-19): Ancient Perspectives for a Modern Pandemic - Part One: Causes and Conditions
1/05/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Phuntsog Wangmo	Adam Okerblom	Tibetan Medicine Insights on the Covid-19 Crisis
28/05/2021	webinar	Shang Shung Institute School of Tibetan Medicine	Andrea Dell'angelo (connection issue), Phuntsog Wangmo	Adam Okerblom	The COVID 19 Crisis in India and Beyond
29/05/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Tenzin Wangyal, Phuntsog Wangmo, Edward Schmookler	Adam Okerblom	Addressing Fear & Trauma in the Time of Covid-19 w/Tenzin Wangyal Rinpoche & More
14/08/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Gerry Steinberg, Phuntsog Wangmo	Adam Okerblom	Caring for Our Elders During the COVID-19 Crisis
9/10/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Jeanine Canty, Phuntsog Wangmo	Adam Okerblom	Global Perspectives on Ecology, Culture, and Health

20/11/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Malcom Smith, Phuntsog Wangmo	Adam Okerblom	Provocations & The Pandemic
18/12/2020	webinar	Shang Shung Institute School of Tibetan Medicine	Tawni Tidwell, Phuntsog Wangmo	Adam Okerblom	Tibetan Medicine & The Treatment of COVID-19 in Himalayan Communities
24/12/2020	lecture	Sowa Rigpa International College	Nashalla Gwyn Nyinda	—	Tibetan Medicine Treatment Methods in Post-Acute Covid-19 Syndrome
22/01/2021	lecture	Shang Shung UK	Phuntsog Wangmo	—	A Tibetan Medical Approach to the Covid Epidemic
10/03/2021	webinar	Shang Shung Institute School of Tibetan Medicine	Namgyal Qusar, Phuntsog Wangmo	Matthew Schmookler	Tibetan Medicine Today: Traditional Tools for Modern Healthcare
<u>Tibetan Medicine Edu. Center</u>					
21/03/2020	interview	Tibetan Medicine Education Center	Pasang Yonten Arya	Carolyn Chan	Tibetan Medicine and the Coronavirus
29/03/2020	lecture	Tibetan Medicine Education Center	Pasang Yonten Arya	—	Special Online Session on Corona
4/04/2020	webinar	Tibetan Medicine Education Center	Pasang Yonten Arya	—	Black Garuda Practice Seminar
<u>Kunde Institute</u>					
2/04/2020	webinar	Kunde Institute	Khenrab Gyamtso, Jhampa Kalsang, Tawni Tidwell, Tenzin Namdul, Nida Chenagtsang	Robyn Soddors	Encountering COVID-19: Perspectives from Tibetan Medicine I
9/04/2020	webinar	Kunde Institute	Erica Weirich, Yangdron Kalzang, Yangbum Gyal, Phuntsog Wangmo, Kunchok Tseten, Mingji Cuomu, Rinchen Dhondup	Robyn Soddors	Encountering COVID-19: Perspectives from Tibetan Medicine II

16/04/2020	webinar	Kunde Institute	Kunga Wangdu, Gomar Sangey Tashi, Yangdron Kalzang	Tawni Tidwell	Encountering COVID-19: Perspectives from Tibetan Medicine III
<u>Academia</u>					
18/04/2020	interview	Earl E. Bakken Center for Spirituality & Healing, University of Minnesota	Tenzin Namdul	Kendall ?	Instagram Live: Tibetan Medicine and COVID-19
19/04/2020	webinar	UCSF Division of Palliative Care	Tenzin Namdul, Yangdron Kalzang, Lobsang Partsang, Jennifer Daubenmier	David Bullard	Healing the Healers: Tibetan Medicine Wisdom for Healthcare Professionals in COVID-19 Times
23/06/2020	blogpost	<i>Cultural Anthropology</i> Hot Spots, Fieldsights	Tawni Tidwell	—	Covid-19 and Tibetan Medicine: An Awakening Tradition in a New Era of Global Health Crisis
23/06/2020	blogpost	<i>Cultural Anthropology</i> Hot Spots, Fieldsights	Mingji Cuomu	—	Covid-19 from Tibetan Medical and Cultural Perspectives: A Report from Lhasa
23/06/2020	blogpost	<i>Cultural Anthropology</i> Hot Spots, Fieldsights	Barbara Gerke	—	Sowa Rigpa in Lockdown: On the Potency and Politics of Prevention
23/06/2020	blogpost	<i>Cultural Anthropology</i> Hot Spots, Fieldsights	Pasang Yonten Arya, Jan M. A. van der Valk	—	A Conversation on the Causes of Covid-19 with a Senior Tibetan Doctor Living in Lockdown in Milan
22/10/2020	webinar	IASTAM	Shelley Ochs, Thomas Avery Garran, Tawni Tidwell, Marta Hanson	Michael Stanley-Baker	IASTAM Second Webinar: Asian Medicines and COVID-19
28/06/2021	lecture	Center for South Asia, UW-Madison	Tawni Tidwell	Anthony Cerulli	Tibetan Medical Paradigms for the SARS-CoV-2 Pandemic: Tracking COVID-19 Cases and its Sowa Rigpa Etiologies

<u>Other</u>					
4/02/2020	blogpost	High Peaks Pure Earth	Thubten Phuntsok (translated and introduced by William A. McGrath)	—	Masks, Mantras, and the Black-9 Pill: Thubten Phuntsok and Tibetan Netizens on Coronavirus and Tibetan Medicine
14/09/2020	interview	Buddhistdoor Global	Eliot Tokar	Nina Müller	Dr. Eliot Tokar: The Novel Coronavirus Through the Lens of Tibetan Medicine
30/11/2021	letter	ANO Tanaduk	Sergey Shirshov (translated by Bella Bash)	—	Reflections on COVID: Observations, Tactics of Assistance, Experience, Conclusions

Supplementary Table 2: Further details and characteristics of the surveyed media items. Together, these sources generated nearly 64,000 documented online views on YouTube and Facebook by October 13, 2022. The number of online views is based on YouTube if not mentioned otherwise. Facebook views tend to be overestimates due to autoplay.

Date (DD/MM/Y YYY)	Media type	Length / duration	Live partici- pants	Online views (on 13/10/2022)	Access	Hyperlink	Dominant perspective
<u>Dharamsala Men-Tsee-Khang</u>							
6/02/2020	interview	31 min	—	14786	open	https://www.youtube.com/watch?v=xtSM1-6wok	prevention
20/07/2020	blogpost	1290 words	—	—	open	https://amchidorjee.wordpress.com/2020/07/20/first-line-defense-prophylaxis-against-coronavirus/	prevention
20/01/2021	blogpost	4599 words	—	—	open	https://medicinespace.wordpress.com/2021/01/20/nag-po-dgu-sbyor-nine-ingredient-black-pill-the-savior-for-many-epidemics-an-ethnographic-note-from-practitioner/	prevention

27/07/2021	webinar	2 h 5 min	?	212	open	https://www.youtube.com/watch?v=ZOW8G3gLzp8	mental health
<u>Dr. Nida and students</u>							
11/03/2020	blogpost	6965 words	—	—	open	https://www.shrimala.com/blog/tibetan-medicine-and-covid-19	spirit beings
31/03/2020	podcast	33 min	—	1812	open	https://www.youtube.com/watch?v=78rwZMgLCWs	mental health
9/04/2020	webinar	2 h 5 min	275	30	open, later closed (password-protected, minimum donation 5 USD)	https://purelandfarms.com/programs/sowa-rigpa-covid-19	spirit beings
19/04/2020	webinar	1 h 54 min	?	?	open, later closed (password-protected, minimum donation 5 USD)	https://purelandfarms.com/programs/mentalhealth	mental health
22/04/2020	podcast	1 h 28 min	—	46	open	https://www.youtube.com/watch?v=hPwP5chzuiY	spirit beings
25/04/2020	lecture	1 h 42 min	?	357	open	https://www.youtube.com/watch?v=YL7dniJlO3E	mental health
7/12/2020	podcast	1 h 50 min	—	582	open	https://www.youtube.com/watch?v=v6VG2ISHA10	prevention
<u>Shang Shung and students</u>							
12/03/2020	blogpost	3086 words	—	—	open (taken offline after several months)	https://www.wailuahealingarts.com/blog	spirit beings

1/05/2020	webinar	1 h 17 min	?	745 (YouTube) + 4 k (Facebook)	open	https://www.youtube.com/watch?v=C3XSsTlQ22g	prevention
28/05/2021	webinar	44 min	?	75 (YouTube) + 460 (Facebook)	open	https://www.youtube.com/watch?v=IOgOGVRIRUA	humanitarian
29/05/2020	webinar	1 h 38 min	?	180 (YouTube) + 4,5 k (Facebook)	open	https://www.youtube.com/watch?v=xJaiDE-MaWA	mental health
14/08/2020	webinar	1 h 23 min	?	178 (YouTube) +	open	https://www.youtube.com/watch?v=tsa6iQy4YMU	micro-organisms
9/10/2020	webinar	1 h 38 min	?	80 (YouTube) + 1,5 k (Facebook)	open	https://www.youtube.com/watch?v=bvke3QCDOFg	spirit beings
20/11/2020	webinar	1 h 31 min	?	571 (YouTube) + 4,4 k (Facebook)	open	https://www.youtube.com/watch?v=HHX8AlkxAYY	spirit beings
18/12/2020	webinar	1 h 32 min	?	330 (YouTube) + 1,8 k (Facebook)	open	https://www.youtube.com/watch?v=qS3X57oaU6U	micro-organisms
24/12/2020	lecture	3024 words	?	113 (Academia)	open	https://naropa.academia.edu/NashallaGwynNyinda	micro-organisms
22/01/2021	lecture	1 h 21 min	?	195	open	https://www.youtube.com/watch?v=XfVpxHpHD04	prevention
10/03/2021	webinar	1 h 17 min	?	241 (YouTube) + 1,6 k (Facebook)	open	https://www.youtube.com/watch?v=Y7OyMPvAxTc	prevention

<u>Tibetan Medicine Edu. Center</u>							
21/03/2020	interview	1747 words	—	—	open	https://tibetanmedicine-edu.org/tmm/tm/tibetan-medicine/disorders/tibetan-medicine-and-the-coronavirus/	spirit beings
29/03/2020	lecture	2 h 45 min	95	—	closed (students only)	—	spirit beings
4/04/2020	webinar	2 h 30 min	50	—	closed (students only)	—	spirit beings
<u>Kunde Institute</u>							
2/04/2020	webinar	2 h 26 min	?	846 (YouTube) + 9,5 k (Facebook)	open	https://www.youtube.com/watch?v=2JVEsJG7aSw	micro-organisms
9/04/2020	webinar	2 h 58 min	?	1184	open	https://www.youtube.com/watch?v=04LxhB7xhmU	micro-organisms
16/04/2020	webinar	1 h 44 min	?	138 (YouTube) + 11 k (Facebook)	open	https://www.youtube.com/watch?v=O8C2LQFiX-0	micro-organisms
<u>Academia</u>							
18/04/2020	interview	32 min	?	1405	open	https://www.youtube.com/watch?v=a6hpmosfdEQ	prevention
19/04/2020	webinar	2 h 22 min	?	500	open	https://www.youtube.com/watch?v=wLkUGSbLaQ	micro-organisms
23/06/2020	blogpost	2631 words	—	—	open	https://culanth.org/fieldsights/covid-19-and-tibetan-medicine-an-awakening-tradition-in-a-new-era-of-global-health-crisis	medical humanities

23/06/2020	blogpost	1394 words	—	—	open	https://culanth.org/fieldsights/covid-19-from-tibetan-medical-and-cultural-perspectives-a-report-from-lhasa	micro-organisms
23/06/2020	blogpost	1422 words	—	—	open	https://culanth.org/fieldsights/sowa-rigpa-in-lockdown-on-the-potency-and-politics-of-prevention	medical humanities
23/06/2020	blogpost	2284 words	—	—	open	https://culanth.org/fieldsights/a-conversation-on-the-causes-of-covid-19-with-a-senior-tibetan-doctor-living-in-lockdown-in-milan	spirit beings
22/10/2020	webinar	2 h 9 min	?	413	open	http://iastam.org/asian-medicines-and-covid-19-oct-22-2020/	medical humanities
28/06/2021	lecture	35 min	?	173	open	https://www.youtube.com/watch?v=QF78P71pPKQ	spirit beings
<u>Other</u>							
4/02/2020	blogpost	974 words	—	“most-read item of 2020”	open	https://highpeakspureearth.com/masks-mantras-and-the-black-9-pill-thubten-phuntsok-and-tibetan-netizens-on-coronavirus-and-tibetan-medicine/	prevention
14/09/2020	interview	3223 words	—	—	open	https://www.buddhistdoor.net/features/dr-eliot-tokar-the-novel-coronavirus-through-the-lens-of-tibetan-medicine/	micro-organisms
30/11/2021	letter	2230 words	—	—	open	https://sorig.info/images/articles/symphoms/ssh-article-covid19.pdf	micro-organisms
Total length (time)		67.5 h					
Total length (words)		34869					
Total number of views		63952					

