

༣༣། ཁྲུལ་སྤྱིའི་བོད་ཀྱི་གསོ་བ་རིག་པའི་བསྐོ་སྐྱོང་ཚོགས་ཆེན་ཐེངས་གསུམ་པ།

3rd International Conference on Tibetan Medicine



JOINTLY ORGANIZED BY:



བོད་ཀྱི་གསོ་བ་རིག་པའི་ལྷན་ཚོགས།

Central Council of Tibetan Medicine



ལྷ་རྩ་བྱམས་བོད་ཀྱི་གཞུང་ལག་སློབ་གནེར་ཁང་།

Central Institute of Higher Tibetan Studies



ལྷག་པ་ལོ་རྩན་རྩན་བོད་ལྷན་སློབ་གནེར་ཁང་།

Chagpori Tibetan Medical Institute

ཚོགས་དུས།  
ཕྱི་ལོ་༢༠༡༨ ལྷ་རྩ་ཆེས་མཇུག་ནས་ཆེས་མཇུག་གི་བར།

Date: 25th Feb - 1st March 2018

ཚོགས་ཁག་གི་འཕུལ་གཞི་ཁང་།  
ལྷ་རྩ་བྱམས་བོད་ཀྱི་གཞུང་ལག་སློབ་གནེར་ཁང་།

Venue: CIHTS, Sarnath, Varanasi

3rd International Conference on Tibetan Medicine



ཚེས་ལ་དུས།

Date: 25th Feb - 1st March 2018

ཚེ་གསུམ་ལུག་

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Central Council of Tibetan Medicine

Central Institute of Higher Tibetan Studies

Chagpori Tibetan Medical Institute

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## 3rd International Conference on Tibetan Medicine

### THEME: SOWA RIGPA FOR ALL

Sowa Rigpa; commonly known as Tibetan Medicine is one of the great Asian Traditional system of Medicine. This medical system originated from Tibet and further flourished in India, Nepal, Bhutan, Russia, Mongolia and China. Today, Sowa Rigpa is being taught in many academic institutions, Literal and Clinical research studies on Sowa Rigpa are conducted; many hospitals and Clinics are established after its official recognition in India, China and other Asian countries. Sowa Rigpa as a system is composed of rich literal heritage. Though the principal text of Sowa Rigpa is rGyud-bZhi, there are immense commentaries on rGyud-bZhi itself and more than 2000 Sowa Rigpa literal works are currently available in the canonical collection. Sowa Rigpa, being one of the five great knowledge of Tibet and also being an integral part of Tibetan culture, this tradition can render immense benefit to all human kind and thus it's not only a national heritage but an international heritage of humanity.

#### Universal Contribution of Tibetan Medicine

"I strongly believe that our medical system is one of the means by which we Tibetans can contribute to the well being of others, even while we ourselves live as refugees."

- His Holiness the 14th Dalai Lama





## COMMITTEE MEMBERS

### Organizing Committee Members:

President: Dr. Lobsang Tenzin Rakdho  
Vice President: Dr. Sonam Dolkar Oshoe  
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## OVERVIEW ICTM VENUE



Central Institute of Higher Tibetan Studies



Shantarakshita Library



Sambhot Bhawan



Academic Block



Atisha Hall



Administrative Block



Atisha - Main Hall



Nehru Guest House



Sambhot Bhawan - Parallel Session - Hall A



Anath Pindika Guest House



Sambhot Bhawan - Parallel Session - Hall B



Dining and Refreshment Area



## LOCAL SIGHT SEEING



Dhamekh Stupa



Mulgandha Kuti Vihar



Ganges River



Banaras Hindu University



Chaukhamba Stupa



Tibetan Monastery

## PROGRAMME OVERVIEW

### DAY ONE - Sunday, 25<sup>th</sup> Feb, 2018

REGISTRATION - 10:00 am

INAUGURAL SESSION - 2:00 pm onwards

### DAY TWO Monday, 26<sup>th</sup> Feb, 2018

| Session                          | Time           | Topic  | Hall        |
|----------------------------------|----------------|--|-------------|
| <b>Plenary Lecture</b><br>PL-1   | 8:30-10:30 am  | The Three great Medical Systems<br>- Ayurveda; Knowledge, From Home to Hospitals<br>- TCM, Antidotes, From History to Present<br>- Sowa Ripga; Healing, From physical to spiritual | Atisha Hall |
| <b>Parallel Session</b><br>PS-1  | 10:45-11:30 am | Regulation & Quality Control of Ayurvedic, Siddha, Unani and Homoeopathy Drugs   | Hall A      |
| PS-2                             | "              | Sowa Rigpa;<br>Development through Research in Bhutan  | Hall B      |
| PS-3                             | 11:30-12:15 pm | Sowa Rigpa;<br>Status in Russia and Contribution of Dr. Alexander Badmayev   | Hall A      |
| PS-4                             | "              | Problems and Prospects for Good Manufacturing Practice for Herbal Medicine in Indian System of Medicine  | Hall B      |
| PS-5                             | 2:00-2:45 pm   | Sowa-Rigpa;<br>Drug Research, its Scope and Challenges   | Hall A      |
| PS-6                             | "              | Sowa Ripga in Asia: A Quantitative Overview  | Hall B      |
| PS-7                             | 2.45 – 3:30 pm | Sowa Rigpa - <i>sMen-Drug</i> and its Significance   | Hall A      |
| PS-8                             | "              | Role of philosophy in palliative care  | Hall B      |
| <b>Plenary Lecture</b><br>PL - 2 | 3:45 – 4:45 pm | The evolutionary development of Ayurveda: Education, Practice, Research, Future development and challenges   | Atisha Hall |

### DAY THREE - Tuesday, 27th Feb, 2018

| Session                           | Time             | Topic   | Hall        |
|-----------------------------------|------------------|---|-------------|
| <b>Plenary Lecture</b><br>PL - 3  | 8:30 – 9:30 am   | The evolutionary development of TCM: Education, Practice, Research, Future development and challenges             | Atisha Hall |
| <b>Parallel Session</b><br>PS-9   | 9:30 – 10:15 am  | Importance of Mind Health   | Hall A      |
| PS-10                             | "                | Sowa Rigpa:<br>Understanding Auto Immune Disease  | Hall B      |
| PS-11                             | 10:15 – 11:00 am | Molecular insights into the anti-cancer properties of Traditional Tibetan Medicine Yikyung Karne                  | Hall A      |
| PS-12                             | "                | Sowa Rigpa; Its development in Modern Pharmaceutics   | Hall B      |
| PS-13                             | 11:00 – 11:45 am | Sowa-Rigpa Literature in <i>sTengyur</i>  | Hall A      |
| PS-14                             | "                | Acharya Vagbhatta and AstangaHridyam  | Hall B      |
| PS-15                             | 11:45 – 12:30 pm | The Prevalent Diseases In The Tibetan Exile Community In India  | Hall A      |
| PS-16                             | "                | Sowa Rigpa; art of Stress Management  | Hall B      |
| PS-17                             | 2:00 – 2:45 pm   | Use of Mercury as Medicine and its legal challenges   | Hall A      |
| PS-18                             | "                | Sowa-Rigpa; Conservation of Cold Deserts Medicinal Plants in Trans Himalayan Ladakh                               | Hall B      |
| <b>Paper Presentation</b><br>PP-1 | 2:45 – 4:15 pm   | Paper Presentation - (Paper 1-5-Tibetan)<br>(15 Minutes for each paper)   | Hall A      |
| PP-2                              | "                | Paper Presentation - (Paper 6-12-English)<br>(15 Minutes for each paper)  | Hall B      |
| <b>Plenary Lecture</b><br>PL - 4  | 4:15 – 5:15 pm   | The evolutionary development of Unani Medicine : Education, Practice, Research, Future development and challenges | Atisha Hall |

## DAY FOUR - Wednesday, 28th Feb, 2018

| Session                          | Time             | Topic   | Hall        |
|----------------------------------|------------------|---|-------------|
| <b>Plenary Lecture</b><br>PL - 5 | 8:30 – 9:30 am   | Sowa Rigpa: Knowing Cancer and its Important Parameters   | Atisha Hall |
| <b>Parallel Session</b><br>PS-19 | 9:30 – 10:15 am  | Materia Medica of Tibetan Medicine: Diversity, Identification and Classification and the method of checking quality | Hall A      |
| PS-20                            | "                | Practical application of Sowa Rigpa Pharmaceuticals   | Hall B      |
| PS-21                            | 10:15 – 11:00 am | Principles and Practical application of Tibetan Medicine in a western context                                       | Hall A      |
| PS-22                            | "                | The Malposition & Malpresentation of fetus and its management through Sowa Rigpa and Modern Medicine                | Hall B      |
| PS-23                            | 11:00 - 11:45 am | Management of Evil Spirit Disorder རྩམ་པོ་ཉེན་པོ་ according to Bum-Bzhi Text  | Hall A      |
| PS-24                            | "                | The Knowledge and Its Elemental Theory Of Illness Astrology in Tibetan Astro-science                                | Hall B      |
| PS-25                            | 11:45-12:30 pm   | Climate change and its effect to the Medicinal Plants   | Hall A      |
| PS-26                            | "                | Sowa Rigpa, Historical background and current status in Mongolia  | Hall B      |
| PS-27                            | 2:00-2:45 pm     | Sowa Rigpa: Legal Status in Nepal   | Hall A      |
| PS-28                            | "                | Sowa Rigpa : <i>Yuthog Nyintik</i> and its significance to its practitioners  | Hall B      |
| <b>Plenary Lecture</b><br>PL - 6 | 2:50 - 3:30 pm   | CCIM Acts & Regulation on Sowa Rigpa  | Atisha Hall |

**VALEDICTORY SESSION**  
Venue: Atisha Hall - 3:30-5:00 PM



## DAY FIVE - Friday, 1st March 2018

Practical Workshop on Sowa-Rigpa (PW) - 5

| Session                          | Time             | Topic   | Hall   |
|----------------------------------|------------------|---|--------|
| PW-1                             | 9:00 – 10:00 am  | Sowa-Rigpa: Significance of External Therapies              | Hall A |
| PW-2                             | 10:00 – 11:00 am | Sowa-Rigpa: Practice of <i>Yug Choe</i> Therapy             | Hall A |
| <b>11:00-11:15 am Tea break</b>  |                  |   |        |
| PW-3                             | 11:15 – 12:15 pm | Practice of <i>Ku-Nye</i> in Sowa-Rigpa                     | Hall A |
| <b>12:30-2:00 pm Lunch break</b> |                  |   |        |
| PW-4                             | 2:00-3:00 pm     | Sowa-Rigpa: Practice of <i>Kyug</i>                         | Hall A |
| PW-5                             | 3:00-4:00 pm     | Sowa Rigpa; Practice of Pain Management through <i>Dhug</i> | Hall A |

Closing Prayer - Men-Tsee Tengyes Monlam

\*\*\*\*\*

Breakfast - 7:15 am to 8:15 am

Lunch - 12:30 pm to 2:00 pm

Refreshment will be serve at respective venue

## MESSAGES

### Message from Dept. of Health, CTA



ཡུལ་ཁྱེད་ལ་ཐུག་པའི་ལྷན་ཁྲིམས་ཀྱི་འཕྲིན་ལྷན་

## DEPARTMENT OF HEALTH

### MESSAGE

Department of Health, Central Tibetan Administration (CTA) expresses its heartfelt greetings to all the participants of the third International Conference on Sowa Rigpa which is scheduled to be held in Central Institute of Higher Tibetan Studies, Varanasi from February 25, 2018 for five days. In order to make this International Sowa Rigpa Conference beneficial, it is imperative to undertake thorough research based on *rGyud bzhi*, the sutras, the tantras, the theory and quintessential instructions of Yulhog Yonten Gampo in treating the diseases which are challenge to cure through allopathic medicine. In this degenerating era, with the emergence and spread of new diseases which never existed before in this world, it's high time to collaborate Sowa Rigpa with Allopathic Medicine to undertake in depth research studies to cure such diseases.

With the hope that this third International Conference on Sowa Rigpa achieves the set goals and outcomes as desired.

Department of Health,  
Central Tibetan Administration (CTA),  
Dated: January 16, 2018 (Tibetan lunar year-21-41)



## MESSAGES

### Welcome Message by Organizing President



Tashi Deleg!

I am very happy that the 3rd International Conference on Tibetan Medicine (ICTM) is happening today in this very special holy place of Lord Buddha. I, on behalf of the host organizers and the organizing committee members, would like to welcome you all on this great event.

The First International Conference on Tibetan Medicine (ICTM) originated some twelve hundred years ago through the initiative of King Trisong Deutsen (730-785) at Samye, Central Tibet, where many eminent scholars, physicians were invited from India, China, Persia, Nepal and other neighboring kingdoms. The 2nd ICTM was held at Dharamsala, India with a total of 250 delegates from 21 different countries. Aiming to the vision of preserving and promoting Sowa Rigpa system of medicine, the host organizers have joined hands again to organize this 3rd ICTM in Central Institute of Higher Tibetan Studies where the Institute celebrates its Golden Jubilee (1968-2018).

This 3rd ICTM brings together many of the eminent scholar physicians, leading academic researchers and anthropologist on Traditional System of Medicine from both Asia and the Western countries. This is a platform as well as an occasion where scholars, practitioners, researchers and young talented students meet to bridge the gap of theory and practice and to share knowledge and experience of the senior physicians with the juniors. This ICTM offers an opportunity to the stake holders to present and exhibit their publication, products and other related agendas. It also offers an opportunity to discuss current developments as well as problems in the vast field of Lug-Chen-Sum; the Three great medical systems and to exchange different approaches and findings.

I wish all participants a lively discussion, an exciting exchange and a very thought-provoking week in CIHTS, and I am certain that every one of you will return home with new insights stimulating further ideas and developments.

With Best Wishes,

Prof. Dr. Lobsang Tenzin Rakdho  
(Dean, Faculty of TM&A, CIHTS)  
President, Organizing Committee

༄༅། མཚུངས་མེད་ཡོན་ཏན་མགོན་པོའི་གསོལ་འདེབས་དང་བརྒྱའི་བརྩོ་

བཞད་པ་ཞེས་བྱ་བ་བཞུགས་སོ།

ན་མོ་གྲུ་རྒྱ་ཁྱ་རྒྱ་ཡ། །མ་ལུས་ཕྱོགས་དུས་རྒྱལ་བ་སྤྲུལ་བཅས་ཀྱི། །མཆོན་བཅེ་རུས་པའི་ཡོན་ཏན་གཅིག་བསྐྱུས་ཉིད།

།གངས་ཅན་འགྲོ་བའི་མགོན་པོ་གཡུ་ཐོག་པ། །མཚུངས་མེད་སྤྲུལ་ཁྱེད་ལ་གསོལ་བ་འདེབས།

།གང་སྤྱིའི་གསང་བ་བཏྲན་གཡོ་ཀྱན་ལ་ཁྲུབ། །གཞོན་མེད་དོ་རྩེ་གསུང་གི་ཆོས་ཀྱན་མཛོད།

།རི་ལྷ་རི་སྤྱོད་མཆོན་པས་ཤེས་བྱ་གཟིགས། །བདེ་ཆེན་དོ་རྩེ་སྤྱུ་ལ་གསོལ་བ་འདེབས།

།མཆོན་དཔེའི་དཔལ་འབར་ལྷ་ན་སྤྱུག་པའི་སྤྱུ། །བདེ་ཆེན་གཟི་བྱིན་སྤོང་གིས་ལྷ་མ་མེ་བ།

།བན་པའི་མོད་ལ་དངོས་བྱུབ་རྣམ་གཉིས་སྤྱེད། །ཡིད་བཞིན་ནོར་བུ་ཁྱེད་ལ་གསོལ་བ་འདེབས།

།འཕྲིན་ལས་རྒྱལ་བ་ཀྱན་དང་མཉམ་སྦྱར་ཀྱང་། །ཉམ་ཐག་ནད་པའི་ཆོགས་ལ་གསོལ་བ་འདེབས།

།གསུང་གི་འཕྲིན་ལས་གངས་ཅན་གསོལ་སྤྱི་སྤྱི། །སྤྲོན་པའི་རྒྱལ་པོ་ཁྱེད་ལ་གསོལ་བ་འདེབས།

།འཇམ་དཔལ་དཔལ་པོས་རྩེས་བཟུང་རིག་པའི་གནས། །ཀྱན་མཆོན་སྤྱི་སྤྱིགས་ཆོལ་བ་ཅོད་པས་བཅོམ།

།རྒྱ་བོད་འཛིན་པའི་ཁྱོད་ལ་ཉི་ལྷར་གསལ། །མཁས་པའི་ཁྱེད་མཆོག་ཁྱེད་ལ་གསོལ་བ་འདེབས།

།མེ་ཆུ་གཅན་གཅན་རྒྱན་པོ་ལ་སོགས་པ། །ལྷ་སྤྲངས་ཅམ་གྱིས་བརྒྱལ་ཞིང་གནས་ལུལ་འགྲིམས།

།རྣམ་མང་སྤྱུལ་པས་རྒྱ་གི་དབང་དུ་བསྐྱུས། །བྱུབ་པའི་དབང་བྱུག་ཁྱེད་ལ་གསོལ་བ་འདེབས།

།བརྒྱ་འབྱུང་གནས་མགོན་པོ་སྤྱི་སྤྱིབ་དང་། །འཆོ་བྱེད་གཞོན་རུ་མཉམ་མེད་དུགས་པོ་སོགས།

།གང་འདུལ་རོལ་བར་སྤྱོན་བ་དེ་ཉིད་ཅེས། །བདེན་པའི་ཞལ་བཞེས་གནང་ལ་གསོལ་བ་འདེབས།

།སྤྲོན་མེ་མི་བསྐྱོད་རྒྱལ་བའི་ཡེ་ཤེས་སྤྱུ། །དེ་ལས་ཅུང་ཟད་གཡོ་བ་མེད་བཞིན་དུ། །སྤྲོ་ཆོགས་སྤྱུལ་པའི་རོལ་བ་ཆུ་ཆུ་བཞིན།

།གང་འདུལ་མོས་རོར་སྤང་ལ་གསོལ་བ་འདེབས། །དོ་རྩེའི་ལུས་ཀྱི་འབྱུང་འབྱུགས་གསོ་བ་དང་།

།རྩེས་འབྲེལ་གསང་སྤྲུགས་ཐམ་མོའི་སྤྱོན་གྲོལ་གྱིས། །སྤྲུལ་ལྷན་གདུལ་བྱའི་ཆོགས་རྣམས་རྩེས་བཟུང་སྟེ།



།རྩ་འབྲུལ་སྒྲ་ཆོག་སྒྲ་ལ་གསོལ་བ་འདེབས། །གངས་ཅན་འདི་ན་མན་དང་བདེ་བའི་སྒྲོ།  
 །རི་སྒྲིབ་སྒྲ་བར་མཛད་ནས་གཟུགས་ཀྱི་སྒྲ། །སྒྲེ་འཆི་ལས་འདས་མཁའ་སྒྲིབ་བདེ་ཆེན་དུ།  
 །མཛོན་སྒྲུལ་ཁྱེན་བར་མཛད་ལ་གསོལ་བ་འདེབས། །བསྐྱེན་སྒྲུབ་གཞན་ལ་ལོ་རྒྱར་འབད་བ་ལས།  
 །གང་ཉིད་ཡུང་ཅས་བྲན་བཞོན་ཆེ་ཞིང་། །ཞག་བདུན་གསོལ་འདེབས་ངེས་བར་རྗེས་འཛིན་ཞེས།  
 །ཞལ་བཞེས་བསྐྱེད་མཛད་ལ་གསོལ་བ་འདེབས། །སྒྲས་བཅས་རྒྱལ་བའི་ཐུགས་རྗེ་རབ་མཉམ་ཡང་།  
 །སྒྲིགས་འགྲོ་སྒྲལ་བ་དམན་ནམས་སྒྲོལ་བའི་བྱིར། །སྒྲས་བཅས་རྒྱལ་བའི་འཕྲིན་ལས་ང་ཡིན་བས།  
 །བྱིན་རྒྱལ་སྒྲུར་ཞེས་གསུང་ལ་གསོལ་བ་འདེབས། །དེ་བྱིར་མགོན་པོ་ཁྱོད་ལ་སྦྱིང་ནས་ནི།  
 །མོས་ཡུས་གདུང་ལུགས་བྲག་པོས་གསོལ་འདེབས་ན། །སྒྲིགས་མའི་དུས་སྒྲེས་ནད་གཞོན་སྒྲུག་བསྐལ་གྱི།  
 །འཛིགས་མའི་ཉེན་བ་བདག་ལ་སྒྲོལ་མཛོད་ཅིག །ལས་ཉོན་འབྱུང་བའི་སྒྲུབས་སྒྲུ་འཇུགས་བ་བདག་  
 །རང་གི་ཉེས་བས་སྒྲས་བཅས་རྒྱལ་བ་ཡི། །ཕྱིན་ལས་འབྱུག་པའི་ཡུལ་དུ་མ་གྱུར་བས།  
 །སྒྲུབས་བྲལ་ཡིད་ཆད་བདག་ལ་ཐུགས་རྗེས་གཟིགས། །ཁྱོད་ལས་ངེས་སྒྲུབས་གནས་གཞན་མེད་པས།  
 །མཁའ་བཅེ་རུས་པའི་བདག་ཉིད་རིགས་གསུམ་དང་། །དབྱེར་མེད་སྒྲ་མ་སྒྲིགས་མའི་འགྲོ་བ་ཡི།  
 །མགོན་པོ་གཅིག་སྒྲུས་བདག་ཅག་མ་དོར་ཅིག །བདག་གིས་ནམ་མཁའ་རི་མིན་འགྲོ་ཀུན་དང་།  
 །ཁྱེད་པར་སྒྲལ་དམན་སྒྲུག་བསྐལ་གྱུར་པ་ལ། །མན་འདོད་སྦྱིང་རྗེའི་དམ་བཅའ་འདི་འཛིན་ན།  
 །མཁའ་བཅེ་རུས་པའི་དབང་བསྐྱར་བདག་ལ་སྒྲོལ། །འདི་ནས་བྱང་རྒྱལ་སྦྱིང་པོར་མཆིས་ཀྱི་བར།  
 །འབྲལ་མེད་རིགས་ཀྱི་བདག་པོར་དབྱེས་བཞུགས་ནས། །རྒྱད་པ་ཀུན་བྲལ་དངོས་བྱུབ་ཡིད་བཞིན་འཛོམ།  
 །མགོན་པོ་ཁྱོད་དང་དབྱེར་མེད་འབྲུག་པར་ཤོག །

## ABSTRACTS OF PLENARY SESSIONS

(Full Paper will be available at [www.tibmedcouncil.org/ictm/](http://www.tibmedcouncil.org/ictm/))

### PL1 - THE THREE GREAT MEDICAL SYSTEMS

**TITLE** Ayurveda : Knowledge, From Home to Hospital

**SPEAKER** Prof. Shiv Ji Gupta  
[guptasjbhu@yahoo.co.in](mailto:guptasjbhu@yahoo.co.in)

Ayurveda has been a common pool of health keeping knowledge shared unrestrictive through passing generations. Traditionally, Ayurveda is found to have a strong footing in Indian households for simplicity of its applications and easy access to its modalities being largely derived from the resources searchable easily within the premises of a common home. Being derived largely from the natural sources like herbs, condiments, and minerals which already have a comfortable positioning in Indian kitchens, Ayurveda often being used as a primary care intervention in almost every ailment unless a specialized care is warranted in certain conditions.

Ayurvedic health keeping principals are more deeply ingrained in Indian psyche. This influence of Ayurveda is so deep in Indian life style that often many routine acts which are known for their health benefits are ritually followed without noticing that these have a bearing to Ayurveda. Ayurveda home based application for health keeping is more profound comparing to the benefits obtained by Ayurveda when one is sick. This is noteworthy to observe that such health care rituals observed in Indian households are actually the assimilated forms of Ayurvedic fundamentals which have been refined and simplified for every one's use in a routine through past many centuries.

With the rapid advances in medical science in past few decades, hospital based health care has grown exponentially. Hospital based care is marked with specialized care often requiring a composite monitoring by a dedicated health care team and formulations which are fast acting and dependable. This also requires thorough investigative facilities for close monitoring of the patient to warrant any action required to be taken quickly to save the life. By and large, this is believed that Ayurveda although having a good say for chronic and degenerative disorders, may not have a good scope for acute ailments where modern health care seem more equipped and hence appropriate. Because of this belief, hospital based care remained largely neglected in Ayurveda and it remained strictly limited to *kshara sutra* and *pancha karma* procedures alone. Regularly decreasing bed occupancy patterns at most ayurvedic hospitals is symbolic to this popular belief and nothing has seriously been done to rectify this image by showcasing that Ayurveda may also be effective as a hospital based care. We however have observed that Ayurveda is found equally effective in many acute and intractable illnesses where the conventional care does not respond. Although sparingly, we can also find published case reports in authentic journals claiming the effects of Ayurveda in various clinical conditions where modern medicine were not of much help.

We therefore argue that a serious lookout is needed to revive hospital based care in Ayurveda. Although, for such care a comprehensive team of dedicated people may be required involving various domains of ayurvedic health care viz. dietitian, nursing personals, pharmacists, panckakarma technicians etc. besides a team of competent physicians representing various specialties of Ayurveda. This is needless to emphasize here that a well-equipped hospital is essential to give a quality driven hospital based care in Ayurveda. A well equipped kitchen and pharmacy are supposed to be crucial in Ayurvedic hospital based health care. We may therefore give a serious thought to the face lifting of Ayurveda by giving it a chance to act competitively on the front of hospital based care also. This would possibly give us an opportunity to explore the other best part of Ayurvedic health care potentials which are still unknown to most of us.

**TITLE**  
**SPEAKER**

**Traditional Chinese Medicine: Antidotes, From History to Present**  
**Dr. Edward Yap**  
*edwyea@gmail.com*

Traditional Medicine, also known as complementary and alternative medicine (CAM) have, in the past 15 years, claimed an increasing share of the public's awareness. Studies have documented that about half the population of many industrialized countries now use CAM, and the proportion is as high as 80% in many developing countries. The essence of the Traditional Chinese medicine (TCM) has always been the most advanced and experienced therapeutic approach in the world. It has knowledge that can impact the direction of future modern medical development; still, it is easy to find simple knowledge with mark of times and special cultures. In this talk, you will find out more about the concepts of TCM, and the different modalities used, and how it is still relevant in this modern world.

**TITLE**  
**SPEAKER**

**Sowa Rigpa; Healing, From physical to spiritual**  
**Dr Lobsang Tenzin Rakdho**  
*drakdho@yahoo.com*

Sowa Rigpa of Tibet, one among the four most popularly known traditional systems of medicine as per the contemporary historians, is an ocean of gradual accumulation of drops of experiences acquainted by Tibetan people through its extraordinary natural environment and elements on the roof of the world for billions of years. Apart from that Sowa Rigpa is also a huge ocean of a never-ending flow of profound essence of medical traditions integrated with the support of courageous Dharma kings, ministers, intelligent translators and scholars of Tibet from the neighboring countries (east and west). Especially in the seventh century, King Songtsen Gampo established strict rules and regulations pertaining to the three great medical traditions, the specialist physicians, their duties and rights.

This extraordinary medical system which has profound history and theoretical knowledge is known as 'Sowa Rigpa'. It has been designated so, based on the fundamentals and theoretical knowledge of the nature of the afflicted disorder, the nature of its antidote and the practice of correlating the disorder and its antidotes and not just designated arbitrarily out of the blue. As per some ancient and contemporary scholars, all the medical traditions are generally designated as 'Sorig' and 'Sowa Rigpa' is designated and translated as 'Treatment' (chikitsa), 'Medicine', 'Ayurveda', 'Healing' and so on which is due to lack of analysis of the term.

The meaning of 'Sowa' is merely to restore like to repair, to revive, to renovate and so on based fundamentally on its action and subject. The meaning of 'Rigpa' is knowledge, cognition and accomplishment which is based principally on object. Thus, this name was designated depending on reason which is also perceivable if enough attention is paid on the grammar. In case of fever or all the other disorders, the nature of the disorder is the imbalanced characteristic of the nyepa or the unbalanced state and this unbalanced state is none other than the excessive or deficient states. And the only way to a healthy and a disease-free state is to restore anything that is deficient or has degenerated, through the antidotes. Thus, the subject of healing, the means of healing and the method of healing signifies the complete subject matter of Sowa Rigpa and with the addition of the characteristic of the healer, implies the comprehensive meaning of Sowa Rigpa.



PL-2

**Education, Practice And Research In Ayurveda: Evolutionary Development And Future Challenges**

**SPEAKER**

**Dr. (Prof.) Sanjeev Rastogi**  
*rastogisanjeev@rediffmail.com*

Ayurveda is supposed to have its roots in eternity. As a health care science, this seems to be a culmination of observational knowledge accumulated through generations in past hundreds and thousands of years. Nature had remained the sole source of everything to human. Gradually, during the process of evolution, man has learned to make use of natural resources for his own benefit and in this process, he also learned to refine the usage by processing the raw materials to obtain the desired benefits. A pharmaceutical science therefore started which subsequently proposed the best ways to utilize the natural resources.

A foundation of Ayurveda may be traced back to *Vedas*, specially *Atharvaveda*, which talks explicitly about disease curing potential of various natural resources including Sun. Besides such remedies, *Vedas* also vividly describe about various religious rituals offering health to a sufferer. These basic concepts of health and disease and about use of various natural resources to prevent disease and to procure health got further strengthened during *Samhita* period. This was the time when great compendiums of Ayurveda in the form of *Charaka Samhita* and *Sushruta Samhita* were written. This was the summit of Ayurveda when its sages preached and practiced Ayurveda for the highest societal goals and pursuits. The compendiums like *Charaka* and *Sushruta* evolved in this time are still unchallenged and rather a matter of great surprise to everyone noting that how precisely the subject as complex as health and its preservation and disease and its management is dealt in these texts.

In the later part of history, Ayurveda faced a continued decline by virtue of many factors operating within the socio-political structure of India. A long 1200 year rule of foreign invaders initially of Muslims and subsequently British has virtually uprooted the philosophical and philanthropic basis of Ayurveda and its practice was subsequently replaced by a consumer driven motive with a focus upon physical ailments and their remedies. Post-independence period in India marked the restructuring of ayurvedic education, practice and research. With the upsurge in demand of natural medicine world over, there is a renewed reawakening about Ayurveda education and research and subsequently its practice to carry forward its advantages to the masses. India is also taking steps to remain visible in the scene of this global reawakening. A lot of gaps are however in the sight requiring an urgent attention. Quality of education, drugs and health care services are among the ones facing largest critics. Current research in Ayurveda is also far from what is desired.

Seeing the expected role a traditional health care may play in future in order to find the solutions to many unresolved issues, a timely, rigorous and focused approach to handle all the relevant issues in field of education, practice and research in Ayurveda is therefore highly required.

PL-3

**The Evolutional Development Of Traditional Chinese Medicine: Challenges, Training, Practice, Research And Future Development**

**SPEAKER**

**Dr. Edward Yap**  
*edwyea@gmail.com*

Traditional Chinese Medicine (TCM) is an experience-based medical practice. Its principles and concepts are abstract, and it is not easily understood by many people. With the modernization in medical advancements, methods of treatments have evolved over the years, and biomedical research methodology has been used for the TCM modernization. Many countries has legalized the use of TCM, especially on the area of acupuncture. From this presentation, you will have an overview of the development of TCM over the years and the challenges it faces.



## **The Evolutional Development Of Unani Medicine: Education, Practice, Research, Future Development And Challenges**

**Prof. Rais-ur-Rahman**  
*advisorunani@gmail.com*

The Unani System of Medicine, as its name suggests, originated in Yūnān- ancient Greece. The Greeks had adopted the initial concepts of Medicine (Tibb) from Egypt and Mesopotamia and systematized them. Thereafter, the Romans further advanced these concepts. In the Middle Ages, Medicine travelled to the Arab world, Central Asian countries, and parts of Europe, where it was developed to great heights. In India, the Unani System of Medicine came from Arab and Iran, and flourished tremendously and found here its permanent home. Today, India is the world leader in Unani System of Medicine with the increasing support and funds from the Government of India. The Government of India accorded great importance to the multifaceted development of the Unani System of Medicine to make its best use in healthcare delivery system. As a result, education, research and healthcare in Unani System of Medicine have been developed considerably in the country during the last seven decades. Unani System of Medicine forms an integral part of national healthcare delivery structure and owing to the global resurgence of interest in this traditional but time-tested system of medicine, India is making concerted efforts to validate its strengths in scientific parlance and promote the system for global healthcare.

Today, the country has adequately growing infrastructure of academic, research and healthcare institutions of Unani System of Medicine. There are 50 teaching institutions for degree level education and training, and eleven of these offer postgraduate courses in ten specialties. The National Institute of Unani Medicine (NIUM), Bangalore (Karnataka) has been set up by the Central Government to conduct postgraduate education and research programme in Unani System of Medicine and develop benchmark standards of training and healthcare.

In the area of public healthcare, a large network of Unani hospitals and dispensaries is functioning across the country; predominantly through Central and State Government initiatives. There are a good number of licensed manufacturing units for Unani drugs in the private & public sector of the country.

Research and development in Unani Medicine is by and large in the hands of Central Council for Research in Unani Medicine (CCRUM). The Council has, over the past three and a half decades, emerged as the leading organization to bring out significant scientific outcomes and documents for reference and use in this field. Due to the leads obtained in clinical research, drug standardization, survey and cultivation of medicinal plants, and literary research, the contribution of CCRUM has been noticed worldwide. Grant of patents for innovative research outcomes and publication of research work in journals of international repute has brought laurels to the Council for its spirited engagement in scientific activities.

## **Sowa Rigpa: Knowing Cancer and its Important Parameters**

**Dr. DorjeeRaptanNeshar**  
*drdorjee.neshar@gmail.com*

Tibetan Medical System is a unique system where medical science & spirituality are blended harmoniously together to offer total health to all. It is spirituality in healing where one studies Buddha Dharma to understand the very nature of our birth, existence, suffering and death. It is also a dynamic science of healing that deals with prevention and treatment of various diseases and disease causing agents through proper diet, proper lifestyle, herbal remedies, and accessory or wellness therapies. It also encourages sound doctor & patient relationship where the doctors and patient plays equally important role in so called total healing. All these holds true when it comes to the treatment and management of cancer.

Though not much is heard about the high incidence of cancer among the Tibetans before the 1959 political tragedy. Yet, the Great Four Tantras of Tibetan Medical text, which dates back to 8<sup>th</sup> century, explains volumes about this disease. Cancer is placed among the 8 congenital wounds that are often difficult to treat. Multiple treatment modalities were explained in great length in dealing with the various forms of cancer. Improper food & life style is considered to be the main cause.

Cancer continues to be one of the leading killers of the century. No matter how much information is gained about this dreadful & mysterious disease, it still haunts the imagination of humanity who continues to suffer from its relentless attack. Despite the advancement in science & technology: its new age cutting technologies and high cost research breakthroughs, this disease still continues to wreak havoc among the lives of millions of people across the world, particularly among the less privileged lots. According to the latest findings, it is fast assuming the proportion of epidemic disease. It is also noted that though the rate of cancer occurrence is significantly more in the US and Europe as compared to the Eastern countries, but the rate of survival is more in the West and very much less in the East. More recent findings suggest that more than 70% of people in India succumb to the disease before the five year period.

Notwithstanding the 18 different types of cancer as explained in the Tibetan medical text, modern day society is sadly afflicted with more than two hundred different types of cancer. Some of the most common types of cancer that we see today are Breast cancer, Lung, Colorectal cancer, Multiple Myeloma, Non-Hodgkin's Lymphoma, Brain, Stomach and Liver, Mouth and throat, Prostate in men and ovarian in women and different types of Blood cancer too. Most of them come to us at the very late stages with multiple secondary infection; post chemotherapy, immunotherapy and radiation etc and, after failing to get any desired result from the Allopathic medicines, but with dietary and life style advises, and also helping them to understand the disease better and need for them to participate in the treatment and healing processes. It calls for significant change in the attitude of the patients towards the disease so that one no longer feels hopeless and deeply frightened by the prospects of what lie ahead.

It is understood clearly that there is no magic bullet in the treatment of cancer. It has to be very natural and holistic in approach with multipronged strategy to deal with this major disease. Though it may seem bit farfetched, I am of the strong opinion that is very important to understand the cause, nature and developments of the cancer in each individual. Proper administration of diet, lifestyle, mental and emotional factor plays very crucial role in the control and management of this otherwise very costly and fatal disease. I am afraid that in large percentage of the people with cancer, it was unfortunately the treatment regiments that has proved more fatal with the invasion from the cancer per-se. Most of the secondary infections and progression of the diseases may come from the excesses and mistaken treatment. It is high time that people need to be more educated and well informed regarding the cause and nature of the disease so that they can make their well informed decision and take necessary precaution.

It was clearly that Tibetan Medicine did have a positive healing effect upon many cancer cases. It was also shown to produce some encouraging effects in terms of several important factors like; delaying the tumor progression, pain reduction, enhancing the immune response & life expectancy, & over all wellbeing of the patients. Moreover, we also found that Tibetan Medicines works very well in complementary with Chemotherapy and Radiation therapy in reducing their notorious side effects and in boosting up the immune response.

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## ABSTRACTS OF PARALLEL SESSIONS

PS-1

### Regulation & Quality Control of Ayurvedic, Siddha, Unani and Homoeopathy Drugs

**SPEAKER**

**Dr D.C. Katoch**

*dckatoch@rediffmail.com*

India's regulatory framework for Ayurvedic, Siddha, Unani and Homoeopathy (ASU&H) drugs is by and large modeled on the lines for allopathic medicines. Drugs & Cosmetics Act, 1940 and Rules thereunder have exclusive provisions for regulation and quality control of these drugs. Regulatory Authorities are appointed in the Central and State Governments to oversee the enforcement of legal provisions for the ASU&H drugs and their manufacturing need license from the concerned State Government as well as compliance to Good Manufacturing Practices (GMP) and the standards prescribed in the respective Pharmacopoeia. Proof of safety and effectiveness is required for licensing of various categories of ASU drugs. Central Government has the powers to frame and amend the regulatory provisions and issue direction to the State Governments for their enforcement. In this regard, the Central Government is advised by the Ayurveda, Siddha, Unani Drugs Technical Advisory Board (ASUDTAB) and Ayurveda, Siddha, Unani Drugs Consultative Committee (ASUDCC), Drugs Technical Advisory Board, which are the statutory bodies under the provisions of Drugs & Cosmetics Act, 1940, in the regulatory matters and enforcement issues. Pharmacopoeia Commission of Indian Medicine & Homoeopathy and four Pharmacopoeia Committees are in place to develop the quality standards and Standard Operating Procedures for ASU&H medicines, which are mandatory for the manufacturers to comply with. Central and State Governments have established Drug Testing Laboratories and 55 laboratories are approved or licensed in the country in accordance with the Drugs & Cosmetics Rules, 1945 for quality testing of drugs and raw materials. Quality certification schemes for ASU medicines are also administered as per WHO Guidelines and International Standards by Central Drug Standards Control Organization (CDSCO) and Quality Council of India (QCI) respectively. Like allopathic medicines ASU&H medicines are also covered under the provisions of Drugs & Magic Remedies (Objectionable Advertisements) Act, 1954 and Rules thereunder. Central Government has initiated pharma covigilance system for safety monitoring of ASU&H medicines and grant in aid is provided through National AYUSH Mission to strengthen drugs quality control activities in the states. Similar regulatory provisions would be made for Sowa Rigpa drugs once these are brought into the Drugs & Cosmetics Act, 1940.

PS-2

### Development of Sowa Rigpa in Bhutan Through Research

**SPEAKER**

**Sherab Tenzin**

*coolsherabe@gmail.com*

This paper will outline efforts towards development, promotion and preservation of rich ancient knowledge of Sowa Rigpa medicine system in Bhutan through research and institutional development. Further, the research on traditional medicine and its potential of discovering new drugs as well as the challenges involved in such research will be highlighted.

Ever since the introduction of Sowa Rigpa based Traditional Medicine System in 1967, the Royal Government of Bhutan has placed high regard for the preservation of this knowledge through research and development and promotion at par with western allopathic medical system. Today the Traditional Medicine Services in Bhutan are fully integrated and dispensed through same window as modern healthcare delivery system. The increasing access to Traditional Medicine services and the introduction of stringent regulatory mechanisms is driving research and development in Sowa Rigpa to document evidences of therapeutic claims and properties of formulations.

Bhutan is endowed with rich biodiversity and of more than 600 medicinal plants identified, 50% of them are commonly in use for the production of Sowa Rigpa medicine. For the production of safe and quality traditional medicines, research was formally started in 1998. So far, medicinal plant ingredients were coded and standardized with botanical nomenclature and herbarium specimens developed with bibliographic reviews. The monographs on finished products, high altitude medicinal plants and precious minerals and metals were also developed. From the screening of some high altitude medicinal plants for active therapeutic compounds at molecular and phyto-chemistry level, few studies have lead to discovery of new chemical compounds. One such compound with potential to develop as anti-malarial drug has been filed for patent. In order to scientifically validate the claims, some form of clinical trial studies on few formulations and therapies are also being initiated. Besides core researches, study on conservation and sustainable utilization of medicinal plants, resource mapping surveys and cultivation trials are other research projects aimed at preservation of this age-old healing tradition through sustainable promotion and development.

Additionally to implement the national policy of preserving and promoting this traditional medical system and to explore vast scope for research, the Department of Traditional Medicine Services had instituted research division to develop research culture and capacity amongst Sowa Rigpa stakeholders. At academic level, the Faculty of Traditional Medicine introduced Master degree through research to further spur researches in Sowa Rigpa science besides teaching research skills at an undergraduate level. While understanding the immensity of research scope, it should also be understood that research on traditional medicines, like any other research demands a lot of resource and technical expertise. Evaluation

study designs that are often used in normal research may not be suitable as traditional medicine works by combination of spiritual, psychological and material practices. If the study design is wrong, the results of the study could at times be misleading. Addressing intellectual property rights issues could also help promote research on traditional medicines but the cost implications and complication of such formalities could be another obstacle for the researchers.

Research on traditional medicine is very crucial for Bhutan to ensure the continuity of traditional medicine services and therefore should be pursued considering its immense benefits to the mankind and in particular to the people of this Land of Medicinal Plants.

### **PS-3                      Sowa Rigpa; Legal Status In Russia**

**SPEAKER                      Oyuna S. Rinchinova**  
**Co-author -Tsymzhit P. Vanchikova,**  
*Rinchinova.os@imbt.ru*

The article discusses legal status of institutions and specialists of Tibetan medicine in Russia, and its integration into national health system. The term of traditional oriental medicine in Russia comprises the Tibetan medicine as well. In official documents it is referred as a "Traditional (complementary) medicine", according to federal law № 323 "On the Fundamentals of Health Care of Citizens in the Russian Federation". This document doesn't permit distribution and import of medicines based on Tibetan formulas; the traditional methods of treatment and diagnostics are not included in the medical standards, therefore they are not covered by insurance; there is no educational program of a doctor of traditional medicine. Exploring the activities that are carried out to address these problems, I demonstrate joint efforts of politicians, scientists, doctors to manage the major complications of traditional medicine in Russia.

A study of the activities of Alexander and Peter Badmaevs on promotion Tibetan medicine in the 19<sup>th</sup> – early 20<sup>th</sup> centuries leads me to conclusion that they dealt with the similar problems that still exist in modern Russia.

**Keywords:** Tibetan Medicine, Oriental Medicine, legal status, Russia.



**SPEAKER****Tenzin Choedon***tenchoe12@gmail.com*

Sowa Rigpa also known as Traditional Tibetan medicine (TTM) is one of the oldest known medical system with nearly 2000 years old legacy of holistic and naturopathic approach. Sowa Rigpa is mostly seen under the context of Complementary Alternative Medicine. With recent recognition of Sowa Rigpa by Indian medical system, now the pharmacological significance needs to be validated showing the efficacy of such herbal medicine formulations, documentation, preservation of our ancient medical systems. For recognition of TTM globally, high quality scientific research is mandatory and a sophisticated infrastructure for R&D facilities for a productive output. The immense pharmacological significance of Sowa Rigpa is well established and evidence based TTM will hopefully enable integration into conventional treatment thus providing more support and relief to patients specially suffering from chronic diseases such as cancer.

**SPEAKER****Stephan Kloos***skloos@gmail.com*

Over the past 20 years, Sowa Rigpa (Tibetan medicine) has undergone an unprecedented process of industrialization in almost all its locations, completely transforming its status, size and shape. Indeed, the emergence of a transnational Sowa Rigpa industry constitutes one of the most fundamental re-assemblages of Tibetan medicine in its history. In order to understand this development and its consequences, it is imperative to gain a hitherto non-existent quantitative and qualitative overview of the emerging Sowa Rigpa industry. A major outcome of the ongoing ERC-funded RATIMED project ([ratimed.net](http://ratimed.net)), this paper will present a new picture of contemporary Sowa Rigpa in Asia: not as a traditional medicine struggling for survival, but as a modern, lucrative, and growing industry that is an integral part of Asia's innovative knowledge sector.

Sowa Rigpa's industrial development is closely connected to national policies aiming to regulate Tibetan medicine, leading to its integration both into national health systems and the capitalist market. This paper will therefore begin with an overview of national policies - especially in China - that triggered its dramatic growth as an industry. Following that, it will present comprehensive quantitative data on the size and shape of the Sowa Rigpa industry across China, India, Mongolia, Nepal and Bhutan, and an analysis thereof. Among the questions this paper will address are: what has contributed to China's dominant position in the industry (up to 99% of its global sales value is generated in China), and why has this not translated, so far, into a similar dominance in the international market for Sowa Rigpa, which is largely controlled by exile Tibetan and Mongolian institutions, practitioners and products?

Based on hundreds of conversations with Sowa Rigpa practitioners, producers, stakeholders, and policy-makers across Asia, Europe and North America since 2005, in-depth analysis of government documents, official reports, and media coverage, as well as extensive observations from visits to pharmacies, workshops, and conferences, this paper offers the first comprehensive overview of the transnational Sowa Rigpa industry in Asia. By assessing its status quo, it finally also raises important questions about the direction and dynamics of its future development, and its potential consequences.

**PS-8****Breakdown of Body and Transference of Consciousness****SPEAKER**

**Dolpo Tulku Rinpoche**  
*guhyagarbha88@gmail.com*

The main topic here are the stages of dissolution of outer elements and the inner consciousness during the *bardo* at the painful time of death. At this moment the basic practice used is how a beautiful girl looks at herself in the mirror and additionally, for when the moment of death is close and feelings associated with ones passing increase.

The presentation will be elaborated in five sections.

- Why we need to be interested in dying
- Regular mind training concerning dying
- Stages of mental anguish when realizing death is near
- Stage of dissolution of the elements and the transference of consciousness
- Practice during the dying process

**PS-9****Importance Of Mental Health****SPEAKER**

**Dolpo Tulku Rinpoche**  
*guhyagarbha88@gmail.com*

What kind of measures are needed to benefit a person's mental health need to be determined by his or her feelings and experiences. Any educated grownup will be aware of this fact. Then based on what the person experiences he or she should receive advice and actual practices by a trusted person like a Dharma practitioner, doctor, neurologist or physiotherapist. It is very important that these practices balance out the psychological and physical aspects. In the sutra teaching the eight fold Noble path is taught, which also includes psychological advice. However, if this is taken to be especially for Buddhists, it is difficult to see it as a general way of behaving. To benefit mental health as such, I want to talk about a regular path with eight aspects in condensed form. When I say regular, I mean that I will make no distinction based on religion, social class etc, but just talk about general conduct. In other words, the eight branches of human health.

Regular path with eight branches in condensed are:

- Excitement •Physical exercise •Leisure time •Empathy •Positive outlook •Acceptance •Contentment •Rest

**PS-10****Sowa Rigpa: Understanding Auto Immune Disease****SPEAKER**

**Dr. Dorjee Raptan Neshar**  
*drdorjee.neshar@gmail.com*

With my three channels of physical, speech and mind, I prostrate before the Buddha of Medicine and all the Bodhisattvas. The so called Auto-immune disorder as known to the modern medical system can be compared and understand as "Du-va-gShed-du-babs-pa" in the terminology of Tibetan Medical System.

The vocabulary of this Auto-immune disorder has become largely common and highly pronounced in modern day society and, is being considered as one of the leading fatal diseases among others. It is being rated as the 3<sup>rd</sup> leading major diseases in USA. In US



alone, nearly 5 to 8% of total population and approximately 14 million to 22 million people are estimated to have this disorder. The disease can affect any part of the body particularly the Endocrine Systems, connective tissues, digestive tracts, heart, skins and kidney etc. Interestingly, 78% of people with these disorders are women and is considered among the top ten disease fatality among the women above 65 years of age. However, it is to be noted that this disorder is not that commonly pronounced among our Tibetan population. This may have something to do with the food habits and genetic dispositions.

The identity of this disease lies in the fact that immune system in its normal helps to protect the body from foreign invasion and maintain the health and harmony. Here in auto immune disease, due to various explained and unexplained factor the immune system loses its identity and hence attacks its own body system. This looks very similar to the medical condition called "Duwa-gShed-du babs-pa, one among the nine fatal diseases as explained in the Root Tantra of Tibetan Medicine. rLung, mKrispa and Badh-kan as the three principle energies of the body system when in dynamic balance helps to build up the body to maintain its prime health and, when in aggravated condition it brings all kind of destruction and proves very fatal for the body.

If we look at the causative factor, it is obvious that in today's busy and competitive world we see lots of issues that heavily taxes our mind and emotional plane. On top of that the adulteration in our food; indulgence in genetically modified food, heavily processed and fast foods and, the level of pollutions in the air that we breathe all give rise to serious health hazards and imbalances in our otherwise normal dynamic functions of our body system. Many researchers believe that there are no particular pathogens and infection patterns that could be isolated and associated with this disorder. However, the food and lifestyle factor contributes immensely and the fatalities that comes with this disease is a serious concern.

From my long association with many people with this disease, it is quite apparent that there is a strong element of aggravated condition of all the three Nes-pas. More so, the disease appears to follow the pattern of what is called as "lDog-rGyu-bChu-gNis in Tibetan Medical text that is to say that the nature and manifestation of this disease is very confusing; showing sensitiveness to both Tsa-va and Grang-va with the involvement of all Nes-pas as if all the Nes-pas are in a state of chaos, criss-crossing each others path thus wreaking havoc in the body system. From my treatment experience, we find that even response to the treatment appears to be quite mixed up: in some cases quite encouraging and in some not so much. One thing is certain that the treatment of this disease need more patience and tolerant wait and watch attitude with no scope for any suppressive and invasive type of medications or therapies for that matter. Both disease and the individual needed to be handled with care and with careful examination coupled with more holistic treatment approach aimed in bringing down the internal turmoil first, we can then certainly hope towards reaching the state of harmony and health.

**PS-11**

### **Molecular Insights Into The Anti-cancer Properties Of Traditional Tibetan Medicine Yakyung Karne**

**SPEAKER**

**Tenzin Choedon**

*tenchoe12@gmail.com*

YakyungKarne (YK) has been used for ages in Traditional Tibetan medicine for treatment of cancer. Recently we have reported YK's potential as an anti tumor agent by selectively inducing apoptosis in cancer cells. Our present study focuses at the effect of YK on inhibiting the subsequent metastatic dissemination-cell migration, invasion, epithelial mesenchymal transition (EMT) and extracellular matrix (ECM) in ovarian cancer.

YakyungKarne (YK) has been used for ages in Traditional Tibetan medicine for treatment of cancer. YK is an effective and potential anticancer compound. Recently we have reported YK's potential as an antitumor agent by selectively inducing apoptosis in cancer cells. The cytotoxic effect was seen specifically targeting cancer cells and sparing primary cell line such as IHH and CHO cells. It displays classical characteristic of apoptosis such as fragmentation of DNA and morphological changes and cell death.

The study provides some compelling evidences supporting the anti-metastatic potential of YakyungKarne which strongly

suggests its possible usage as a promising alternative medicine. Thus, YikyungKarne may be used as an anticancer and anti-metastatic agent along with other conventional anticancer therapeutics to increase their efficacy.

**PS-12**                      **Sowa Rigpa: Its Development In Modern Pharmaceutics  
(Action Profiles Of Tibetan Formulas)**

**SPEAKER**                **Herbert Schwabl**  
h.schwabl@padma.ch

Plant based medicines were used from the beginning of mankind. Modern science approaches the therapeutic activity of herbal preparations mainly by investigating such preparations derived from single plants species. This starts by analytic and pharmacognostic description of the plant and its constituents, continues with activity monitoring with different *in vitro* methods, and finally examines "*in vivo*" the clinical benefit. All based either on the single plant or even on specific molecules extracted from the plant material. To assess the biomedical activity of herbal formulas of Tibetan medicine this approach cannot be successful, as the formulas are compounded from many different plants.

From a chemical point of view already one plant consists of many different molecules, therefore the Tibetan formulas are even more complex forms of a multicomponent medicine. Here it is not sufficient to know the action profile of the individual plants; as in the proverb, polyherbal Tibetan formulas are more than the sum of their parts. Therefore the research methodology of phytomedicine has to be used for the whole, complex formula.

The resulting action profile describes the activity of each formula on the different levels of the human organism from the genetic to the cellular and the organ level. In effect this leads to a specific biomedical signature of a formula. Such an activity-signature can then be a starting point to bridge the ancient wisdom with modern science.

**PS-13**                      **Sowa-Rigpa Literature in *sTengyur***

**SPEAKER**                **Dr. Dorjee Damdul**  
onpodordam@yahoo.com

Around hundred volumes of treatises on various teachings of Buddha ShakyaSengye and its commentaries written by Indian scholars exist. *sTengyur* signifies the Tibetan translated version of the treatise on the teachings (sutra and tantra) of Buddha written by Indian scholars. And here it specifically explains, Tibetan Medicine Literatures featuring in *sTengyur*.

**First: Characteristic of the treatises:** These are well explained teachings of the Buddha alone, corresponding to the path of attaining enlightenment and written in comprehensive words/expressions with single pointed concentration by intelligent beings.

**Second: Etymology of the treatises:** Treatise means *Shashtra*, *Shas* is to correct and *tra* is to free. It is so called treatise or to correct and free because it targets to correct the three defilements of the disciples to the threefold trainings and helps free oneself from the lower realms and mundane worldly sufferings.

**Third: Categorization of the treatises:** Generally treatises are categorized into superior or inferior types; Superior is further categorized into many, such as types based on function, subject or instruction. But according to a particular school, the treatises are



divided into nine categories; meaningless treatise, incorrect meaning treatise, meaningful treatise, deceptive treatise, uncompassionate treatise, treatise that eliminates suffering, treatise devoted to learning, treatise devoted to debate, treatise devoted to practice.

**Fourth: Main Tibetan Medicine Literatures featuring in *sTenGyur* (the Collection of treatises on Buddha's teaching):**

1. Tibetan Medicine Compositions by Acharya Nagarjuna: found in Volume-*He of Ten gyur*

i. *sByorbabrGyapa*

ii. *sMen'tshoba'imDotshigsubCadpa*

iii. *sMenAa ba'i Choga*

2. Tibetan Medicine Compositions by Acharya Vagh Bhatta

i. *Yanlag brGyadpa'isNyingpobsDuspa'irTsaba* – found in Volume – *He of Ten gyur*

ii. *Yanlag brGyadpa'i rang 'Grel* – found in Volume – *He and Ae of Tengyur*

3. Tibetan Medicine Compositions by Acharya Chandra Nanda

i. *Yanlag brGyadpa'isNyingpobsDuspa'i 'Drelbatshig don zlazer* – found in three Volumes – *ko, kho and go* of *Tengyur*

ii. *Yanlag brGyadpa'i 'Grel pa las bsTanpa'isMengyiminggirNamgrangs* – found in Volume – *He of Tengyur*

Moreover there are many existing compositions by Indian scholars translated into Tibetan but I will wind up here.

**PS-14**

**Acharya Vagbhata And Astanga Hridayam**

**SPEAKER**

**Dr. Akhilesh Kumar Singh**

*akhilesh.singh@subis.edu.in*

Acharya Vagbhata is one of the principal contributors to Ayurveda. He is famous for authoring the medical treatise, AshtangaSangraha and AshtangaHridayam. AshtangaHridayam (Heart of Medicine) is written in poetic language while AshtangaSangraha (Compendium of Medicine) is a longer and prolix work. In the time line, AshtangaSangraha is placed in the first half of 7<sup>th</sup> century by historians while AshtangaHridayam is considered to be a work of second half of 7<sup>th</sup> century. Vagbhata, in the closing verses of AshtangaSangraha himself stated to have lived in Sindh (now in Pakistan), and to have been the son of Simhagupta and disciple of Avalokita, who was chief monk of Mahayana Buddhism. Vagabhata was Buddhist, as is evident by his explicit praise of Buddha at very beginning of AshtangaSangraha and under the title "Unprecedented Teacher" in the opening verse of AshtangaHridayam. His teachings are embedded with syncretism.

AshtangaHridayam presented Ayurveda and its essence in an easy, simple, comprehensive and understandable way. It comprises 6 sections, 120 chapters and 7120 easily understood sanskrit verses.

Sutra Sthana - it describes basic principles of Ayurveda, daily regimen (dinacharya), seasonal regimen (ritucharya), diet and dietetics etc. in 30 chapters. ShareeraSthana - in this section of 6 chapters, concepts and details of Ayurvedic embryology, anatomy, physiology etc. has been discussed. NidanaSthana - it deals with aetiology, pathology, signs and symptoms, prognosis of diseases etc. in 16 chapters. ChikitsaSthana - in this section, line of treatment, medicines and pathyapathya, patient care etc has been discussed in 22 chapters. KalpaSthana - it contains formulations and methods pertaining to internal cleansing techniques. Purification therapies or Panchakarma are Vamana (therapeutic emesis), Virechana (therapeutic purgation), Basti (therapeutic enemas) and Nasya (nasal medication) in 6 of chapters. Uttara Sthana - it comprises of 40 chapters and is dedicated to 7 branches of Ayurveda; BalaRoga, GrahaRoga, Urdhwanga Chikitsa, Shalya Chikitsa, Danshtra Chikitsa, Jara and VrishaChikitsa.

A record 33 sanskrit commentaries has been written on Astang Hridayam, out of which Sarvang Sundara written by Arunadatta

got wide acceptance. Ayurveda Rasayana commentary by Hemadri is also studied. Ashtanga Hridayam has been translated into many languages, including Tibetan (during the reign of king Khrison-dehu in 755-797 AD), Arabic (during the reign of Harun-al-Rashid 773-808 AD), Persian and several modern Indian and European languages (into German by Luise Hilgenberg and Willibald Kirfel in 1941).

## **PS-15                      The Prevalent Diseases In The Tibetan Exile Community In India**

**SPEAKER                      Dr. Lodoe Phuntsok**

Tuberculosis and Chronic Hepatitis-B are the most common infectious diseases that we see in our daily practice. In fact in the world we are in high disease burden category for these two diseases. TB incidence of 645 patients/ 100,000 people and Hepatitis-B of approxaroud 8.9-13% prevalence.

Among the noninfectious disease in the Tibetan community, we see high blood pressure and Diabetes slowly increasing in our population.

With this presentation my intention is to create a better understanding of the current disease burden in the Tibetan community and collectively work towards decreasing the disease burden.

## **PS-16                      Art of Stress Management in Tibetan Medicine**

**SPEAKER                      Dr. Thinles Yangjor**  
*amchithinles@gmail.com*

The Art of Stress Management is all about maintaining a Healthy and Happy life, and this can be achieved through maintaining a dynamic harmony between the physical, mental, spiritual and emotional energy. Stress becomes Distress when we overuse, misuse and disuse these energies, or whenever there is a lack of coordination between them. When a distress situation strikes our life for a prolonged period of time, it may weaken the immune system and becomes harder for the body to fight off with the external stress inducers, and causes various internal disorientations. Irritable bowel syndromes, Chronic fatigue syndromes, Heart disease, High blood pressure, Arteriosclerosis, Diabetes, and different forms of metabolic disorders, as well as various mental discomforts like Anxiety, Panic attacks, Depression and Alzheimer are the result of the body's inability to fight off with the external stresses.

In Tibetan Medicine, the Art of Managing Stress is emphasized upon training and taming the Mind in order to reduce or abandon Negative Emotions like Hatred, Anger, Jealousy, Attachment and so on, and developing and cultivating positive emotions like Love, Compassion, Joy and Equanimity. Our human body becomes vulnerable when the negative emotions strikes our life all the time and disturbs the dynamic harmony of the three body energies (rLung, Tripa and Badkan). Such a situation consequently leads to the manifestation of many signs and symptoms of Distress, that we may call them as Syndromes.

Signs and symptoms of Distress may vary according to each individual's physical and mental disposition as well as external situational factors. Tibetan Medicine identifies thirteen major signs of distress and these are 1) Excessive hunger, 2) Excessive thirstiness, 3) Vomiting, 4) Yawning 5) Sneezing, 6) Breathlessness, 7) Sleeping disorders, 8) Frequent coughing, 9) Excessive production of saliva 10) Lack of or excess of defecation, 11) Excessive or lack of flatulence, 12) Urine inconsistency and 13) Sexual dysfunction. It is imperative to manage and balance our body energies if these signs and symptoms disturbs our body for quite some time. If certain symptoms of Distress like sleeplessness, fear, panic attack, fever, coughing, breathlessness, loss of weight manifest and remain for few weeks, then it becomes essential to correct these first in order to prevent the complications of Stress.



There are four means of preventive and as well as curative measures to manage Stress. The four preventive measures are: i) Maintaining the health according to the change in time and seasonal factors as well as the change in weather and climatic conditions, ii) Changing negative thoughts and emotions into a positive thoughts and emotions, iii) Indulgence in eating a healthy diet and iv) Maintaining a healthy lifestyle.

Curative measures to manage Stress includes activities like going for holiday, resting well, listening to music, sharing problems with loved ones, doing physical exercise, sleeping enough, chanting mantras, practicing meditation like mindfulness, eating right combination of foods and healthy foods at a right time, taking medication and visiting to spa and sauna or to a massage therapist, etc. All of these remedial measures are included under four curative measures: 1.) Dietary Recommendation and Restriction, 2.) Lifestyle Modification and Behavioral Changes, 3.) Use of Internal Medications and 4.) Applying Accessory or External Therapies.

**PS-17**

### **Use of Mercury as a Medicine and its Legal Challenges**

**SPEAKER**

**Prof Anand Chaudhary**  
*anandayu@bhu.ac.in*

Mercury (*Parad*) is being used as miraculous medicines in India, Nepal and Tibet since back 2000 year continuously. Proficient Prodigy of past had invented pharmaceutical procedures of purification, potentiation (*ShodhanandSanskar of Parad*) and conversion of core Mercury element into therapeutically effective compound (*KharaliyaRasa, Parpatipreparation, KupaPakwa Rasa and Pottali products*) for its uses as medicine.

In Tibet and India, Mercury has been used tremendously for its specific indications in *Rasayana* Therapy and to treat many chronic disorders of respiratory and gastro intestinal system. Tibetan and Ayurvedic classics are depicting plenty of references of use of Mercurial medicinal compounds with the claim of safety and efficacy. These texts have also warning notes of adverse effects of mercurial medicinal compounds if the product had not been prepared properly or any otherwise prescription in terms of dose and duration for a specific disease and diseased body.

Due to certain geographical, social, political, economical, and scientific reasons, some countries had started beating the drum of toxicity of Mercury. Of course, they are genuine and in service of humanity till they are showing concern with environmental contaminations due to exposure to mercury present in industrial effluent and as air/hydro pollutants.

But, conflict of interest initiated when these groups demand a blanket ban on medicinal applications of Mercurial medicinal compounds.

Therefore, considering all factors all mercurial medicinal compounds which are compulsory for good health of humanity and may be served with the genuine therapeutic application should be permitted as a prescription medicine in boundaries of laws of the land.

Ministry of AYUSH, Government of India has notified some particular parameters for medicinal uses of mercurial compounds on accounts of its quality, safety, and efficacy.

Although at a first appearance, the trans-Himalayan region might look barren and lifeless, but it is home to thousands of plant species with large numbers of plants with high medicinal and aromatic value. The plants of Trans Himalayas come under alpine and high alpine zones with the domination of annual and perennial herbs followed by few bushes. The vegetative growth starts in the month of April with the melting of snow, it is on its full bloom in the month of July August and starts disappearing by the end of September. Ladakh is the major constituent of Indian Cold deserts and it is also referred as Trans-Himalayas. The cold desert regions covering 16% percent of landmass of the universe are confined to high altitudes and circumpolar regions of the world; it is known for its difficult environment, snow capped mountains, daunting heights and characteristic landscapes and cold climatic conditions.

National Research Institute for Sowa-Rigpa, Leh has been conducting extensive medicinal plants surveys in all the major valleys of Indian cold desert from last twenty years. Around 1,100 plant species have been recorded from these surveys, out of which 525 plants species are known to be used in various prevailing medical systems of India and folk traditions. Beside their medicinal use, local people have been using these plants for fuel, fodder, food, incense and other socio-cultural purposes. The surveys and studies found that many of these plant species are rapidly degrading due to unscientific over exploitation, change of ecosystem and other human interference and in need of conservation. The inaccessible, remoteness and harsh climatic conditions have provided Trans-Himalayan plants with a naturally safe environment and their usage was restricted only within the community until recently. However, the expansion of roads and increased populations have exposed this herbal wealth and brought about commercial interest. The issue of conservation and cultivation of wild plants was not a familiar concept to the trans-Himalayan people. But under the present circumstances, without an appropriate action for conservation and sustainable utilization, the status of the wild plants becomes further threatened. The CAMP workshop organized in Kullu, Himachal Pradesh by the Foundation for Revitalization of Local Health Traditions (FRLHT), Bangalore in April 1998 assessed 42 plants of Jammu and Kashmir and Himachal Pradesh which further reveals the critical status of trans-Himalayan plants. To address this issue, the National Research Institute for Sowa-Rigpa had started some programs initiating conservation and sustainable exploitation of Trans-Himalayan plants to provide an ecologically sustainable, socially acceptable and economically equitable production and utilization system.

At first step we started education and awareness programs through various seminars, meetings and workshops to sensitize various stakeholders towards the status and conservation of plants. Amchis (Traditional healers), Community representative, Government and non-Government agencies, research institutions and the forest department have been actively involved in the activities. Due to these efforts, today conservation is a familiar topic to every Amchi and the local population. Small scale cultivations of a few plant species has been started by the government, non-government organization and individual Amchis. The matter of in situ conservation has been taken up with local authorities and few biodiversity hot spot sites have been selected with the help of local experts and Amchis for In-situ conservation of plants. We are also engaged in developing sustainable harvesting techniques and sustainable harvest levels for individual species and in training local community and Amchis. The National Research Institute for Sowa-Rigpa, Leh has also initiated a project for establishment of high altitude medicinal plants garden at 10 hectares of land. 30 medicinal plants have been selected for propagation and cultivation studies based on their utility and threat status.

Beside medicine, the demand for Himalayan plants for cosmetic use, food & beverages and drug industry is rapidly increasing day by day worldwide, the increase popularity of traditional herbal medicine and herbal product is creating a rapid expanding market for both crude drugs and compound preparations. While we may welcome the growth of traditional medical systems and herbal



Although at a first appearance, the trans-Himalayan region might look barren and lifeless, but it is home to thousands of plant species with large numbers of plants with high medicinal and aromatic value. The plants of Trans Himalayas come under alpine and high alpine zones with the domination of annual and perennial herbs followed by few bushes. The vegetative growth starts in the month of April with the melting of snow, it is on its full bloom in the month of July August and starts disappearing by the end of September. Ladakh is the major constituent of Indian Cold deserts and it is also referred as Trans-Himalayas. The cold desert regions covering 16% percent of landmass of the universe are confined to high altitudes and circumpolar regions of the world; it is known for its difficult environment, snow capped mountains, daunting heights and characteristic landscapes and cold climatic

**PS-19**

**Materia Medica of Tibetan Medicine: Diversity,  
Identification And Classification And The Method Of Checking Quality**

**SPEAKER**

**Dr. Tsultrim Kalsang**  
*drkalsang70@gmail.com*

The diversity of Tibetan materiamedica is great extending, and is spread across Tibet and its neighbors. The Shel Gong Shel Phreng text (AD 1725) (Compact Crystal Rosary) by the great renowned Tibetan scholar and physician DeumarGeshe Tenzin Phuntsokcomprises more than 1,000 medicinal plants. A Flora of Xizang, the Tibetan Autonomous Region of Tibet, researched by a group of Tibetan physicians and scholars, found more than 6,000 plants stretching from the north to Mongolia and beyond, and eastwards to Sichuan and Yunnan, north-west to Ladakh, and north-east towards Nepal and the Trans-Himalayas of India. The ancient physicians of Tibetan medicine had the great fortune to enjoy the use a virtually inexhaustible wealth of plants species for the preparation of their drugs.

Hidden features of Tibetan Materia Medica, the Tibetan physicians using their senses, instinct and intuition and accumulated knowledge has guided to discover remedies for common ailments from local environmental sources. In the past, Tibetan physicians have gained knowledge of medicinal plants through experiment and observing the behavior of animals. The classical materiamedica text explained that, 20 medicinal plants (ChedJor- is a name given on basis method of treatment) are based on behavior of animals for the treatment of 20 kinds of wounds(ChedJor), finding the method of treatment efficacy came through observing the behavior of animals. This method of treatment is highly regarded as supreme of medicine and secret medicinal plants.

According to Tibetan medicine, there are different ways of classifying Tibetan materiamedica, based on different schools of thought, regions and scholars. However, rGyud-bZhi, the fundamental Tibetan medical text, classifies Tibetan medicinal plants group based on their nature, potency, properties and qualities. They are classified in three broad groups. 1. Minerals materiamedica, 2. Animal materiamedica, and 3. Plant materiamedica.

Regarding quality of process of medicine, the most important is correct identification of medicinal ingredients and to avoiding any mistake in identification of medicinal ingredients. It is vitally important that compounding of medicine is done strictly according to medical texts, transforming the nature of substances for easier digestion, using detoxification processes, the purification of raw material and good hygiene, and uniform dosage of medicine without fungi and bacteria and free from damaged by insects or worm. The medicine should be good qualities assurance that would be significantly affect the healing potency of medicine.

In this modern scientific time the quality of the products of traditional medical systems are subject to a set of stringent scientific measures, irrespective of their relevance and suitability. In this cases where the products are subjective to quality control measure under the international Good Manufacturing Practices (GMP) criteria, a multitude of obstacles and problems are encountered.

Whereas the traditional ways of ensuring ingredients quality standard by the experienced physician is based on method of assessment as prescribed in the standard, authentic relevant medical texts, including core factors such as shape, colour, essential

oil nature, taste and smell, further examination through processes such as cutting, grinding, burning, soaking and weighing. If we are able to combine traditional method and modern quality control, then we might establish a standard principle to carry out quality control tests. Thus we can integrate traditional and modern science, which brings more precise and standardized medicine.

**PS-20**

### **Practical Application of Sowa Rigpa Pharmaceutical**

**SPEAKER**

**Dr. Dorjee Damdul**  
*onpodordam@yahoo.com*

There is no such substance which is devoid of medicinal value, but the effectiveness and proper response depend upon the standardization or quality of the medicines prepared by the pharmaceutical units. The standardization of the medicines is much more important than the skilled Physician and the intelligent attendant. It is almost sure that the accurate prescription of the physician and care of the attendant could not relieve the patient unless the medicine is standardized. Therefore medicinal identification, proper collection, proper storage, detoxifications, authentic pharmacopoeia and the procedures of the manufacture are very essential for preparation of standard Medicines.

**PS-21**

### **Principles and Practical Application of Tibetan Medicine in a Western Context**

**SPEAKER**

**Dr. Lobsang Tsultrim**  
*amchilobsang@yahoo.com*

The Tibetan Medical System is one of the world's ancient sciences and it is called *Sowa-Rigpa* – Knowledge of Healing. It is widely practiced in Tibet, India, Nepal, Mongolia, Russia, and in many places in Europe and the US. Tibetan doctors are invited to various places for consultations, conferences, seminars and exhibitions. The need for Tibetan Medical practitioners is ever increasing.

In exile, Men-Tsee-Khang of His Holiness the Dalai Lama, Dharamsala; Chagpori Tibetan Medical Institute, Darjeeling; Department of Sowa Rigpa, Central Institute of Tibetan studies, Sarnath and Central Institute of Buddhist Studies, Ladakh are the prominent institutes in India which are authorized to teach and uphold the tradition of Tibetan Medicine. These institutes are registered under the Central Council of Tibetan Medicine, Dharamsala, India.

Over 315 qualified Tibetan medical practitioners have been registered under the Central Council of Tibetan Medicine, Dharamsala. As of the past few years, there are a number of private Tibetan doctors in Europe, Canada and the US, with whom westerners can have a consultation or receive *Kyu Ney*-Tibetan massage, as well as study Tibetan medicine.

#### **Registration under Professional Organization:**

Without losing the principles and wisdom of Tibetan Medical knowledge, it is important to follow the laws and regulations of the country where one resides, if one wishes to work legally. The practice must be registered (Tibetan doctor) under the umbrella of one of the professional organizations, such as Alternative or Natural medicine. One must fulfill the requirements, such as obtaining your diploma, acquiring experience, and receiving a degree equivalent to HBO (higher professional education), which is required by the above organizations. Unfortunately there is no Tibetan medicine council in Europe at this moment.

#### **Registration of Tibetan medicine under the organization of safety food and consumer products:**

The entire list of products made in the EU or imported should be registered under the above organization in Europe. The



requirements regarding manufacture and quality control of the products should be officially recognized. In general, the quality, safety and efficacy of the herbs have the highest priority.

#### **Insurance of the practice:**

It is obligatory that the practice as well as the Tibetan doctor should be insured. This will benefit the patients by allowing them to be reimbursed by the insurance company for a percentage of the consultation costs, as well as ensuring a safe situation for the doctor.

While following the legal rules and laws, one should maintain a good contact with patients as well as with their doctors. Cooperation with medical doctors and alternative practitioners will support and benefit both the patient and the Tibetan doctor. Tibetan Medicine plays an active part, along with other medical systems, in the service of humanity. Tibetan treatment can be combined with other treatments as long as the instructions are properly followed.

### **PS-22                      The Management of Malposition and Malpresentation (Through Sowa Rigpa and Modern Medicine)**

**SPEAKER**                      **Dr. Passang Dolma, MD**  
kasarakyi@gmail.com

The term "*Go Jug Log Pa*", literary means upside down or abnormal position of anything. In Sowa-Rigpa treatises such as *Gyudshi's third Tantra*, *Budon Ma*, *Tsang Toe Zinthig & Yangthig* and *Chalag Choe-gyed* and in its Obstetrics chapter, when it says *Go Jug Log Pa*, then it is referred to Malposition and Malpresentation of the growing fetus in the womb.

The types of *Go Jug log Pa* mentioned in these texts are; Footling presentation, Breech presentation, Transverse lie, Compound presentation, Face presentation etc.

These treatises elaborate in details about the management or correction of these abnormal positions so that normal birth can take place easily. It even discuss about the surgical procedures in a condition when fetus dies in the womb when *Go Jug log Pa* is unmanageable.

When we make comparative studies between modern medicine and centuries old Sowa-Rigpa, regarding the *Go Jug Log Pa*, we came up with some similarities between these system of medicine. The Modern Medical system elaborates in details whereas Sowa-Rigpa is more condensed regarding *Go Jug Log Pa*. The most incompatible one is the treatment part.

In this presentation I would like to go into details of *Go Jug Log Pa* and its management through both the system of medicine i.e. Modern Medicine and Sowa-Rigpa.

### **PS-23                      Management of Evil Spirit Disorder རྩེད་པོ་ལྷ་མོ་ལྷ་མོ་ According To Bum-Bzhi Text**

**SPEAKER**                      **Dr. Passang Topchen**  
dr.passangt@gmail.com

According to Sowa Rigpa, disturbance and harm to our natural environment can be the cause of diseases. Traditional Bon and Tibetan culture, believe that pollution and destruction of the environment such as the mistreating of rivers, lakes, oceans, trees (forests) and stones (hills or mountains) create a negative impact within these Natural Spirits, which turn then against mankind, causing for ex. emotional issues, mental problems, infectious diseases and energetic problems, including diseases within microorganisms. Sowa Rigpa does not separate microorganisms, such as viruses, bacteria and fungi into categories. However Sowa

Rigpa describes cause of disease by harmed Natural Spirits that cause problems in microorganisms, which therefore develop as fungal, bacterial and virus issues, and can manifest as very harmful to our mental, energetic and physical diseases. Injury of these natural spirits can also cause fatal problems for example; skin disease (e.g. leprosy), neural disease (e.g. epilepsy) and other diseases such as heart attack, sudden stroke, acute pain etc. Bon Po practitioners diagnose and differentiate mainly according to nature e.g., the elements, symptoms, colors, etc.

There are five major and one minor (the effect on children) classifications of injured Natural Spirits (or བརྟན་). Natural Spirits are good and positive and protect nature. They reside in springs, rivers, lakes, oceans, forests, hills and mountains etc. They are injured when their tranquility is disturbed due to pollution or diversion. For example, air pollution, river pollution, the excessive cutting of trees, digging in hills or mountains and the excessive use of chemicals, which disturbs their natural harmony. Treatments used to restore harmony are Bon rituals, natural herbal remedies, acupuncture and Moxa.

(Sickness caused by evil spirits or demons བརྟན་པོ་ I call it injured Natural Spirits)

## **PS-24                      The Knowledge and Its Elemental Theory of Illness Astrology in Tibetan Astro-Science**

**SPEAKER                      Dr. Jampa Chopel**  
*jamchoes@gmail.com*

As per directives given by the organizing committee in the context of above topic, there are many diagnostic methods and we can't explain all in detail. In brief, as per Sowa-rigpa literature, it shows three diagnostic methods which is widely quoted. Likewise, in Conventional Dependent Origination of Tibetan Astro-science, there are many methods in dealing sentient beings' pain and pleasure. As mentioned above, Tibetan Astro-Science methods does not touch consultation and touching process but, in relation to questioning. Thus, this explanation of Astro-Science binds under question category. In Tibetan Astro-Science itself, it describes many diagnostic ways in both the Elemental astrology and Vowel appearance. For instance, in 'Moon Rays elemental astrological quintessential instruction': 'Due to cause of elemental reaction and conceptual produces mixed illness with torment or for the newly born infant A19 pebbles are placed.' Again in the same text: 'Further retrogression year sign, eight trigram, magic numbers weekday illness and demon causing disease etc. can be learnt through extensive literatures.' And in the Pine Tree astrology: there are manifold methods. 'The final astrological heading, the present process of pebble application, to the four magic numbers of the present year's Life, Body, Power and Luck.

The result of patient's changeable Life magic number etc. and can find the method through their corresponding.' Likewise in Amdo region of Tibetan province, there is a special usage of 13 circulation methods, 30 Chinese and Tibetan Astrological heading. The serial no. 13 is the method of analyzing impact of harmful spirit astrology. It is through black vulture should be done through Water-Tiger and Water-Rabbit. The 15 is duration of patient's illness through rest state of patient from Fire Horse and sheep. Likewise, there are numbers of diagnostic methods through elemental astrology. In Vowel Appearance also, there are countless methods through 12 ascending procedure, illness related astrology. Similarly, through weekdays, lunar mansion and inhaling and exhaling. Daily 'tithi' table and so on. Also in Effective Astrology, one of the leading astrology is eight fairies astrology. This correlates with weekdays, 'tithi' and other daily components. These are all in the form of conventional dependent origination explains through trigram and magic numbers etc. Weekday and lunar mansion etc. impact is not similar to all the sentient beings, but there are several other processes to interpret it properly.



## SPEAKER

**Dr. Tsultrim Kalsang**  
*drkalsang70@gmail.com*

Tibet is one of the most environmentally strategic and sensitive regions in the world, Tibet is referred to as 'The Third Pole' and 'The Water Tower of Asia', which reflects the significance of its snow-capped mountains and its alpine grasslands and pasturelands. Since time immemorial, the plateau holds the Hindu Kush Himalayan Ice Sheet, the largest ice mass outside the two poles. Its plateau contains more than 45,000 glaciers covering an area of 105,000 km<sup>2</sup>.

The panoramic scenic beauty and cultural diversity of the people living in the Himalaya make the highest mountains range on earth unique both ecologically and culturally. The people living in the Himalayas belong to diverse geopolitical zones such as Tibet, India, Nepal and Bhutan.

Tibet and Trans-Himalaya is rich in medicinal plants, In general, the diversity of medicinal plants on earth is so vast and abundant that one cannot imagine it will ever be exhausted. We realize that Mother Nature provides enough remedies for solving various ailments which exist on this planet, but it will not tolerate self-indulgence. Tibet and Trans-Himalaya is home to many of flora and fauna adapted to the alpine temperate climate or cold climate and high elevation regions, and it is rich in biodiversity of flora and fauna coexisting in peace and harmony for centuries in their natural habitat without hindrance by modern disturbances.

Climate change impacts in Tibet are vast and it affects almost everything from the disappearance of certain native plant species to the melting of glaciers. Scientific research states that the whole of the Tibetan Plateau is heating several times faster than the global average. With this heating, it creates a ripple impact throughout the Asian continent, starting from glacial meltdown, permafrost degradation, desertification, drying up of wetlands and the subsequent climate feedbacks.

Wetland as carbon sequesters throughout the world plays a pivotal role in recharging the aquifers in the arid and semi-arid regions of the world. Wetlands in Tibet play a major role in regulating the flow of rivers and also are the major carbon stores. They act like a sponge, absorbing water during the summer when the water is in excess and releasing it in the winter when the runoff is short.

Degradation of Himalayan plants is caused by the following factors: Unfortunately, much of the flora and fauna existing in the alpine temperate and high altitude regions as well as lower tropical and sub-tropical vegetations is decreasing due to deforestation, over-exploitation, unseasonable weather events, pollution, over grazing, fire, floods, drought, disease and destruction of habitat because of industrialization, urbanization, roads and water reservoirs constructions. The consequence is that some important and valuable medicinal and aromatic plants are becoming rare, endangered and scarce in their natural habitat.

Impacts of climate Change on People's livelihood in high regions, the subsistence of people living in high altitude regions is based on some cash crops such as wheat, barley, mustard, and pea and potato, beans and radish, fruits such as apple, apricot and walnut. They also grow medicinal plants such as *Sassurealappa* and *Inularacemosa*. Despite the harsh climates they very much depend on these resources. In recent years, these local communities are facing lots of challenges in their livestock and livelihoods due to climate changes and global warming threatening their survival. Another the important factor which leads to depletion and less plant species in alpine regions are tourism, trekking parties This is based on my book on Cultivation and Conservation of Endangered Medicinal Plants.

## SPEAKER

**Dr. Ganzorig Dawaa-Ochir***ganzorigd@yahoo.com*

The article discusses legal status of institutions and specialists of Tibetan medicine in Russia, and its integration into national health system. The term of traditional oriental medicine in Russia comprises the Tibetan medicine as well. In official documents it is referred as a "Traditional (complementary) medicine", according to federal law № 323 "On the Fundamentals of Health Care of Citizens in the Russian Federation". This document doesn't permit distribution and import of medicines based on Tibetan formulas; the traditional methods of treatment and diagnostics are not included in the medical standards, therefore they are not covered by insurance; there is no educational program of a doctor of traditional medicine. Exploring the activities that are carried out to address these problems, I demonstrate joint efforts of politicians, scientists, doctors to manage the major complications of traditional medicine in Russia.

A study of the activities of Alexander and Peter Badmaevs on promotion Tibetan medicine in the 19<sup>th</sup> – early 20<sup>th</sup> centuries leads me to conclusion that they dealt with the similar problems that still exist in modern Russia.

**Keywords:** Tibetan Medicine, Oriental Medicine, legal status, Russia.

## SPEAKER

**Dr. Nyima Tsering***nyimatsering@gmail.com*

Nepal is regarded as the land of precious herbs. The Himalayan foot hill is covered by rich medicinal plants, which have wondrous properties in curing many ailments. The peaceful country of Nepal is in urgent need to reduce incidences of disease, which are at the stake of "Emergency". In order to improve overall Health and Hygiene condition, it is the responsibility of every individual and health care sections of the country. Nepal is a developing country and low socio-economic status nation. Our country has become the victim of infectious diseases, nutritional disorders, metabolic problems, and chronic diseases, those must be brought under control by educating basic hygiene methods. All the more, infectious diseases like HIV, STD and Tuberculosis are on the rise, which need urgent "Health Precautions and Remedial Education" to be provided to the community. Likewise, non-communicable diseases like metabolic disorders, cardiovascular, neoplastic and mental health problem are also increasing at an alarming rate which has become a huge social concern to be noted. Due to humans' greed, our natural environment gets greatly affected by causing Global warming, which caused the most devastating health problems of this world. Sowa-Rigpa plays a vital role in the conservation and preservation of Global Climate change and Environment.

The concept of Sowa Rigpa is to maintain the inner and outer 5 elements in helping to resolve the biggest issue of global climate change in general and chronic cases like metabolic disorders and cancers in particular. Furthermore, the external therapies of Sowa Rigpa medicine can help many local people who are living in remote hilly areas where medical access is not accessible. It was rightly quoted and predicated by YuthokYontenGonpo, Father of Sowa Rigpa Medicine, since 12th Century, that, "My wish is that Sowa Rigpa would spread like the infinite expanse of the sky in order to benefit all sentient beings." In order to keep alive the hopes and aspiration of the Great Father of Sowa Rigpa Medicine, on the date of July 31, 2016, the History was created by establishing Sowa Rigpa International College, Nepal, which came into being under the affiliation of Lumbini Buddhist University, Nepal. This renowned newly established College has initiated Bachelor of Sowa Rigpa Medicine program. The curriculum has been designed



after extensive discussion among various learned physicians, professors, and lecturers after extensive review. Sowa Rigpa International College of Nepal is the Learning Temple, whose door is wide opened for the continuous flow of great learning scholars from all over the world. It is the right place to keep the main stream of Herbal Sowa Rigpa Medicine, flowing from generation to generation like perennial rivers. And this is the stepping stone for the establishment of Sowa Rigpa Council in Nepal under the government of Nepal.

**PS-28**

**Sowa Rigpa : Yuthog Nyingtik and its significance to its practitioners**

**SPEAKER**

**Dr. Nida Chenagtsang**

[www.sorig.net](http://www.sorig.net)

*The Yuthok Nyingthik (The Heart-Essence Drop of Yuthok)* was transmitted to Yuthok Yonten Gonpo in the twelfth century by the dakini Tsoomo Palden Treng ('The Chief Goddess Glorious Garland/Rosary'). It was then taught to Yuthok's heart-son Sumton Yeshe, who made notes based on Yuthok's direct oral instruction. After this, Yuthok edited these himself and (it came to ) comprise a complete dharma-cycle. It is called in full *'The Heart Essence of Yuthok, the Sunlight of Compassion, the Dharma-cycle of the Blessings of the Practice of the Guru that dissolves all Suffering and Darkness'*. These days, the Yuthok Guru sadhana cycle is widely known for its inclusion in the *'Nectar of Good Qualities'* from the Mahayoga cycle of teachings in the *Rinchen Terdzoe* [tge 'Treasury of Precious Termas', The collection of revealed scriptures assembled by Jamgon Kongtrul Rinpoche in the late 19th century]. The entire Dharma-cycle of all of the assorted (magical) ritual procedures, medicine empowerment rites, Creation and ('Iron Mountain'), Drophen Ling ['The Center for Benefiting Beings', the traditional Tibetan medical institute established in Lhasa by the regent of the Great Fifth Dalai Lama, Sangye Gyatso in 1696]. In accordance with the wishes of the great medical professor Gojo Wangdu, and after obtaining authorization from the great and esteemed scholar Troru Tsenam, the Ngakmanh Shipjook Khang or Tantric Community Research Institute typed up copies of the Chagpori set for the first time and everyone was able to see it.

In Yuthok's heart-son Sumton Yeshe's hymn or words of offering we read:

"This guru sadhana of the definitive meaning of the Highest (Yoga) Tantras is the blessed oral lineage that is not known to all. It is the path bestows Buddhahood in one lifetime, it is unadulterated by the admixture of individual fabrications or mental assumptions."

The uncommon significance or twelve special characteristics of this oral lineage, of what Sumton Yeshe describes as 'the guru sadhana which is the definitive meaning of the Highest Yoga Tantras' will be explained as follows:

1. (It brings) blessings quickly
2. It's easy to accomplish
3. It's simple and convenient
4. It's comprehensive (i.e. it includes all the essential points)
5. It's connected with medicine
6. Its sequence of practice is clear
7. It's non-sectarian in its doctrine
8. It's of an appropriate or convenient length
9. It's timely
10. It's (capable of) 'taming' (i.e. spiritually/morally/mentally refining) anyone
11. It's a set of instructions without equal
12. It condenses the ultimate meaning and all of the essential points of the Buddha's teachings

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## ABSTRACT OF PAPER PRESENTATIONS

(Full Paper is available at [www.tibmedcouncil.org/ictm/](http://www.tibmedcouncil.org/ictm/))

PP-1

### Historical Background For Tibetan Medical System in The Republic Of Tuva (Russian Federation)

SPEAKER

G.B. Kopeliovich<sup>1</sup>, L.A.Pavlova<sup>1, 2</sup>

<sup>1</sup>I.M.Sechenov First Moscow State Medical University, Russia, [labioact@gmail.com](mailto:labioact@gmail.com)

<sup>2</sup>Tuvian State University, Russia, [l-a-pavlova@gmail.com](mailto:l-a-pavlova@gmail.com)

Republic of Tuva is located in the central part of the Asian continent. Its total area is about 170,500 square kilometers, of which 82% are mountains. The republic spans three climate zones: dry-steppe Tuvinskaya, semi-arid Ubsu-Nurskaya (on the border to Mongolia) and taiga-covered Todjinskaya and Tere-Holskaya areas. This varied climate results in a diversity of soil and vegetation cover, promoting development of traditional Tibetan medicine in the Republic. Plants growing at high altitudes under rich insolation tend to accumulate more biologically active substances than their peers in the valleys. This situation was found to be of importance to oriental medicine theorists and practitioners.

Researchers identify two periods in the development of medicine in Tuva. In the pre-Revolution period, the republic was dominated by traditional Tibetan medicine and magical medicinal practices. Tuva's residents commonly used phytotherapy methods, applying medicinal herbs growing locally. Scientific medicine was not known almost until the end of the 19<sup>th</sup> century. Russian travelers and researchers that brought first-aid kits with medications during their journeys. Researchers note that no Russian or European medic had visited UraňhaiKrai before 1913. The first clinic opened on April 20, 1913, with the arrival Anna Mikhailovna Safianova, a graduate of the Medical Department of Tomsk University. She became the head of Turansky medical station, the first European-type medical institution to serve patients.

The second phase in the history of healthcare in Tuva started in 1928, with the resolution of Healthcare Commissariat of the Russian Soviet Federal Socialist Republic to send a brigade of doctors to the republic to provide medical services to local residents, and later building comprehensive healthcare system. The situation with traditional Tibetan medicine specialists also started changing at that time. In the first years after the Revolution, the first Constitution of Tuva People's Republic declared freedom of religion, which increased the number of monasteries. Only 22 monasteries operated in Tuva before the Revolution, but many more hurees were built later. In absence of the European medicine, treatment and disease prevention functions were mainly performed by lama healers living in the monasteries. The number of such healers can be estimated from the fact that of the 33 delegates representing all hurees of Tuva at the Pan-Tuva Lama Congress, 9 were emchi-lamas. Since 1930 the situation in the Republic started changing rapidly. In October 1930, the VII Congress of the Great Khural of Tuva passed the Republic's fourth Constitution, which proclaimed socialist development of the country. According to the document, lamas, shamans, and orthodox priests lost their electoral rights. Religious leaders were prosecuted in TPR. While the number of lamas in Tuva in 1929-1930 was 2,200, by 1936 only 594 remained. The third stage can also be identified, starting in 1980ies and characterized by national and cultural revival peculiar. Neo-shamanism was actively restored, folk healers became abundant again, specialists in traditional Tibetan medicine reappeared.

Currently the interest in traditional Tibetan medicine in the Republic of Tuva is growing again.

Tibetan medicine exists in two versions. The first one is the traditional Tibetan medicine, the way it is taught at specialized educational institutions or huree. Most often doctors practicing traditional Tibetan medicine graduate from Medical and Astrological College at Dharamsala. To some extent, Tibetan medicine seems to be open to the use of modern biomedical developments. While maintaining its holistic approach, in certain aspects reductionism of modern biomedicine has penetrated the traditional Tibetan medicine (TTM). This is especially visible in the vocabulary of the doctors, who explain the nature of diseases to

the patients in modern biomedical terms.

The second option of Tibetan medicine existing in the area is more appropriately called Tuva-Tibetan medicine, and it relates to the continuous transfer of TTM knowledge in Tuva since the 18<sup>th</sup> century. Until 1928, Tibetan medicine had an official status in UraňhaiKrai. In his memo doctor A.P. Preobrazhensky wrote that the Ministry of Internal Affairs had registered 235 practicing lamas; however, the actual number was much higher. Even though the lamas used methods of traditional Tibetan medicine, they also contributed greatly to the prevention of small pox by performing vaccination. Despite Preobrazhensky being very skeptical about the lamas' medical skills ("Tibetan medicine, already based on mysticism, largely turns into sorcery in the hands of local lama doctors"), he gives an important indication that most lamas were trained not in Mongolia or the Tibet but in the local monasteries, learning the healing methods from their ancestors. The recipes of medical preparations were modified to use local plants. Since medical operations of the Buddhist followers, based on the common foundation of traditional Tibetan medicine, was adapted to the local traditions that emchi-lamas learned in their new habitat, it would be logical to say it was synthetic in nature and open to any new form of cultural and medical practice.

Studies of the modern local variations of TTM (Buryatia, Mongolia) show that each region practicing TTM had its own set of medications, and therefore its own specifics of theoretical and literary activities. Since 2008, employees of the Medication Development and Pre-clinical Trials Laboratory at the Federal State Educational Institution "Sechenov First Moscow State Medical University" have been studying the ethnic medicine of Tuva's people. Field research has shown that several monasteries providing medical assistance to the local population were operating in the area before the 1930ies. Toora-Hol settlement in Kyzyl also had several hospitals with doctors practicing Tibetan medicine. Artifacts were documented in 2015 that belonged to one of the last Tibetan doctors – Homushk Kenden-Surun (1916-1981), who had to leave to IvolginskyDatsan in Buryatia right after World War II, where he was eventually killed in 1981. He returned to Tuva every year, collecting and preparing medical herbs and secretly treating patients.

In 2016, students and staff at Tuva University conducted field research at the location of Koop-Sooksokoehuree – the center of medical thought in Tuva in the first third of the 20<sup>th</sup> century. Currently the huree has been reproduced, however at a much smaller scale, by KogelSaaya, stone carver and a member of the Union of Artists of Russia. Material assets and other information held by OorzhakBoydu, the disciple of a famous healer and the last abbot of the Koop-Sook huree, TulushChamdyylai (1889-unknown). The lab employees compared the list of plants used in Mongolian version of Tibetan medicine, against the plants growing around the huree. More than 40 items were matched in the two lists.

## **PP-2 Treatment Of People Infected With Chronic Hepatitis B + Delta With Tibetan Herbal Pills**

### **SPEAKER**

**A. Saryglar**, *infeksiatuva@mail.ru*

**D. Uvanchaa (Sherchin-emchi)**, *sherchin@mail.ru*

According to the WHO, 15 mln people suffering from Hepatitis delta virus (HDV) are registered all over the world. The problem of the infection under discussion remains of utmost relevance for the practical health care of Russia. Morbidity rates in the Tyva Republic continue surpassing the All-Russian one. Studying Hepatitis delta virus has become a social objective, because the virus damages working population, causes disability in some cases, and the long-term treatment of people infected with Hepatitis delta virus is costly to the state's budget. Taking into account the fact that Hepatitis delta virus is often followed by serious or chronic liver disease, chronic active hepatitis and hepatic cirrhosis, patients hardly responds to treatment with conventional anti-viral medications. The high costs of the therapy of such patients make clinicians consider the plausibility of other treatment tactics. The treatment of Hepatitis delta virus attracts researchers' attention in many countries. The research is devoted to the treatment of people infected with chronic hepatitis delta with Tibetan herbal pills.



## SPEAKER

Nashalla G Nyinda Menpa  
tibetandactor@gmail.com

Fibromyalgia presents a myriad of symptoms. Therefore pinpointing treatment is challenging and varied in western medicine. I assert this condition primarily falls under the category of *rLung* disorders. Consulting the chapter on wind disease a direct correlation emerges. The root causes of this modern western disorder rest within the causes and conditions of *rLung* itself. Further, due to the chronic nature of this disorder, involvement of other bodily systems often produce imbalances which fall under dual humoral classification. By understanding the pathology, described symptomatology, causes and conditions, locations in the body, and patient sensations, a clear pathology is revealed. Treatment follows guidelines elaborated within the Tibetan medical texts. Specifically, *rLung* disorders attacking muscles, tendons, ligaments or *rLung* 'running in the channels' provides accurate descriptions of and treatment models for this modern western affliction. In this paper, I identify Fibromyalgia pathology and beneficial treatments within the four methods; consisting of diet, behavior, medicine and accessory therapy. I present examples, techniques which produce results, and precautions for preventing secondary disorders.

## OUTLINE FIBROMYALGIA IN SOWA RIGPA

Fibromyalgia presents a myriad of symptoms. Therefore pinpointing treatment is challenging and varied in western medicine. I assert this condition primarily falls under the category of *rLung* disorders. Consulting the chapter on wind disease a direct correlation emerges. The root causes of this modern western disorder rest within the causes and conditions of *rLung* itself. Further, due to the chronic nature of this disorder, involvement of other bodily systems often produce imbalances which fall under dual humoral classification. By understanding the pathology, described symptomatology, causes and conditions, locations in the body, and patient sensations, a clear pathology is revealed. Treatment follows guidelines elaborated within the Tibetan medical texts. Specifically, *rLung* disorders attacking muscles, tendons, ligaments or *rLung* 'running in the channels' provides accurate descriptions of and treatment models for this modern western affliction. In this paper, I identify Fibromyalgia pathology and beneficial treatments within the four methods; consisting of diet, behavior, medicine and accessory therapy. I present examples, techniques which produce results, and precautions for preventing secondary disorders.

Staying within the Third Tantra we focus upon pathology, causes, conditions, classifications, as well as corresponding treatments. The chapter on *rLung* groups a total of forty-eight *rLung* disorders, further broken down. Twenty by type, of which eight are summarized and twenty-eight by location. In fibromyalgia, symptomatology detailed in the *rLung* chapter directly matches many of the documented general signs of basic *rLung* conditions. *rLung* itself is very pervasive, enters through all five possible entrances or pathways. It shows symptoms directly on skin, muscle, bone, ligament and runs through the channels. This you see in cases of fibromyalgia.

Having firmly linked and established the connection between wind *rLung* diseases and fibromyalgia symptoms the logical question becomes, what Tibetan Medicine methods benefit this affliction? I believe the healing methods of Tibetan Medicine are totally self-sustaining. Integration of Sowa Rigpa as an adjunct therapy is accomplished by teachings and using direct observation. As patients experience decrease in symptoms, they increase compliance to protocols of diet and behavior. Understanding even in rudimentary ways how one's own body and mind relate to disorders, which foods harm or help creates increased symptom relief. This creates commitment from patients to additional protocols, such as medicines and external therapies only serving to increase desired stabilization and reversal of acute and chronic conditions.

In conclusion, fibromyalgia is classified as *rLung* natured disorder. It can blend with either heat of *mKhrispa* and inflammation, or earth and water's heavy, cool and sticky conditions of *Badkan*. In the Tibetan system it is best managed through proper diet and



behavior known to reduce and eliminate excess, deficiency or perverse levels of *rLung*. Teaching patients which foods and behaviors harm and increase symptoms aids in restoring vitality. Engagement and inspiration to relate with basics of the Tibetan medical system is helpful in creating a relationship with patients willing to actively work towards management of their symptoms. The body and mind connection can be further enhanced with yogic breathing exercises and vagus nerve breathing during meditation to decrease inflammatory responses.

**PP-4**                      **Traditional Tibetan Medicine As An Ancient Personalised Medicine  
And Its Relevance In The Modern World**

**SPEAKER**                **Dr. MD Yulia Yusipova,**  
*jusipova@gmail.com*

More and more scientific discoveries are happening in the world, more and more we learn about ourselves new at the microscopic level, but at the same time we lose the sense of integrity.

The world is changing, and medical approaches are changing. If a hundred years ago the main cause of death was infectious diseases, now it is cardiovascular diseases and oncology, which is in fact the outcome of chronic sluggish diseases.

Now we already know what genetics and epigenetics are. Genetics suggests the development of a disease, and epigenetics allows to develop or not develop the disease. Now we know that through the changing the way of life, physical activity, nutrition, stress level, we can reduce the likelihood of negative genes. Having deciphered the human genome, we have access to a unique code through which we can try to manage our health and even life expectancy.

Proceeding from the postulates formulated in 2008 by the American biologist Leroy Hood, the whole world learned about the main criteria of modern medicine. Modern medicine must be predictive, preventive, personalized and participatory. If we study the theory of Tibetan medicine and approaches to the treatment and prevention of diseases, then we can find all these criteria in traditional Tibetan medicine. So the predictive value of medicine is achieved through knowledge of the typology in traditional Tibetan medicine. A large number of works have already been done on the comparison of genetic polymorphisms and some other constitutional types of traditional medicine. In this paper we will review the most interesting data in this direction. Knowing your set of polymorphisms or the constitution, we can talk about the likelihood of developing diseases that are associated with risks for this constitution.

Preventive - immediate correction of the conditions detected as a result of diagnosis. In traditional Tibetan medicine, there is an ancient nutritional and traditional medicine approach to the treatment of various disorders of typological character or resulting of elements imbalance.

Personalization - here the approach is built not only by constitutional type (genetics), but also the possibility of an individual type of balance disorders (epigenetics). So in Traditional Tibetan Medicine some diseases, characterized by the same symptoms, can have a different therapeutic approach. Differentiation of diseases is carried out according to certain diagnostic criteria, carried out through diagnosis of pulse, urine, tongue, eyes, ears and a special method of questioning the patient.

Participation - the patient is an active participant in the healing process, is trained and can independently adjust his state. Undoubtedly, in antiquity this approach was simply a guideline for following the rules. But in the modern world, the possibilities are much broader and we can recommend coaching sessions or schools for patients to more effectively introduce new healthy habits and provide correction of the state during the healing process.

Thus, traditional Tibetan medicine meets all the criteria of modern medicine and can be recommended for use in medical institutions. Moreover, economically this medical approach can become more profitable, since diagnostics does not involve the use of complex laboratory and functional studies and can be recommended for use in screening preventive examination and for the treatment of chronic diseases.

PP-5

**PHILOSOPHY OF HEALING TRADITION IN TIBET**  
(c. 617 A.D – c. 785 A.D)

**SPEAKER**

**MD ASRARUL HAQUE**  
*asrarulhaque25@gmail.com*

Tibetan medicine is a science, art and philosophy that provides a holistic approach to health care, and aims to secure physical, mental and spiritual health of an individual.

According to Tibetan medical science, all kinds of physical and mental sufferings arise fundamentally from *Marig-pa* (delusions). They simply unfold as aftermaths of our own delusions and negative karmic actions prompted by untamed states of mind.

The Tibetan healing science explains that delusion is the root cause of rebirth into the misery of cyclic existence as well as the cause of physical and mental illnesses. Lord Buddha taught, suffering is experienced due to ignorance arising by not recognizing the meaning of selflessness. This inner enemy has no positive qualities at all, it is only to be fought and destroyed. Buddhist philosophy states that only through proper learning and genuine practice of Buddha *Dharma* one can liberate from imprisoned mind to total freedom and true self-realization.

Tibetan medical theory states that the three mental poisons (*Dug-gsum*) which are desire ('*Dod-chags*), hatred (*Zhe-sdang*) and ignorance (*gTi-mug*) arise from the root delusion. Besides these three mental poisons, the primary causes of physical human sufferings are said to be disturbed states of *rLung*(wind), *mKhris-pa* (bile) and *Bad-kan* (phlegm) humours which are also said to be near causes of disorders. The dynamic equilibrium of these functions ensures optimal health. To understand this subject, one has to study the law of Dependent Origination, which can be clearly known through the study of Buddhist law of karma and rebirth. Thus, unless and until we attain an enlighten mind or Buddhahood, we all suffer. Only through the study of mind and its proper training attain *Bodhichitta* and *Bodhisatva* which would lead us to ultimate happiness and physical health.

PP-6

**From Hidden Fever To Silent Inflammation: Translating Concepts**

**SPEAKER**

**Dr. med. vet. Cecile Vennos**  
*c.vennos@padma.ch*

The principles of Tibetan Medicine (Sowa Rigpa) as they are thought and applied in practice till today stem from many centuries ago. These define the frame of reference, according to which the medical texts of Sowa Rigpa - foremost the *rgyudbzh* - describe the different medical fields, among many others - in modern terms- anatomy, etiology of diseases, pathology, pharmacology, dietology and diagnostics.

Tibetan medicine and Tibetan herbal formulas are experiencing growing popularity worldwide and also in Western countries. However, most of these interested people have at best a very limited knowledge of the origins and principles of Tibetan Medicine. This is true for the public and the patients as well as medical professionals and regulators. The Swiss company Padma Inc. manufactures formulas based on Tibetan Medicine since 1969. The production takes place in Switzerland and follows the high quality standards for pharmaceuticals. The experience of almost 50 years show, that to develop a Tibetan formula to a product, that is legally marketable in Western countries a structured translation and transformation process is necessary.



One essential step in this process is, to find a language to explain in Western terms complex concepts from the system of Tibetan Medicine. In the following an example for such a possible translation shall be given and discussed.

The expression of "hidden fever" in Tibetan Medicine relates to multilayered disorder of the three principles loong, tripa and beken. In a hidden fever – as the name implies – there is an excess of tripa in the body or in certain organs, which does not manifest in classical heat symptoms. On the contrary, on first sight the main symptoms suggest a loong and beken disorder. When we look at Western medicine this could be compared to the state of a "silent inflammation". This expression has been used since about 10 years and means a low level inflammatory process in the body, which is chronic and does not lead to the classical signs of fever or inflammation, namely to pain, redness and swelling. However, only in the last few decades the connection of such a low level inflammatory status and many chronic diseases has become known in Western medicine. Now it is known, that silent inflammation plays a role in the development e.g. of diabetes, obesity, atherosclerosis, metabolic syndrome and depression. These in turn show typical aspects of loong-beken disorders.

Western medicine, in spite of slowly recognizing these complex relations, still tends to treat connected ailment or symptoms separately instead of developing coherent treatment concepts. Tibetan medicine however has known the interrelations between manifest long-beken symptoms and the more obscure tripa-disorder since centuries and describes them according to the principles of the medical systems.

This example shows on the one hand, that a translation or at least a descriptive and elucidating comparison and discussion of medical concepts between medical systems is possible, even if the terminology and frame of reference may be very different. On the other hand it shows that a profound knowledge and understanding of both systems is necessary to meaningfully translate ideas and concepts. However, the translation of such concepts is an essential step in the process of making formulas from Sowa Rigpa available in Western countries and thus help patients.

## **PP-7**

### **Tibetan Medicine in The Era of Tsarist Russia**

#### **SPEAKER**

**Svetlana Chojinimayeva**  
*glavred@naran.ru*

#### **The history of the Buryat physician of the imperial family Peter Badmaev**

Traditional medicine of the Buryat people has no written sources. The main features of the Buryat folk medicine are the characteristic for the medical traditions of nomadic peoples, namely the use of mainly external non-medicament means of treatment (bone-setting, massage, rolfing, vacuum therapy ). Historical materials covering the spread of Buddhism and Tibetan traditional medicine date the first information in the middle of the 16th and 17th centuries, linking with the official acceptance of Lamaism as the state religion. Already at the beginning of the 18th century in Transbaikalia there were skilled healers who used the whole range of medicines and methods of Tibetan medicine and had practiced among the population. The first doctors were Tibetan missionaries, they tried to teach their art to students of the Buryat heritage. The first head of the Buryat lamas, Tibetan Aghvan Punzog, was known as a good healer. And the first doctor from the Buryats, whose name was well established, Zhimba Akhaldav, who studied in Mongolia and in Tibet. After him, another well-known Buddhist monk, Lama Damba-Dorji Zayayev, received education in Tibet.

#### **The son of the Buryat steppes - a doctor of the Russian emperor Peter Badmaev**

Tibetan medicine became very popular in tsarist Russia at the end of the 19th century, thanks to two Buryats, brothers, emchi-



healers, Tibetan medicine doctors Sultim and Zhamsaran Badamev. However, more active political, social and scientific activities in the popularization of Tibetan medicine were carried out by Peter (Zhamsaran) Badmaev. Taking advantage of the favorable attitude of the Russian emperor, he made every effort and arranged an unofficial visit of the Dalai Lama to St. Petersburg and a meeting with Nicholas II. Along with this, Peter Badmaev was engaged in charitable and educational activities. He anonymously donated funds for the construction of a Buddhist temple in the northern capital of St. Petersburg. This datsan is now a historical monument and a functioning temple for Buddhist parishioners. In St. Petersburg, near his own house, a sanatorium was built, where patients were treated, and the Tibetan medicines were stored and prepared. After fifteen years of service at the Russian Foreign Ministry, Peter Badmaev left the ministry and gave all his strength to Tibetan medicine. In 1898 he published the first book "Chzhud-Shi" in Russian.

### **The history of the first largest in Russia clinic of Tibetan medicine "Naran"**

In 1989, the history of our clinics began, although the idea of its creation was much earlier. To pursue Tibetan medicine I was motivated first of all by my practice of the classical Western doctor. As a young specialist, talking to patients on a daily basis, I very soon realized that conventional medical education was not enough for more effective treatment of patients, and I began to search for alternative therapies. I studied literature on Buddhism and Tibetan medicine, took over experience from Buryat lamas, emchilamas. Bair Chojinimayev, my brother, also a doctor of Tibetan medicine, supported me in my professional searches. Now our clinic has 8 branches: 4 in Moscow, 2 in St. Petersburg, 1 in Kazan and in 1 Yekaterinburg. In Austria my nephew opened his own practice, which also continues our family business tradition, the doctor of Tibetan medicine Vitaly Radnaev. For the first time in Russia, we began to treat our patients according to the principles of Tibet's medical science: all diseases we divide into two types: diseases of "heat" and "cold." At the heart of the treatment of our patients is the basic rule of the theory of Tibetan medicine regarding the division of people into three groups: these are the types of people who are divided according to the constitutions or dosha (ayurvedic approach), "Wind", "Slime" and "Bile". In 2004, we created the first and only periodical in our country, popularizing the principles and methods of Tibetan medicine - the newspaper "Bulletin of Tibetan Medicine." Our edition comes out with a circulation of 310 thousand copies. The clinic "Naran" in 2013 opened another own informational resource, the purpose of which is the popularization of Tibetan medicine in Russia - the first medical Internet radio "NaranFM". Under the patronage of our clinic "Naran" in memory of my brother and my mother, in Buryatia one of the oldest Buddhist temples of the Zaghostaysky datsan is being revived, the opening of which took place on September 13, 2014. The medical practice of the clinic "Naran" for 28 years has proved the high effectiveness of the methods of Tibetan medicine, the successful results of our patients. Now, combining the knowledge of modern Western and ancient Tibetan medicine, it's possible to create something that will continue on for centuries.

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ཆེའི་རིག་བྱེད་ལས་གསུངས་པའི་མཁན་གྱི་ཡིན་ཏེ་ན་གསུམ་ལ་གསོ་བ་རིག་བ་དང་བསྐྱེད་ནས་ཆ་ཅས་དབྱེད་པ།

SPEAKER

ཉེ་དམས་བ་འཇིགས་མེད་མེ་ལྷ་བ།

jigmedr@gmail.com

དེར་གྱི་དུས་རབས་ཉེར་གཅིག་པའི་ནང་མས་སྒོ་མ་ནི་མིའི་འཕྲོད་བསྐྱེད་ལ་མིན་བ་གནས་བ་དང་ན་བ་གསོ་བ་ར་འདོད་བ་ལ་ཤིན་ཏུ་གལ་ཅ་བ་ཡིན་པས་ཆང་མས་མས་སྒོ་མ་ལ་དོ་སྣང་བྱེད་བཞིན་བ་ནི་སྒྲི་མི་དགོས་བ་ཡིན།དེར་རབས་མས་བ་ཅུད་ཀྱི་བསྐྱེད་བྱ་ལས་(Carbohydrate, fat, protein, minerals etc.) ལ་སོགས་པའི་མས་ཀྱི་བ་ཅུད་རྣམས་ལས་འཕྲོད་བར་བསྐྱེད་བ་དང་མིན་བ་གནས་པའི་མཁན་ལ་འབད་བ་ལྟར་རང་ཅག་གི་དྲི་གསོ་བ་རིག་བ་ལས་མིན་གནས་བ་དང་ནང་ཉེས་བ་གསུམ་དང་ནད་གཞི་བྱེད་པ་སོ་སོ་ལ་ཕན་བའི་མས་སྒོ་མ་རྣམས་རྒྱུད་བཞི་གཙོ་བོ་པའི་སྒྲི་གཞི་དུ་མ་ལས་གསུངས་ཀྱི་དྲུག་ཆེ

དེ་ལོ་ཁྱེད་ཀྱི་ལུས་ཀྱི་འཕྲོ་ལྗོངས་ཀྱི་མི་འཕྲོད་པ་ལྟེན་པ་མི་ན་པ་གནས་པ་དང་ན་པ་གསོ་བར་འདོད་པ་ལ་འིན་ཏུག་ལ་ཅ་བ་འིན་པས་ཚང་མས་  
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 གསུངས་འོད། ཟས་ལྟོ་མ་གྱི་འོན་ཏན་གསུམ་ནི་ལུས་ཅན་མ་ཟད་སེམས་ལ་ཡང་ལན་གནོད་འབྱུང་བ་ནི་གསལ་པོ་ཅིས་འོད། ད་ལན་འདིར་ཆོའི་རིག་ལྟེད་ལས་  
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 རིག་པའི་བར་ལ་དུལ་ལྟར་པ་ལྟེད་ལྟོ་མ་གསུམ་གྱི་ལུ་མ་ཚུ་ལ་དང་དེ་ཟས་དང་འབྲེལ་བ་ལྟེ་ལྟར་ཆགས་ཚུ་ལ་འོགས་པ་དེ་ལྟར་པར་ལུ་པ་ལྟེན་དེ་ལས་གསོ་བ་རིག་  
 པའི་ཟས་ཀྱི་ལྟ་བུ་དང་ལུས་སེམས་པ་ལྟེས་ལ་ལན་གནོད་ཀྱི་ལུགས་ལྟེན་འབྱུང་ཚུ་ལ་དེ་གཏན་འབབས་ཚུ་ལ་ནི་འདིར་དམིགས་ལུ་ལག་ཅོ་པོ་འིན། གང་ཟག་ནད་པ་  
 ཅན་མིན་པར་མིན་པ་གནས་པར་འདོད་པ་ལ་ཟས་ལྟོ་མ་པ་ལྟེན་ཚུ་ལ་ནི་གལ་ཡང་ནད་ཆེས་ཤིང་ཏེ་ཏེ་ལས་ལྟེན་པ་དེ་ལྟར་ཅོ་མ་འདི་པ་ལྟེན་པས་པའི་དགོས་པ་ཡང་དེ་ལྟར་འིན།

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ཐན་གྱི་སྒྲན་རིས་ལས་འབྲས་བའི་མིའི་སྒྲ་སྤྲལ་སྒྲོལ།

**SPEAKER**

ཁྱེད་ཀྱི་ལྟུང་རྩུང་ལ་གཞིགས།

zanamo77@yahoo.com

[illegible]







འགྲོ་བ་མིའི་རིགས་གཙོ་བོ་མེས་པོ་མཆོད་ཀྱིས་ལ་རང་ཆས་སུ་བྱུང་ཅིང་། བདེ་སྐྱབས་དང་ལེགས་ཤེས་ཀྱི་རྩ་བར་གྱུར་པའི་ཐུགས་པ་འདི་མོད་ཁ་བ་ཅན་གྱི་ཐུན་མོང་  
 མིན་པའི་རིག་པའི་གཞུང་ལུགས་ལག་ལ་ཞིག་སྟེ་མོད་ཀྱི་གསོ་བ་རིག་པ་དང་དཀར་ཅིས་རིག་པ་དེ་བཞིན་མོད་ཀྱི་མོན་པའི་རིག་གནས་དང་དམངས་སྟོན་པའི་ཐུན་  
 ར་དུ་ཆེས་རྒྱ་ན་དུ་མ་མོང་རྒྱ་ཡོད་དེ་རྒྱ་དབང་ལེས་ཀྱིས་གཞུགས་མི་རྣམས་པའི་རྣམས་པ་གཞུགས་ཅན་གྱི་དེང་ས་པོ་ལས་དངས་པའི་འབྲུང་ཁམས་ལྷ་མོ་ལག་ཆགས་ཀྱི་རྒྱེ་  
 ས་འབྲང་གུན་གཞིའམ་ཡང་ན་དེ་ལས་གཞན་པའི་རྣམས་པ་རང་ག་བ་ཞིག་དང་། གང་ལྟར་དེ་ནི་དེ་ཅང་རྟོགས་དཀའ་པའི་གསར་བ་ཞིག་ཡིན་པ་གཤོན་མི་བླ་དེ་  
 བས་མཁས་པ་རྣམས་ཀྱིས་ཐུག་དང་དེའི་ངོ་མོ་ཐུག་ནས་ངོས་འཛིན་སོགས་ལ་འབྲེལ་ལུགས་མི་འདྲ་བ་དུ་མ་བྱུང་ཡོད། ལྷ་བས་འདིར་རང་ཉིད་ཀྱིས་ཀྱང་ལྟ་རབས་  
 མཁས་པའི་གཞུང་ལུགས་ཁག་དང་། བཀའ་ལུང་ཆོད་མ་རྣམས་ཀྱིས་བསྟན་ཚུལ་ལ་དབྱེད་ཁུལ་གྱིས་ཐུ་ཡི་སྟོར་རྒྱུ་ཅས་སྟེང་ན། དེ་ཡང་ཐུགས་པའི་ཆིག་གི་གོ་  
 དོན་ནི་མཆོག་གསུམ་པལ། ཡང་ན་གཙོ་བོ་དང་སྟོང་པོ་ཞེས་པའི་དོན་ལ་འབྲུག་དགོས་པ་དང་། གསོ་རིག་གཞུང་ནང་ཆེ་རྒྱས་ཐུ་ཡི་རྩ་ལ་བརྟག་པ་ཞེས་ཆེ་ལུན་རིང་  
 བརྟན་མི་བརྟན་དང་། དེར་བར་ཆད་མོད་ཁ་སོགས་ཅེ་ཞིག་ཡོང་མིན་གྱི་རྟགས་ནི་ལུས་འཛིན་པའི་མཆོག་གསུམ་གཙོ་བོ་ཐུ་ལ་བརྟག་ཞེས་པའི་དོན་ཡིན་པའི་ཕྱིར་  
 དང་། དེའི་ངོ་མོན་ལུས་ཀྱི་གནས་གཅིག་ནས་གཅིག་དུ་འཕྱོ་བའི་དངས་པའི་རང་བཞིན་དང་། དེས་སྟོག་གནས་པར་བྱེད་པའི་ལས་བྱེད་པ་ཡིན། དབྱེད་ཆོས་འདིའི་  
 བར་དཀར་ཆག་ཚུལ་ཐོག་མར་སྟོན་སྟེང་། དེ་ནས་ཐུགས་པའི་གོ་དོན། གཉིས་པ་ཐུ་ཡི་མོ་བོ་དང་བྱེད་ལས་ངོས་འཛིན། གསུམ་པ་ཐུ་རྩ་དང་ཐུ་གནས་བཅེ་ཚུལ་གྱི་  
 སྟོར། བཞི་བ་མོད་ཀྱི་དམངས་སྟོན་རིག་གནས་ལས་ཐུ་ཡི་སྟོར་བཅས་དོན་ཆོད་བཞིར་བལྟས་ནས་སྟེང་པར་བྱ་བའི་པོ་རྟོག་གཞིའི་དོན་སྟོང་དུ།

པོ་རྟོག་གཞིའི་སྟོར་དབྱེད་དགོས་དོན་ནི་གསོ་རིག་རྒྱུད་བཞིན་སྟོང་བྱེད་ལས་ཐུ་ཡི་སྟོར་ལག་ལེན་དང་བཅས་པ་ཁག་གསལ་བསྟན་ཡོད་ཀྱང་དེ་གི་ཆར་མོད་ཀྱི་ན་  
 ར་གཉིས་ཀྱི་གསོ་རིག་སྟན་པའི་ཁོད་ལག་ལེན་གནད་མཁན་དེ་ཅང་དགོན་པས་གནད་ཆེ་བའི་ལག་ལེན་འདི་ལྟ་རང་འདི་དབྱེད་མཆོག་ཐུར་མ་ལྟ་བུ་ཉམས་པ་མི་སྟོང་  
 པ་མིན་པས་དེ་ནི་འཕྲོད་བསྟེན་གྱི་རིག་པ་ཐུ་དང་བྱེད་པ་ཀྱང་མོད་ཀྱི་གསོ་བ་རིག་པར་ཕྱོད་རྒྱུད་དང་པམ་ཁ་ཞིག་ཡིན། དེ་ཕྱོག་ཐབས་ཀྱི་འགན་འཁེད་ནི་ལུ་ཅག་སྟན་པ་  
 ཆོར་འཁེད་ཡོད་པས་དེ་དོན་དུས་མོག་དུ་ཉམས་པ་སྟར་གསོ་དང་མི་ཉམས་པ་མོད་སྟེལ་བྱ་གལ་ཆེན་གསོ་ཐབས་འདིའི་བྱེད་རིམ་ལ་དབྱེད་ན། ལས་ལྟ་  
 བཀའ་སྟུགས་སྟུ་སྟུ་འཇམ་ཅི་ནི་རྩ་དེ་ལྟར་བཞི་ཅམ་མིན་པར་ཀྱི་མོ་ཨ་ཆ་ལྟེང་བདག་ཅག་གི་སངས་རྒྱས་ཞལ་བཞུགས་པའི་སྐབས་སྟན་དབྱེད་ལ་མ་  
 ཁས་པ་འཆོ་བྱེད་གཞོན་རྣམས་ལས་ཐུ་ཡི་ལག་ལེན་གནད་པ་སོགས་ལོ་རྒྱུས་དུ་མ་ཞིག་མཆིས་ལ་དེ་བཞིན་གསོ་རིག་འབྲུམ་བཞི་སྟན་དབྱེད་ཐུ་ཡི་རྩ་ལ་གོ་  
 རྒྱ་གར་ཆེའི་རིག་བྱེད་ཀྱི་གཞུང་ཅ་ར་ཀ་དང་ཡན་ལག་བརྒྱད་པ་སོགས་ཀྱི་ནང་ལས་ཐུ་ཡི་སྟོར་ཞིབ་ལྟ་འབྲེལ་པོ་རྟོག་གཞིའི་དོན་སྟོང་མཛོད་

བསྐྱེད་ཅེས་ནི་ནད་ནམས་ལུས་སྒྲིབ་སྒྲིབ་ཀྱི་ཁྱེད་ལས་ན་སྒྲིབ་ཀྱི་དེ་ལྟར་ན་མི་འབྱུང་བ་དང་། རྒྱུ་ལྡན་བ་གསོ་བ་ཀྱི་ནད་གསོ་བ་སྐྱེད་མི་  
 འབྱུང་བའི་གསོ་ཐབས་ཀྱི་ལག་ལེན་གཤམ་གནད་ཅན་ཞིག་ཡིན། དེའང་ནད་མེད་ནམས་ལ་ནད་སྒྲིབ་འགོག་གི་ཚུལ་དུ་དབྱིད་དུས་བད་ཀན་ལྡན་བའི་སྐབས་བད་ཀན་  
 རྒྱུ་ལྡན་ཕྱིར་སྐྱེད་ཀྱི་གཏོང་དགོས་པ་སོགས་བསྐྱེད་ཡོད། བཅུད་ལེན་དང་རྩོམ་མ་གཏོང་གི་སྒྲིབ་འགོའི་ཚུལ་དུ་ལུས་དག་པར་བྱ་བའི་ཕྱིར་གཏོང་སྒྲིབ་ཡོད།  
 རྒྱུ་ལྡན་ནམས་ལ་མཚོན་ན། རྒྱུ་ལྡན་ནད་ལ་འཇམ་གྱི་མཁྱིམ་པར་བཤམ། བད་ཀན་ལ་སྐྱེད་སོགས་བཏང་ནས་ནད་སོ་སོ་གསོ་བར་བྱེད་དོ། དེ་བཞིན་ཁོང་དུ་  
 དུག་སོང་བ་ལྟ་བུར་སྐྱེད་སོགས་བཏང་ནས་རྩོམ་སྐྱེད་སྒྲིབ་ཀྱི་ཕྱིར་བྱ་བུ་ཞི་བྱེད་དང་མི་འདྲ་བར་སྒྲིབ་བྱེད་ཀྱིས་ནད་ནམས་ཅ་བ་ནས་ཕྱིར་དབྱུང་བར་བྱེད་པས་  
 རྒྱུ་ལྡན་སྐྱེད་མི་འབྱུང་བས་ཁྱེད་ཆོས་ལྟན་པའོ། སྐབས་བབ་ཉམས་ཞིབ་ཀྱི་དབྱེད་བྱ་སྐྱ་སྐྱེད་ལྟ་བུ་མཚོན་ན། སྐྱེད་སྐྱེད་ལས་ཡར་གཏོང་བའི་ལག་ལེན་ཞིག་ཡིན་པ་དང་  
 རམ་ཆོང་ཡན་ཆད་ཀྱི་ནད་ལ་མཚོན་དུ་བསྐྱེད་ཀྱི་དེར་དབྱེད་གཉིས་ཀྱི་སྐྱ་སྐྱེད་ཞི་བྱེད་དང་སྒྲིབ་བྱེད་སྐྱ་སྐྱེད་ཀྱི་ལག་ལེན་འདི་ནི་སྒྲིབ་བྱེད་ལས་ལྡེའི་ནད་ནས་  
 གཏོང་སྐྱ་ཤོས་དང་མན་ཡོན་ཡར་སྐྱེད་ཆེ་བ་ནི་སྐྱེད་གཞུང་ཁག་དུ་གསལ་བ་བཞིན་རང་གི་སྒྲིབ་བས་ཀྱང་དེ་ལྟར་བྱ་བ། གཞན་ཡང་རང་ཉིད་ཀྱི་ལག་ལེན་ཀྱི་ཁྱོད་དུ་  
 མགོ་སྐྱེད་ལ་མ་སྐྱ་བྱེད་པ་དང་ཅ་བྱེད་པས་སྐྱེད་ཀྱིས་ཁ་ཡོ་བ་སོགས་ལ་མན་པ་དངོས་སུ་རྒྱུད་བྱུང་། ཆོས་ཤོག་འདི་ལྟར་སྒྲིབ་བྱེད་ལས་ལྡེའི་སྐྱོར་བྱ་གར་ཀྱི་  
 ཆེད་རིག་བྱེད་དང་མེད་ཀྱི་གསོ་བ་རིག་པའི་གཞུང་རྒྱུད་བཞི་བཅས་ཀྱི་དཔར་མ་ཐུན་ཆ་དང་མི་མ་ཐུན་ཆ་ནམས་དབྱེད་ཞིབ་དང་ལྷག་པར་དུ་སྐྱ་སྐྱེད་ཀྱི་སྐྱོར་མན་ཚུན་  
 དབྱེད་བསྐྱེད་མཚོན་པས་བཤད་པ་ཅེས་མིན་པར་ལོ་ཤས་རིང་གི་དངོས་སུ་ལག་ལེན་ལས་ཐོབ་པའི་སྒྲིབ་བ་དག་ཀྱང་སྒྲིབ་ཡོད།

**PP-13 Tibetan Buddhist Tradition And Neuro-biology**

**SPEAKER** Professor Arun Kumar Jha & (Mrs.) SudhaJha  
 arun.jha52@gmail.com

This paper intends to present the nature of the mind and related issues as they are understood within Tibetan Buddhism as well as by neuro-biologists. From a Buddhist perspective the reason for engaging in such investigation is simply to gain greater knowledge about the mind and to learn nature of transformation in the mind.

Despite a great deal of debate, the most predominant thoughts of Tibetan Buddhism maintain that all phenomena are of the nature of the mind. Hence, the Buddha has placed great emphasis on the mind. He is of the view that if one trains the mind (Tib :*lojong*), there is joy, and if the mind is indisciplined, there is suffering. That the principal things which must be purified, are the contaminations of the mind, and these also are mental. And that which purifies the mind are the excellent qualities or states of mind. The philosophy underlying Tibetan *gtong*. *Len* identifies the very nature of mind, its innermost essence shadowed by jumbled thoughts and afflictive emotions (Tib :*yon-mongs*). This can be overcome by meditation. Proper meditation further of the *zhi-gnas*(Skt: *Shamatha*) or "tranquility meditation" and *lhag-mthong*(Skt: *Vipashyana*) or "insight meditation" can lead to perfectly realized human beings. In fact, when we work only for our self interest, our potentials cannot be fully developed because we are very limited by such a narrow view of life. Instead, if we open up our mind to see and care for the well-being of all sentient beings, our ability will gradually grow and our potentials will develop to full maturity. The origin of our spiritual impurity is our narrow-minded selfishness.

In this way, the mind training (Tib :*lojong*) results in the development of compassion and love of the Buddha for ourselves and for others as well. It helps to change our neuro-bio-system and enhance the physical and spiritual awareness through which we learn to be mindful, which is the most important basic human needs. From this perspective of Buddhism, the faculties of the mind (Tib :*sem*) facilitate the task of its transformation by the pursuit of knowledge (Tib : *shesja*) and meditation (Tib : *sgom*) and love (Tib : *nyingjey*) and compassion (Tib : *jampa*).

བར་དོན་གནད་བསྐྱུ་ས། ལྷི་ར་ཐོད་ལྷགས་གསོ་རིག་གི་རང་ཡུང་ཚན་རིག་གི་ཁོངས་སུ་གཏོགས་ཤིང་།  
 གསོ་དབྱེད་གཏར་གཤི་གསོ་རྒྱལ་ལག་ལེན་བཅོ་བརྒྱད་ཀྱི་ཡ་གྲུལ་ཡིན་པ་ས།  
 དེའི་རིན་ཐང་གཙོ་མོ་ནི་ནད་ཐོག་ལག་ལེན་དང་སྒྲན་བཅོས་བརྒྱད་རིམ་སོགས་དངོས་ཡོད་ཀྱི་ཁོད་ནས་བདེན་དཔང་དང་གསལ་ལྟེན་ལྟེན་རྒྱུ་དེ་རེད།  
 དེ་བས་ཚོས་ཡིག་འདིར་བར་དོན་ཁག་ལྷག་གི་རྣོ་ནས་ཐོད་ལྷགས་གཏར་གཤི་ཚན་རིག་གི་དབྱེད་དཔྱད་ལ་གཤེད་འཛོག་མཛད་པ་ཞིབ་ཏུ་ཡི་གེར་པལ་ཡོད།  
 བསྐྱེད་གཙོ་མོ། གཏར་ཁ། གསལ་ས་ལས། དབྱེད་བཅོས། ཚན་རིག་

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## ABSTRACTS OF PRACTICAL WORKSHOP

*(Full Presentation will be available at [www.tibmedcouncil.org/ictm/](http://www.tibmedcouncil.org/ictm/))*

**PW-1**

### **Sowa Rigpa: Significance of External Therapies**

**SPEAKER**

**Dr. Dorjee Raptan Neshar**

*drdorjee.neshar@gmail.com*

Physical Therapy according to the definition of Sowa Rigpa system of Tibetan Medicine is explained as a kind of any physical application given to any part of the body to eliminate any disease or any form of physical discomfort. It can be a head, neck, leg or from top to the bottom of body. According to the Tibetan Medical System, the physical therapy is divided into three major categories such as: Smooth or relaxation, Rough or more physical intervention, and Strong or minor surgical intervention. Relaxation therapy includes fomentation, medicinal bath, therapeutic massage, sauna and steam bath to induce sweating and, to enjoy the forceful cold water shower while Physical intervention includes blood letting, moxibustion and needle or wooden Tsugs. The third surgical intervention is out of this scope and hence not mentioned here.

All these physical therapies and wellness therapies are included in the Sowa Rigpa chapter's three hundred and sixty practical package of healing method aimed at easing the suffering and relief from the pain thus giving instant wellbeing. Such a sophisticated discipline of physical therapies capable of giving and experiencing instant relief and wellbeing in both mental and physical plane is a gift of our ancient masters. Hence, we should be able to comprehend these exhaustive knowledges and implement them accordingly to the fullest measure. In addition, effort should be made to integrate and enrich our practices by learning various other modern wellness techniques, physical therapies practiced by other traditional medical system such as Ayurveda and Chinese type and in tune with the modern day innovative approach in each and every field of these myriads of practices.

I was asked by the organizing committee member of this Conference to give one workshop presentation on "Tsugs" one of the heating therapies used commonly to reduce pain etc to which I politely refused as I was not employing this Therapy as part of my regular practices. Instead, I suggested that I would like to give a presentation on overall aspects of our Physical Therapy and in the process may try to give one or two practical show on some of the important Therapies that I deemed fit. Though I do not enjoy any specialization on any of the Therapies for that matter, my main intention was to draw the kind attention of our younger generations and that of some higher interested groups if I may say so, towards the most discouraging way with which we implement and practice our ancient old traditions. It is no wonder that the knowledge of our physical therapies and other wellbeing therapies are extraordinary by any standards and in terms of its richness: resourcefulness in theory and practicals, in its varied functions in accordance with the individual body constitution and disease factor. Yet, what we commonly see today is very discouraging: inadequate in its format and application, randomly practiced with no proper sequences, pathetic in terms of hygiene, sanitation and sterilization issues. So it is high time that we set some standards and regulate the whole thing so that we follow the set principles, preliminaries, main therapeutical applications and rehabilitation where ever possible. It is in this regard that I would like to make this presentation as part of the discussion as well.

Yukchö is a rare and unique external therapy from the Sowa Rigpa tradition. It was not mentioned in the Gyu Zhi, and had originated and passed down by masters of the Secret Mantrayana. The practice was originally revealed as a terma by the great 13th century master and alchemist Drubchen Orgyen Rinchen Pel. He taught the practice to his disciple, the Third Karmapa Rangjung Dorje, as a remedy to treat psychological and wind disturbances (srog rlung) for Dharma practitioners engaged in intensive solitary retreat. A yukchö practice was also revealed as a terma by Ratna Lingpa in the 15th century. Later, the 19th century doctor De'umar Tenzin Puntsok received the transmission for yukchö practice and published the instructions, thus spreading the teachings publicly for the first time.

The practice of yukchö uses rattan (sba shing) sticks with different shapes and tips. These are used to make a rhythmic tapping on various points on the body. This tapping practice creates a rhythmic pulsation that then effects the points, channels, and bodily tissues to treat various conditions as understood by Sowa Rigpa.

#### **TIBETAN KU-NYE(MEDICINAL MASSAGE):**

According to the Four Medical Tantras, the Tibetan massage is called Ku-Nye; Ku means application and Nye means massage, exercise or interaction. Hence, one could translate it as "application of massage", but this literal translation would poorly describe the true meaning of the Ku-Nye massage that connects the energy not only of the body but also of the mind, the senses and the heart.

Oil massage is effective against rough skin (body) caused by rLung (loong)-disorders, deficiency of blood due to loss of blood, and regenerative fluids, general weakness, depression, emaciation, insomnia and lethargy. It is particularly helpful against various rLung-disorders and for the elderly. Healthy people can also use oil massage for relaxation and rejuvenation of the body and mind.

**Paste massage** is effective against acne, vitiligo, leucoderma, itching, psoriasis, inflammation etc.

#### **Prerequisites Procedures of Ku-Nye:**

- Applicable disorders
- Inapplicable disorders
- Preconditions
- Types of oils
- Equipment required
- Ku-Nye points and locations.
- Sitting postures
- Methods & Procedures
- Benefits
- Precautions

## SPEAKER

Dr. Tenzing Jinpa  
smenpa@gmail.com

**Disadvantage of suppressing the urge to vomit**

Suppression of the urge to vomit causes loss of appetite, breathing difficulty, generalized edema, *maevel*<sup>1</sup>, *yenpa*<sup>2</sup>, cancer, leprosy, eye disorder, sputum discharge and contagious diseases. In order to overcome the problems, fasting, inhaling herbal smoke, gargling with herbal decoction is recommended.

**As per the text:**

The natural urge to vomit up or pass down stool should not be suppressed with medication.

**Causative factors of vomiting:**

Intake of coarse potent medicines, overdose, unsuppressed *loong* disorder, disorders that causes vomiting, annoyance and aversion to medicine, excessive talking, excessive physical movement and evil spirit.

**General Evacuative Medication:**

Evacuative medicine aggravates the disorder and evacuates it out. Evacuate out the disorders of stomach (the undigested site) through emesis. Evacuate out the disorders of large intestine (the digested site) through enema. Evacuate out the disorders of the whole body through purgation and disorder of the channels through Channel Cleansing therapy.

**General treatment in accordance to the accumulation and manifestation stage of the disorder:**

Medicine antidote entails two kinds; pacifying and evacuative medication. At accumulation stage treat the disease through pacifying medication and at manifestation stage treat through evacuative medication.

**Difference between mild and strong evacuative medications:**

If evacuative treatment is needed, administer mild medication. If excessive strong evacuative treatment is rendered then it can deplete the bodily constituents, lead to weight loss, vertigo, sleeplessness, loss of body glow, degeneration of voice and sense organs, thirstiness, loss of appetite, calf and thigh pain, pain in the coccyx, ribs, heart and brain, contagious diseases, urge to vomit and *loong* disorder.

**Benefits of evacuative treatment:**

Pacifying and evacuative medication helps manage weight, clears sense organs, generates a feeling of lightness, promotes appetite and desire to engage in activities, stimulates thirst and hunger on time and leads to normal excretion of urine and stool.

<sup>1</sup> *Maevel* (me bdal): is an infectious skin disease featuring intense burning sensation.

<sup>2</sup> *Yenpa* (gyan pa): is a skin condition accompanied with intense itching and oozing of chills.



**Compress (Dhug)** is one of method and procedure involves of medicinal ingredients compress or enforce on the particularly site of the body and specific pain, where the medicinal ingredients gives relieves or alleviates the pains. *Dhugsis* also a procedure involving the compression of medicinal ingredients to particular regions of the body. A compress comes in two forms *Doe-dhugs* (warm compress) and *Sil-dhugs* (cool compress).

**Prerequisite for Compress (Dhugs)**

- Applicable diseases
- Inapplicable diseases
- Procedure and methods
- Actual perform of (Dhug)
- Benefits of (Dhug)
- Precautions

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Good Manufacturing Practices (GMP) are a set of guidelines to ensure adequate quality control of premises, raw materials, machines & equipment, manpower, manufacturing processes and finished products so that the prescribed standards are maintained and the outcome products have the optimal quality. These guidelines are provided under Schedule 'T' of the Drugs and Cosmetics Rules, 1945 for Ayurvedic, Siddha and Unani (ASU) medicines. Exclusive guidelines for manufacturing of Rasaushdhies (Herbo-mineral formulations) are also given in Schedule 'T'. The manufacturing license is issued or renewed to the ASU drug manufacturer on satisfaction of the regulator that the intended manufacturing premises and processes are compliant of the prescribed norms. To achieve this objective, licensed manufacturers are required to evolve methodologies and procedures to follow the prescribed process of manufacturing of drugs and document them as a manual to be kept for reference and inspection. Sowa Rigpa drugs will also be regulated in the same manner once the provisions are included in the Drugs & Cosmetics Act and Rules thereunder.

Presently, country has 8259 licensed manufacturing units of Ayurvedic, Siddha and Unani drugs. More than 95% of these units are micro, small and medium scale enterprises, who have to face problems in adopting sophisticated manufacturing technologies and quality control parameters of international standards. Government has implemented a number of initiatives and schemes to encourage standardization and effective quality control of ASU drugs as well as quality certification of products for promoting international trade.

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## SPEAKERS INDEX



Dr. D.C. Katoch



Prof. Lobsang Tenzin Rakdho



Prof. Shiv Ji Gupta



Prof. Rais-Ur Rahman



Dr. Padma Gurmet



Dr. Dorjee Raptan Neshar



Prof. Sanjeev Rastogi



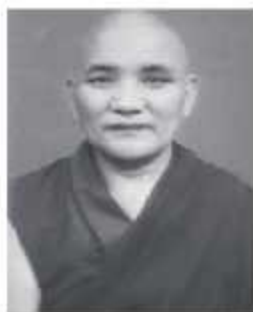
Dr. Edward Yap



Mr. Sherab Tenzin



Ven. Jadho Rinpoche



Dr. Dorjee Damdul



Dr. Ganzorig



Dr. Tsultrim Kalsang



Oyuuna Rinchinova



Dolpo Tulku Sherab Zangpo



Dr. Passang Topchen



Herbert Schwabl



Dr. Tenzing Jinpa





Stephan Kloos



Dr. Lobsang Tsultrim



Prof. Anand Kumar Chaudhary



Tenzin Choedon



Dr. Akhilesh Kumar Singh



Dr. Nida Chenagtsang



Jampa Chopel



Dr. Nyima Tsering



Dr. Passang Dolma

- ◆ Dr. Lobsang Tenzin Rakdho, Dean, Faculty of TM and TA, CIHTS, Varanasi, India
- ◆ Dr. D C Katoch Advisor (Ayurveda), Ministry of AYUSH, New Delhi
- ◆ Dr. Rais-Ur Rahman, Advisor (Unani), Ministry of AYUSH, New Delhi
- ◆ Dr. Edward Yap, Registered TCM Physician, Singapore
- ◆ Ven. Geshe Lharampa Jadho Rinpoche, Former Khenpo, Namgyal Monastery, Dharamsala, India
- ◆ Ven. Dolpo Tulku Rinpoche, Founder, Dolpo Tulku Charitable Foundation.
- ◆ Dr. Padma Gurmet, Research Officer, National Research Institute for Sowa-Rigpa, Ladakh, India
- ◆ Dr. Dorjee Raptan, CMO, Men-Tsee-Khang, Bangalore
- ◆ Sherab Tenzin, Head, Menjong Sorig Pharmaceuticals, Thimbu, Bhutan
- ◆ Dr. Sanjeev Rastogi, Professor, State Ayurvedic College and Hospital, Lucknow, India
- ◆ Dr. Shiv Ji Gupta, Dept. of Shalya Tantra, Faculty of Ayurveda, BHU, Varanasi
- ◆ Rinchinova Oyuuna, Institute for Mongolian, Buddhist and Tibetan Studies, Buryat
- ◆ Dr. Anand K Chaudhary, Professor, Faculty of Ayurveda, BHU, Varanasi
- ◆ Dr. Dorjee Damdul, Associate Professor, Head of Sowa Rigpa Dept. CIHTS, Varanasi, India
- ◆ Dr. Akhilesh Kumar Singh, Asst. Prof. Sanchi University of Buddhist-Indic Studies, Raisen, Madhya Pradesh, India.
- ◆ Dr. Lobsang Tsultrim, Founder Director of the Practice for Traditional Tibetan Medicine, Ede, The Netherlands
- ◆ Dr. Tsultrim Kalsang, Deputy Head, Materia Medica Dept. Men-Tsee-Khang, Dharamsala, India
- ◆ Herbert Schwabl, Chairman of the board of PADMA Inc., Switzerland.
- ◆ Dr. Tenzing Jinpa, Lecturer, Sowa Rigpa International Sowa, Kathmandu, Nepal
- ◆ Dr. Nida Chenagtsang, Co-founder and Medical Director of Sorig Khang International
- ◆ Dr. Passang Thopchen, Founder Director TMC Clinic, Pune, India.
- ◆ Stephan Kloos, Senior Researcher, Institute for Social Anthropology, Austrian Academy of Sciences, Vienna, Austria
- ◆ Tenzin Choedon, Research Associate, ICGEB, New Delhi, India
- ◆ Dr. Passang Dolma, Assistant Professor, Namgyal Institute of Tibetology, Gangtok, Sikkim, India
- ◆ Dr. Ganzorig, Secretary, Professional Council of Traditional Medicine, Ministry of Health, Government of Mongolia
- ◆ Dr. Lodoe Phuntsok, Medical Officer, Dept. of Health, Mainpat, India
- ◆ Dr. Nyima Tsering, Principal, Sowa Rigpa International College, Kathmandu, Nepal
- ◆ Jampa Choephel, Asst. Prof. CIHTS, Sarnath, Varanasi, India
- ◆ Dr. Thinles Yangjor, Asst. Prof. CIBS- Leh Ladhakh

*Detail Bio-Data of all the speakers are available at [www.tibmedcouncil.org/ictm/](http://www.tibmedcouncil.org/ictm/)*

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## PAPER PRESENTERS AND THEIR BIO DATA



### **GALINA KOPECIOVICH**

Medical anthropologist, chief expert of the Scientific and Practical Centre of traditional medical systems I.M. Sechenov First Moscow State Medical University. PhD student in Institute of Ethnology and Anthropology Russian Academy of Science (centre of medical anthropology). MA of public health.

**Area of interest:** integration of different medical systems, medical pluralism, health behavior, ethnopharmacology, transhumanism, contemplative researches, traditional medical systems.



### **D. UVANCHAA (SHERCHIN-EMCHI)**

D. Uvanchaa (Sherchin-emchi) was born in the place of Demir-Sug in the Ulug-Khem district of the Tuvan ASSR in the farmer family, in 1974. He entered secondary school in 1981. After graduating of high school in 1991, he studied at the St. Petersburg Buddhist Temple "Gunzechoyney" until 1995 and then in 1995-1998 he studied in the Buddhist Monastic University "Drepung Gomang". From 2002-2008, studied Tibetan Medicine in Dharamsala according to the traditional ancient method of studying Tibetan medicine, directly from the teacher to the pupil of private doctors, such as Dr. Lopsang Chopel, Dr. Yeshe Donden, and Dr. Pema Dorje. And in 2006-2008, - practiced in the Clinic of Doctor Yeshe Donden in Dharamsala. Since 2008 he has been working and practicing in the capital of the Republic of Tuva in the city of Kyzyl, Russia. In 2011, he participated in the International Conference on Traditional Mongolian Medicine on behalf of the 1st Moscow Medical University and Tuva State University. During his work in Russia with the State Institution "Infectious Hospital" in Kyzyl under the patronage of the Poliomyelitis Institute and Viral Encephalitis what was named after M.P. Chumakova he successfully conducted a clinical study on hepatitis B with delta-agent in 2012. In 2016, the research work won the 1st place in the Republican competition among medical workers on non-traditional methods of treatment.



### **NASHALLA GWYN NYINDA**

Dr. Nashalla Gwyn Nyinda Menpa began the study of Tibetan Medicine in 1999 and started treating with permission in 2004. She was encouraged by her root teacher, Very Venerable Thrangu Rinpoche to complete her medical studies and he directed her to study at the Chagpori Institute Clinic where she studied for two years. Nashalla received her Menpa degree from Qinghai Tibetan Medical College, Tibet and The Shang Shung Institute of Tibetan Medicine in 2009. She has an Interdisciplinary Studies BA, from Naropa University with a focus on Asian Medicines and Buddhist Psychology. Nashalla teaches worldwide to Tibetan and western students, practitioners, and doctors, and is an Adjunct Professor at Naropa University teaching anatomy. Nashalla and husband, Dr. Tsundu S. Nyinda, operate the Tibetan Medicine & Holistic Healing Clinic in Boulder, Colorado USA.





### **YULIA YUSIPOVA**

Yulia Yusipova is a doctor of personalized medicine, the doctor of classical Western medicine (MD), the practicing doctor of Tibetan medicine. Specialist in Functional medicine and Nutrigenomics (USA). Rector of the International Institute of Traditional Medicine (Russia).



### **MD. ASRARUL HAQUE**

MD Asrarul Haque is a research scholar at University Department of Ancient Indian History, Culture & Archaeology, T.M. Bhagalpur University Bhagalpur, Bihar. He is a Life Time FTM Member of Central Council of Tibetan Medicine and also a recipient of Gold Medal for securing 1st Position in 1st class in M.A., (AIHC & Archaeology), from Tilka Manjhi Bhagalpur University, Bhagalpur. Presently, he is engaged in a number of research works related to the different aspects of science and technology in ancient India. His interest is in the Tibetan form of Buddhism, its ethnic culture, its healing tradition, and above all, the colorful personality of His Holiness the XIV Dalai Lama- all these illustrations have always illuminated him ever since from his school days.



### **DR. JIGME MIGYURE BSMS/MD**

Dr. Jigme Migyure possesses a degree of Bachelor in Sowa-Rigpa Medical and Science (BSMS) Degree from Sowa-Rigpa Department, CUTS, Sarnath, Varanasi, UP. In 2013, he did his MD, Doctor of Medicine in Sowa-Rigpa Pathology and submitted a thesis on "Comparative study in Urine Analysis" Currently, he is working as an Assistant Professor in Sowa-Rigpa Department at Central Institute of Buddhist studies, (Deemed University) Choglamsar, Leh-Ladakh, India.



### **DR. SONAM PALMO**

Dr. Sonam Palmo is a graduate student from Central Institute of Higher Tibetan Studies, Sarnath, Varanasi. She did her bachelor degree on - Bachelor of Sowa Rigpa Medicine and Surgery from CIHTS in 2010. After her graduation, she did a professional course on Panchakarma training at Manipal University and Intensive Panchakarma training in New Delhi. Currently, she holds designation of Head of Dept. (Tibetan Medicine) and also a medical officer at Shechen Clinic and Hospice at Boudha, Kathmandu, Nepal. She also visits at Sowa Rigpa International College, Kathmandu, Nepal as a visiting Lecture.



### **DR. CECILE VENNOS, PH.D**

Dr. Cecile Vennos was born in Zurich (Switzerland). She completed her studies of veterinary medicine and her doctorate at the University of Zurich and has conducted scientific work in the fields of molecular genetics, laboratory medicine and complementary medicine. She is author and co-author of experimental and clinical interdisciplinary studies on complex herbal formulas from Tibetan Medicine.

Dr. Vennos is head of the Regulatory and Medical Scientific Affairs department of PADMA Inc. PADMA Inc. produces Tibetan herbal formulas in Wetzikon near Zurich, Switzerland, according to GMP standards since 1969.



### **GESHE YUNDRUNG TASHI**

Geshe Yundrun Tashi was born in Tibet and trained his medical education from Ven. Sonam Gonpo, Ven. Sherab Chokden Rinpoche. After his graduation in 1994, he did further studies on Sowa Rigpa Pharmaceuticals. In 1997, he escaped to India and took language course for three years and later joined Menri Monastery in 2004 where he studied the fundamentals of Bon Traditions of knowledge. He worked as an editor of several journals published in and outside Tibet. In 2013, he received a Geshe Ka-Rabjampa Degree and under of patronage of Kyabje Menri Trizin, Sorig Bum-bZhi College was established and he then works as a Lecturer cum medical doctor at the college since 2014.



### **SVETLANA CHOJINIMAYEVA**

The founder and chief physician of the first in Russia clinic of Tibetan medicine "Naran", Ph.D., "Honored Doctor of the Republic of Buryatia", a member of the Russian Union of Writers - author of more than 30 books and practical guides on the theory and practice of Tibetan medicine, public assistant of the State Duma deputy. Svetlana Chojinimaeva is a prominent state and public figure, a bright representative of the medical science of Russia, Buryat culture and the Buddhist traditional Sangha of Russia.



### **WANGYAL DORJEE THAKURI**

Internship Student, CIHTS,  
Sarnath, Varanasi



### **KUNKHEN**

Medical Student, CIHTS,  
Sarnath, Varanasi

## PANELS, MEETINGS AND INTERVIEW

### **A. Panels I - Sunday, 25th Feb. 2018, 5.00 - 6.00 pm**

As a part of ICTM, the Council of Tibetan Medicine (CCTM) is organizing a panel session with some experts to speak on the Legal Recognition of Sowa Rigpa in India. The panel experts include Ven. Prof. Geshe Ngawang Samten (Chairman of Facts finding committee, committee formed by Govt. of India), Dr. Padma Gurmet (Secretary of Facts finding committee) and currently a member, Sowa Rigpa at Central Council of Indian Medicine, New Delhi and Prof. Lobsang Tenzin Rakdho (Chairman, Central Council of Tibetan Medicine). The panel video will be uploaded in the official website of CCTM.

### ***Panels-II- 28th Feb. 2018, 5.30- 6.30 pm***

A group of experts will share their experience working as a practitioner in their countries and further discuss on the development of Sowa Rigpa. Also share their experience on this ongoing International Conference.

### **B- Meetings**

#### ***I - Special Meetings: 27th Feb, 2018, 2.45 - 4.15 pm***

CCTM invites selected experts to take part in this special meeting on "Sowa Rigpa, Current Happenings". Detail minutes of meeting will be shared later in the official website.

#### ***II - Meetings with FTM Members: 26th Feb, 2018, 5-6 pm***

Members of CCTM Friends of Tibetan Medicine can share their experience on their journey with Sowa Rigpa, their ideas on how to further develop their relationship with the council and promote Tibetan Medicine for the benefit of all human kind. All the FTM members (total 76) are welcome to this meeting.

### **C- Interview - 26-28th Feb. 2018, (any time available for the student interviewer and the expert interviewee)**

Students of the participating medical colleges will take interview from the five selected invited speakers on their professional carrier, the scopes and future challenges. The full interview will be published in the CCTM official website and newsletter.

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## THANK YOU NOTE

- ◆ Dept. of Health, Central Tibetan Administration
- ◆ Ven. Prof. Geshe Ngawang Samten, Vice Chancellor, CIHTS
- ◆ Dr. Lobsang Tenzin Rakdho, Chairman, CCTM
- ◆ Dr. Teinlay Palsang Trogawa, Director, CTMI
- ◆ Dr. Yeshe Dhondhen, (Padma Shree Awardee), Dharamsala
- ◆ All the invited speakers (listed in the speakers index)
- ◆ All the invited guests and delegates
- ◆ All the paper presenters (listed in the pp index)
- ◆ Editorial Boards
- ◆ Organizing Members and Staff
- ◆ CCTM executive members and Staff
- ◆ Related staff of CIHTS,
- ◆ CITHS Sowa Rigpa Departmental Staff and Student
- ◆ Expert of the panel and meetings
- ◆ Members of FTM
- ◆ Interviewers and Student
- ◆ All the participants
- ◆ All others who are involved in this ICTM

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## ༄༅། སྐྱོན་ཅིས་བསྟན་ཀྱས་སྒྲོན་ལམ་བཞུགས་སོ།།

མཁའ་པའི་རང་གཟུགས་འཇམ་དཔལ་དོ་མེ་དང་། ཁྲ་མེད་སྙིང་རྩའི་གཏེར་འཆར་མིག་མི་འཛུམ།  
 །མ་སྒྲོན་བས་དཔང་ཕྱག་གསང་པའི་བདག་པོ་སྟེ། རིགས་གསུམ་རྒྱལ་བས་དང་འདིར་ཤིས་པར་མཛོད།  
 །ལས་སྒྲོན་གསེར་གྱི་ས་གཞིར་བསྐྱེད་བསྐྱིད་བའི། སྐྱོན་ཅིས་འདུས་པའི་གནག་ལྷུང་རབ་རྒྱས་ཤིང་།  
 །ཆོས་སྐྱོད་རྣམ་བཅུའི་ལོ་འབྲས་དུད་བཞིན་དུ། །འགྲོ་འདིའི་རལ་གསོ་མཆོག་ཏུ་འགྱུར་བར་ཤོག།  
 །ཐུགས་མ་ཐུན་ཁྲིམས་གཙང་བསྐབ་གསུམ་རྣམ་དག་ཅིང་། །ཕྱི་ནང་བར་གཅོད་ཉེར་འཆེས་མི་བཟྱེ་བར།  
 །རྒྱ་ཆེར་ཐོས་བསམ་སྒྲོན་པའི་བགྱི་བ་ལ། །ཉིན་མཆན་ཀུན་ཏུ་གཡེལ་བ་མེད་པར་ཤོག།  
 །ནད་སེལ་སྐྱོན་དང་ཁྲང་དོར་འབྱེད་བའི་ཅིས། །རྒྱལ་བ་བདེ་གཤེགས་སེམས་དཔའ་ཆེ་རྣམས་གྱིས།  
 །རི་རྩར་བསྟན་པའི་གཞུང་ལུགས་མ་ལུས་པ། །འཁྲལ་བྲལ་རི་བཞིན་བདེ་ལྷག་རྟོགས་པར་ཤོག།  
 །བསྟན་པ་དེ་འཛིན་དཔོན་སྟོབ་འཁོར་བཅས་ཀྱི། །སྐྱ་ཆེ་བཟན་ཅིང་མཛད་འཕྲིན་རྒྱས་པ་དང་།  
 །འགྲོ་བའི་དོན་ལ་བཅོན་པ་ལྷུར་ལེན་གྱིས། །དམ་པའི་རྣམ་ཐར་ཚུལ་བཞིན་སྐྱོད་བར་ཤོག།  
 །ཐུབ་བསྟན་རིས་མེད་སྤྱི་དང་བྱེད་པར་དུ། སྐྱོན་ཆ་ཤར་ཤོར་རྒྱལ་བའི་རིང་ལུགས་དང་།  
 །ལུག་པའི་བཞེད་གཞུང་གཙུག་ལག་ཅིས་རིག་བཅས། །ཕྱོགས་དུས་ཀུན་ཏུ་དར་ཞིང་རྒྱས་ལྷུར་ཅིག །།

༢༣། །ཀྲུལ་སྤྱིའི་བོད་ཀྱི་གསོ་བ་རིག་པའི་བསྐོ་སྤྲེང་ཚོགས་ཆེན་ཐེངས་གསུམ་པ།།



གོ་སྤྱིའི་ཚོགས་མི།  
 ཚོགས་གཞོན། སློབ་དཔོན་རག་དོ་སྤྱོད་པ་ལྟར་བཞིན།  
 ཚོགས་གཞོན། སློབ་པ་ཚོ་མོད་བསྐོད་ནམས་སྤྱོལ་དགར།  
 ཡུང་ཆེ། སློབ་པ་ཆེ་རིང་མཆོམས་གཅོད།  
 ཚོགས་མི། སློབ་རམས་པ་ལྷ་བ་ཆེ་རིང་།  
 ཚོགས་མི། སློབ་པ་རབ་དགའ།







## དགའ་བསུའི་གསུང་བཤད།

བཀྲ་ཤིས་བདེ་ལེགས། དེ་རིང་གནས་མཆོག་ཁྱད་པར་ཅན་འདིར་རྒྱལ་སྤྱིའི་བོད་ཀྱི་གསོ་བ་རིག་པའི་བཀྲོ་སྒྲིབ་ཆོགས་ཆེན་ཐེངས་གསུམ་པ་དངོས་སུ་ཆོགས་སྤྱབ་པར་དགའ་སྟོབ་ཆེན་པོ་བྱུང་། འདིར་ཆོགས་བཅར་གནང་མཁན་ཚང་མར་གོ་སྒྲིག་ཆོགས་པའི་ཆོགས་མི་ཡོངས་ཀྱི་ཆབ་ཞུས་ཏེ་དགའ་བསུ་ཞུ་ཡིན། རྒྱལ་སྤྱིའི་ཆོགས་ཆེན་འདི་ལྷ་པུ་ནི་དེ་ལྟ་བོད་ཀྱི་བཅན་པོའི་དུས་ཏེ་དུས་རབས་བརྒྱད་པའི་ནང་ཆོས་རྒྱལ་ཁྱིམ་ལྡན་བཅན་གྱི་སྐུ་དུས་སུ་རྒྱ་གར་དང་རྒྱ་ནག་ཏེ་ཐེག་དང་བལ་ཡུལ་སོགས་ཁྱིམ་མཚས་རྒྱལ་ཁབ་ཁག་ནས་སྤྲན་པ་མཁས་དབང་མང་པོ་གདན་ཞུས་མཛད་དེ་བསམ་ཡས་མི་འབྱུར་ལྡན་གྱིས་སྤྱབ་པའི་གཙུག་ལག་ཁང་དུ་བསྐོང་ཆོགས་གནང་ནས་གསོ་བ་རིག་པའི་ལོ་རྒྱུས་ཐོག་མཛད་རྒྱུས་ཆེན་པོ་ཐོན་པ་བྱུང་ཡོད། དེ་བཞིན་དུ་རྒྱལ་སྤྱིའི་ཆོགས་ཆེན་གཉིས་པ་དེ་བཞིན་ཕྱི་ལོ་ ༡༩༧༢ལོར་རྒྱ་གར་བྱང་ཕྱོགས་རྩ་རམ་སྐུ་ལཱ་བསྐོང་ཆོགས་ཀྱིས་རྒྱལ་ཁབ་འདྲ་མིན་༡༧ཙམ་ནས་སྤྲན་པ་དང་ཆེད་ལས་མཁས་དབང་མང་པོ་མཉམ་ཞུགས་ཀྱིས་རྒྱལ་སྤྱིའི་རང་བཞིན་ལྡན་པའི་ཆོགས་ཆེན་ལེགས་པར་བསྐོང་ཆོགས་སྤྱབ་ཡོད། གསོ་བ་རིག་པ་ནི་བོད་ཀྱི་སྤྲན་མོང་མ་ཡིན་པའི་རིག་གཞུང་ཞིག་ཡིན་པ་དང་། ལྷག་པར་རིག་གཞུང་འདི་ཉིད་དེར་སྐབས་འཛུལ་སྤྱོད་གང་སར་དར་བྱུང་བཞིན་པོ་འགོ་བཞིན་ཉམས་ཐག་ནང་པ་མང་པོ་དུས་མེན་འཆི་བའི་འཇིགས་པ་ལས་སྦྱོབས་པའི་དཔུང་གཉེན་དུ་བྱུར་ཡོད། སྤྲན་ལྷགས་འདི་རྒྱན་འཛིན་དང་དར་སྤེལ་གནང་རྒྱུ་ནི་གསོ་བ་རིག་པའི་རིག་གཞུང་བསྐྱེ་གནས་རྣམས་ལ་འཁྱེད་པའི་འགན་ཆེན་པོ་ཞིག་ཡིན་ལྟམ་དུ་ལན་སྤྲང་ཡང་གསོ་བ་རིག་པའི་ལྷན་ཆོགས་དབུས་ལྷགས་པོ་རི་དྲན་རྟེན་བོད་སྤྲན་སྟོབ་གཉེར་ཁང་དང་། ལྷ་རྩ་དབུས་བོད་ཀྱི་གཙུག་ལག་སྟོབ་གཉེར་ཁང་ཐུན་མོང་ནས་རྒྱལ་སྤྱིའི་ཆོགས་ཆེན་ཐེངས་གསུམ་པ་འདི་བསྐོང་འཆོག་གནང་རྒྱུའི་ཤོས་མཐུན་བྱུང་བ་དང་ཕྱི་ལོ་ ༡༩༧༤ནི་ལྷ་རྩ་དབུས་བོད་ཀྱི་གཙུག་ལག་སྟོབ་གཉེར་ཁང་འདི་ཉིད་ཀོང་ས་སྐབས་མགོན་ཆེན་པོའི་ཐུགས་དགོངས་བཞིན་ཆེད་འཇུགས་གནང་ནས་མི་ལོ་ལྔ་བརྒྱ་འཁོར་བའི་དུས་དྲན་བྱུང་པར་ཅན་ཞིག་ཀྱང་ཡིན་པའི་དུས་སྟོན་དེ་དང་འབྲེལ་ནས་ད་ལན་ཆོགས་ཆེན་འདི་ས་གནས་འདིར་བསྐོང་ཆོགས་གནང་སྤྱབ་པར་ངོས་ཆོགས་མི་ཡོངས་ནས་གཙུག་ལག་སྟོབ་གཉེར་ཁང་གི་ཉེ་བའི་རིག་བདག་མཆོག་ལ་ཐུགས་རྒྱུ་བཀའ་དྲིན་ཆེ་ཞེས་ཞུ་བ་དང་ཆགས་ཅིག་ལྷ་རྩ་བོད་ཀྱི་གཙུག་ལག་སྟོབ་གཉེར་ཁང་གི་དགེ་སྟོབ་ལས་བྱུར་ཚང་མར་ལྟུང་དུས་སྟོན་ལ་འཆམས་འདྲི་བཀྲ་ཤིས་བདེ་ལེགས་ཞུ་ལན་ཆོགས་ཆེན་འདིའི་ཐོག་གསོ་བ་རིག་པ་གཙོས་རྒྱ་དཀར་ནག་སོགས་ཀྱི་སྤྲན་ལྷགས་མཁས་དབང་དང་དེ་བཞིན་སྟོབ་རྒྱན་སྤྲན་ལྷགས་ཆེད་མཁས་དང་ཉམས་ཞིབ་མཁས་དབང་བཅས་གདན་ཞུས་དང་ཕན་ཚུན་བཀྲོ་སྒྲིབ་གོ་སྒྲིག་ཞུས་ཡོད་པས་འདི་ནི་སྟོབ་རྒྱན་འདྲ་མིན་གྱི་སྤྲན་པ་བགྲེས་གཞིན་དབར་འབྲེལ་འདྲིས་དང་སྤྲན་ལྷགས་སོ་སོའི་བྱུང་ཆོས་དང་ཉམས་ཞིབ་བྱུང་དོན་དང་། གཞུང་དང་ལག་ལེན་དམར་འབྲིད་ཀྱི་ཉམས་སྦྱོང་སྟོབ་རིས་བྱེད་སའི་ཕྱིངས་ཆ་བྱུང་པར་ཅན་ཞིག་ཀྱང་ཡིན་པས་ཆོགས་བཅར་བ་ཡོངས་ལ་གོ་སྐབས་འདི་ནི་དོན་དང་ལྡན་ཞིང་གཤམ་དུ་ཟ་བའི་འབྲས་བྱ་ཐོབ་པའི་རེ་སྟོན་ཞུ་རྒྱུ་ཡིན།

སྟོབ་དཔོན་རག་རྩོ་སྤྱོད་བཞུན་འཛིན།  
ཆོགས་གཙོ་བོད་ཀྱི་གསོ་བ་རིག་པའི་ལྷན་ཆོགས།



ཆོགས་ཆེན་གྱི་བརྗོད་གཞི་དང་གསུང་བཤད་གནང་མཁན་མཁས་དབང།

ཐུན་མིང་ཚེགས་ཐུན། དང་པོ།

གསེ་བ་རིག་པའི་ལོ་རྒྱུས་ལས་འདྲེས་པའི་སྤྱོད་གྱི་ལྷགས་ཆེན་གསུམ་ངོ་སྤྲོད།

- ཚེ་ལོ་རིག་ཁྱེད་ཀྱི་ཐུན་ལྷན་ལ།..... མོ་བ་དཔོན་གྱི་བ་རི་གྲུབ་ད།
- རྒྱུན་ལ་གྱི་ཐུན་ཐུན་ལྷན་ལ།..... རྟོག་ཅེར་མེད་ལྷ་ལ།
- བོད་ཀྱི་མཚོ་བ་རིག་པའི་ཐུན་ལྷན་ལ།..... མོ་བ་དཔོན་རྣམས་རྩི་མོ་བཟང་བཟུན་འཛིན།

ཐུན་མིང་ཚེ་ལས་ཐུན་གཉིས་པ།

པརྒྱུད་གཞི། མེ་ཡི་རིག་བྱེད་ཀྱི་རྒྱུན་ལྷན་སྒྲོལ་ལེན། ལམ་ལེན། གདོང་ལེན། ཉམས་ཞིབ་དང་མ་འོངས་ཡང་རྒྱས་གཏོང་གནད།

གསུང་བཤད་གནང་མཁན། སློབ་དཔོན་སུ་ཇི་བ་ར་ས་ཏྲི་གི།

ལུན་མོང་ཚོགས་ལུན། གསུམ་པ།

པརྟོད་པའི། རྒྱ་ནག་གི་རྩོམ་རྒྱུན་རྒྱལ་ཁབ་རྩོམ་པའི། ལག་ལེན། གཏོང་ལེན། ཉམས་ཞིབ་དང་མ་ཐོངས་ཡར་རྒྱས་གཏོང་གནད།

གསུང་བཤད་གནང་མཁན། འོག་ཀྱི་ཨིང་ལྷན་ལྷ་བ།

ཐུན་མིང་ཚེ་གསུམ་ཐུན། བཞི་པ།

པརྒྱུད་གཞི། ལྷ་ཀློང་མེ་སྐྱོན་བྲལ་ལེན། ལག་ལེན། གདོང་ལེན། ཉམས་ཁྱིའི་དང་མ་འོངས་ ཡར་རྒྱས་གཏོང་གནང།

གསུང་བཤད་གནང་མཐའ། སློབ་དཔོན་རིས་ལྷུང་ལེ་ཏ་ལྷ་ན།

ཐུན་མིང་ཆོག་ལ་ཐུན། ལྔ་པ།

བཟོད་གཞི། འབྲས་ནང་ལ་གསོ་བ་རིག་པའི་སྒྲན་གྱིས་པན་བསྐྱེད།

གསུང་བཤད་གནང་མཁན། སྒྲན་རམས་པ་དོ་རྩེ་རབ་བརྟན།

སྒྲན་མོང་ཚོགས་སྤྱན་དྲག་པ།

བཟོད་གཞི། གསོ་བ་རིག་པ། རྒྱ་གར་དབུས་སྒྲན་གྱི་སྒྲན་ཚོགས་ཀྱི་ཁྲིམས་སྤྱིག་ལག་བརྟན།

གསུང་བཤད་གནང་མཁན། རྒྱ་གར་དབུས་སྒྲན་གྱི་སྒྲན་ཚོགས་ཀྱི་ཚོགས་མི།

ཆ་བཤོས་ཚོགས་སྤྱན་དང་པོ།

བཟོད་གཞི། རྒྱ་གར་ཕོ་ལ་རྒྱན་སྒྲན་ལྷགས་ཀྱི་ཁྲིམས་སྤྱིག་དོ་སྤྱོད།

གསུང་བཤད་གནང་མཁན། རྒྱ་གར་ཕོ་ལ་རྒྱན་སྒྲན་ལྷགས་ཀྱི་ཁྲིམས་སྤྱིག་དོ་སྤྱོད།

ཆ་བཤོས་ཚོགས་སྤྱན་གཉིས་པ།

བཟོད་གཞི། འབྲས་ནང་གསོ་བ་རིག་པའི་ཐོག་ཉམས་ཞིབ་འཕེལ་རིམ།

གསུང་བཤད་གནང་མཁན། ཞེས་རབ་བརྟན་འཛིན།

ཆ་བཤོས་ཚོགས་སྤྱན་གསུམ་པ།

བཟོད་གཞི། རྒྱ་ཅུ་ཁྱའི་ནང་གསོ་བ་རིག་པའི་གནས་བབ་དང་སྒྲན་པ་བླད་སྒྲ་ཡེ་མས་གསོ་བ་རིག་པའི་སྒྲེལ་ཚུལ།

གསུང་བཤད་གནང་མཁན། ཨོ་ཕུ་ན་རིན་ཅི་ནོ་ལ།

ཆ་བཤོས་ཚོགས་སྤྱན་བཞི་པ།

བཟོད་གཞི། རྒྱ་གར་ཕོ་ལ་རྒྱན་སྒྲན་ལྷགས་ཀྱི་སྒྲན་རྒྱའི་སྤྱད་ཚད་བཏང་འཛིན་གྱི་གལ་གནད་དང་དེ་ཐོག་དངོས་དོན་དཀའ་ངལ་དང་  
དེ་གདོང་ལེན་བྱེད་སྤྱོད།

གསུང་བཤད་གནང་མཁན། རོག་ཏར་ཤེ་སི་ཀཱ་ལོ་ཆ།

ཆ་བཤོས་ཚེགས་ཐུན། ༥་པ།

བརྗོད་གཞི། གསོ་བ་རིག་པའི་སྤྱན་རླུང་ཆུང་ཉམས་ཞིབ་ཐོག་གདོང་ལེན་དང་མདུན་ལམ།

གསུང་བཤད་གནང་མཁན། བསྟན་འཛིན་ཚོས་སྟོན།

ཆ་བཤོས་ཚེགས་ཐུན། ༥ུག་པ།

བརྗོད་གཞི། བོད་ཕྱི་ནང་དུ་གསོ་བ་རིག་པའི་ཐོག་རྒྱལ་ཁབ་རིམ་པའི་བྲིད་བྱས།

གསུང་བཤད་གནང་མཁན། ལྷོ་ཕིན་ཀཱ་ལོ་ས།

ཆ་བཤོས་ཚེགས་ཐུན། བདུན་པ།

བརྗོད་གཞི། གསོ་བ་རིག་པའི་སྤྱན་མིན་བྱང་ཚོས་སྤྱན་རླུང་དང་དེའི་གལ་གནད།

གསུང་བཤད་གནང་མཁན། མཁན་ཟུར་དགེ་བཤེས་བྱ་དོ་རིན་པོ་ཆེ།

ཆ་བཤོས་ཚེགས་ཐུན། བརྒྱད་པ།

བརྗོད་གཞི། ནང་པའི་གཞུང་ནས་འཆི་ལ་ངེས་པའི་ནད་པར་ལྟ་སྦྱོང་བྱ་རྒྱུ་ལ།

གསུང་བཤད་གནང་མཁན། དོ་ལ་པོ་རྒྱལ་རྒྱ་རིན་པོ་ཆེ།

ཆ་བཤོས་ཚེགས་ཐུན། དགུ་པ།

བརྗོད་གཞི། སེམས་ཀྱི་འཕྲོད་བཞེན་གྱི་གལ་གནད།

གསུང་བཤད་གནང་མཁན། དོ་ལ་པོ་རྒྱལ་རྒྱ་རིན་པོ་ཆེ།



ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་བ།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་འདུ་བ་ཤིང་དུ་བབ་པའི་ནད་བཅོས་ཚུལ།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་དོ་རྩེ་རབ་བརྟན།

ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་གཅིག་

བརྗོད་གཞི། གསོ་བ་རིག་པའི་ལྷན་རྒྱུར་གཡུ་ཁུང་དཀར་བལྟན་ཐོག་ལྷན་རྩམ་རིག་པའི་ཞིབ་འཇུག་གྲུབ་འབྲས།

གསུང་བཤད་གནང་མཁན། བལྟན་འཛིན་ཚོས་ལྷོན།

ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་གཉིས།

བརྗོད་གཞི། གསོ་བ་རིག་པ་དང་དུས་ལྷན་རྒྱུར་དང་མཐུན་པའི་འཕེལ་ཀློང་།

གསུང་བཤད་གནང་མཁན། ཏར་བར་ཏ་ལྷེ་ལྷལ།

ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་གསུམ།

བརྗོད་གཞི། བལྟན་བལྟར་ལས་གསོ་བ་རིག་པ།

གསུང་བཤད་གནང་མཁན། ལྷན་དགེ་དོ་རྩེ་དག་འདུལ།

ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་བཞི།

བརྗོད་གཞི། སློབ་དཔོན་དཔའ་བོས་ཀྱི་གར་ཆོ་ཡི་རིག་བྱེད་ཐེལ་ཚུལ།

གསུང་བཤད་གནང་མཁན། རོག་ཏར་ཨ་ཁི་ལེ་ག་ཀུ་ལྷར་སིང་།

ཆ་བཤོམ་ཚེགས་བྱམ། བཅུ་ལྔ།

བརྗོད་གཞི། བོད་མིའི་བྱི་ཚྭ་གས་འཕྲོས་ཁྱབ་བཅའ་ཆེ་བའི་ནད་གཞི་ཁག

གསུང་བཤད་གནང་མཁན། བྱི་ལྷགས་ལྷན་པ་སློབ་ཤོས་ལུན་ཚྭ་གས།

ཆ་བཤོས་ཚྭ་གས་ལུན། བཅུ་དྲུག

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་སེམས་ངལ་གྱི་ནད་བཅོས་ཐབས།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་འཕྲིན་ལས་གཡང་འབྱོར།

ཆ་བཤོས་ཚྭ་གས་ལུན། བཅུ་བདུན།

བརྗོད་གཞི། དབུལ་ཁུ་ལྷན་དུ་གཏོང་ཚུལ་དང་དེ་ཁྲིམས་ཐོག་ནས་གདོང་ལེན།

གསུང་བཤད་གནང་མཁན། སློབ་དཔོན་ལྷ་ནན་ད་ཚོ་དུ་རི།

ཆ་བཤོས་ཚྭ་གས་ལུན། བཅོ་བརྒྱད།

བརྗོད་གཞི། ལ་དྲུགས་བྱང་ཐང་ཁུལ་གྱི་གསོ་བ་རིག་པའི་སློབ་ལྷན་ངོ་སྟོན་དང་དེ་ལྟར་རྒྱུ་བ།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་བསྐྱེ་འབྱུར་མེད།

ཆ་བཤོས་ཚྭ་གས་ལུན། བཅུ་དགུ།

བརྗོད་གཞི། བོད་ཀྱི་གསོ་བ་རིག་པའི་སློབ་ལྷན་ངོ་སྟོན།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་ཚུལ་ཁྲིམས་སྐལ་བཟང།

ཆ་བཤོས་ཚྭ་གས་ལུན། ཉི་ཤུ།

བརྗོད་གཞི། གསོ་བ་རིག་པའི་སློབ་པ་ལྷན་གྱི་ལག་ལེན།

གཞུང་བཤད་གནང་མཁན། ལྷན་དགོངས་ཆེ་དག་འདུལ།

ཆ་བཤོམ་ཚེགས་ལྷན། ཉེར་ཅིག

བརྗོད་གཞི། གནའ་བའི་བོད་ཀྱི་སྐལ་ལྷན་གསོ་བ་རིག་པ་རྒྱལ་ཁྱབ་ཕྱོགས་རྒྱལ་ཁབ་རྒྱ་བོད་རྒྱུད་བྱེད་ཕྱོགས་ཀྱི་ཅ་འཛིན་གནང་དོན།

གཞུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་ལྷོ་བཟང་ཚུལ་ཁྲིམས་མཆོ་ལྷ།

ཆ་བཤོམ་ཚེགས་ལྷན། ཉེར་གཉིས།

བརྗོད་གཞི། རང་ལྷགས་དང་ཕྱི་ལྷགས་ལས་མངལ་གནས་མགོ་མཁུག་ལོག་པ་དོ་རྒྱུད་དང་བཅའ་ཐབས།

གཞུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་པ་སངས་རྒྱལ་མ།

ཆ་བཤོམ་ཚེགས་ལྷན། ཉེར་གསུམ།

བརྗོད་གཞི། གསོ་རིག་འབྲམ་བཞི་ལས་གདོན་ནད་བཅས་ཚུལ།

གཞུང་བཤད་གནང་མཁན། ལྷན་པ་པ་སངས་རྒྱལ་མཆོ།

ཆ་བཤོམ་ཚེགས་ལྷན། ཉེར་བཞི།

བརྗོད་གཞི། བོད་ལྷགས་ཆེས་རིག་ལས་ནད་ཆེས་རིག་པའི་ཤེས་བྱ་ལག་ལེན།

གཞུང་བཤད་གནང་མཁན། བྱམས་པ་ཆོས་འཕེལ།

ཆ་བཤོམ་ཚེགས་ལྷན། ཉེར་ལྔ།

བརྗོད་གཞི། གནམ་གཤིས་འཕྱར་ཐོག་དང་དེས་ལྷན་ཅུར་གནོད་ཚབས།

གཞུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་ཚུལ་ཁྲིམས་སྐལ་བཟང།



ཆ་བཤོས་ཚལས་བྱན། ཉེར་བྱག་

བརྗོད་གཞི། བལ་ཡུལ་ནང་གསོ་བ་རིག་པའི་བྲིམས་མཐུན་གནས་བབ།

གསུང་བཤད་གནང་མཁན། ལྷན་པ་ཉི་མ་ཚེ་རིང་།

ཆ་བཤོས་ཚལས་བྱན། ཉེར་བྱག་

བརྗོད་གཞི། གསོ་བ་རིག་པ། སྟག་པོའི་ཡུལ་དུ་དར་ཚུལ་ལོ་རྒྱུས་དང་ད་ལྟོའི་གནས་བབ།

གསུང་བཤད་གནང་མཁན། ལྷན་པ་གངས་མཚོ་དེ་རིགས།

ཆ་བཤོས་ཚལས་བྱན། ཉེར་བརྒྱད།

བརྗོད་གཞི། གཡུ་ཐོག་སྒྲིང་ཐིག་གི་ཚོ་ག་ལག་ལེན་དང་དེ་ལྷན་པ་རྣམས་ལ་དགོས་གནད།

གསུང་བཤད་གནང་མཁན། ལྷན་པ་ཉི་ཟླ་ཕྱེ་ནག་ཚང་།

དབྱེད་ཚོམ་ཐོག་ཟུང་།

(གཅིག་ནས་ལྔ་བར། བོད་སྐད།) (དབྱེད་ཚོམ་ཐོག་བྱ་རེར་དུས་ཡུན་སྐར་མ་བཙོ་ལ།) ཚེགས་ཁང་། ༡

(དྲུག་ནས་བརྒྱ་གཉིས་བར། ཡིན་སྐད།) (དབྱེད་ཚོམ་ཐོག་བྱ་རེར་དུས་ཡུན་སྐར་མ་བཙོ་ལ།) ཚེགས་ཁང་། ༢

ལག་ལེན་དམར་ལཁྲིད།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་བྱེད་བཅས་འོ་སྟོད།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་དོ་རྩེ་རབ་བརྟན།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་དབྱུག་བཅས་ལག་ལེན།

གསུང་བཤད་གནང་མཁན། ལྷན་པ་ཉི་ལྔ་ཕྱེ་ནག་ཚང་།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་བརྒྱ་མཉེའི་ལག་ལེན།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་ཚུལ་ཁྲིམས་སྐལ་བཟང་།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་རྒྱག་གི་ལག་ལེན།

བརྗོད་གཞི། གསོ་བ་རིག་པ་ལས་དུགས་ཀྱི་ལག་ལེན།

གསུང་བཤད་གནང་མཁན། ལྷན་རམས་པ་ཚུལ་ཁྲིམས་སྐལ་བཟང་།





ཚུལ་ནི་རྒྱ་གར་ཡུལ་མི་ནང་དུ་འབྱུང་ནང་ཅན་གྱི་མི་ཤར་ཆ་ལ་འབྲུག་ཅམ་ནང་གཞི་བདེས་ཆེན་དང་པོའི་གྲངས་ལྟ་ཅམ་གྱི་ནང་ཆེན་དུ་ཕྱོག་ཆེན་ཤེད་གནས་པ་རྟོག་གི་  
 ཡོད། སྤྱོད་གཞུང་ནང་གསལ་འབྱུང་ནང་གི་དཔྱད་པ་ལོ་ལྟར་ལག་གི་ཡོད་ཀྱང་དེ་དང་པོའི་སྤྱི་ཚོགས་ནང་དུ་ཕྱི་ལྷགས་སྒྲུབ་ན་འབྱུང་ནང་ཁག་མི་འདྲ་པ་ཉི་ཤུ་སྟེ་ག  
 ཡོད་གནས་ལག་གི་ཡོད་པ་དེའི་ནང་ནས་དཔོན་ལྷན་མཐོང་བཅོས་པར་ཤོས་གྱི་ནང་གཞི་ཁག་དཔེར་ན་ལྷ་འབྱུང་སྟེ་ལ། གཞང་། ཡོང་། ཁྲག་ཆེན་ཤ། སོ་ག། མཆོན་པ་  
 རྒྱུད་པ། ཁ། གེ་ལ། སྤྱི་མེད་ནང་སྒྲུབ་གཞེས་དང་ལྷན་མེད་ནང་པས་མ་མེད་འབྱུང་ནང་གཞི་མེད་ཤེད་པའི་འབྱུང་ནང་ཁག་མི་འདྲ་པ་མང་པོ་ཡོད་གི་ཡོད་པ་དེ་དག་པལ་མོ་  
 ཆེ་ལུས་ལྷངས་ནང་ཁྲུབ་ལྷགས་གང་འཆས་སོང་ཤིང་ཕྱི་ལྷགས་སྤྱོད་དཔྱད་གཞི་མོ་པལ་ག་ཆས་ལྷ་ལྷ་གི་མོ་དང་སྟོན་དཔྱད་དེ་དེ་ཤོན་སོགས་པལ་མོ་ཆེ་གཏོང་ཆེན་ཆེས་  
 བན་པོ་ཆེར་མ་འབྱུང་པར་མཐུག་པའི་དུ་གས་སྤྱོད་ཕྱོགས་སྤྱོད་གི་ཡོད་པའི་གནས་སྤངས་དེ་འདྲིའི་སྤྱུ་པས་སྤྱོད་པོད་སྤྱོད་ལྷ་མཐུད་པ་ཆེན་ཆེས་པན་པ་ཆེན་ལྷལ་  
 དུ་ཕྱིན་པའི་གནས་པའང་གི་གནས་ཚུལ་ནི་མང་པོ་ཡོད་གི་ཡོད་པ་ཡིན། དེའི་ནི་སྤྱོད་དཔྱད་པོན་ཅམ་མ་ལྟར་གཞི་མོ་ཆས་སྤྱོད་པམ་སྤྱོད་མཐོར་པ་དང་ནང་གི་སྤྱུ་གས་པས་ལ་  
 དང་སྤྱུ་གས་པས་ལས་མར་འདོད་གི་ནང་སེམས་པའི་འཁྲུང་སོ་སོགས་པལ་མང་པོ་གས་ཀྱི་འབྱུང་པ་པན་ཤི་གཞི་མོ་ཆས་སྤྱོད་སྤྱོད་དཔྱད་པའི་མཐོར་པའི་སྤྱུ་གས་པར་ཆུལ་  
 བཞེན་དུ་པ་ཆེན་པར་ཤེད་པ་ཉི་ནང་གི་འདས་པས་མར་པའི་གདམས་པ་ལ་ཡིན་མོ་ཡོད་ས་ལྷགས་ཀྱི་གནས་ཚུལ་ཅིག་ནི་ཡོད་སྤྱོད་ཀྱིས་འབྱུང་ནང་སྤྱོད་སོག་པན་སོགས་  
 དེས་ཅན་ཞིག་རྟོག་གི་ཡོད་པ་ནི་གསལ་པོ་ཡིན། ལྷག་པར་དུ་གསལ་གསལ་གནས་ཚུལ་དག་ལ་དམིགས་པས་པ་ལྷུ་པ་འབྱུང་པར་ལེགས་ཆོན་གྱི་ཡོད་པ་ནི། འབྱུང་ནང་ཆེར་  
 རྒྱས་མ་ལྷུ་པར་པ་གཞག་འགོག་སྤྱུ་པ་ལན་གྱི་སྤྱུ་ལྷ་ཞི་འཇགས་སྤྱུ་པ་ལ། སྤྱོད་འགོག་གི་རྒྱས་པ་ལའང་རྒྱས་དང་ཆེ་ཕྱོག་པ་ཡིང་ཐབས། ལུས་སེམས་པ་པེ་མར་སྤྱོད་  
 ཐབས། གནས་ཚུལ་གལ་གནད་ཆེ་བ་གཞི་གི་ཡོད་སྤྱོད་ཀྱིས་ཕྱི་ལྷགས་ཀྱི་གི་མོ་མེད་པ་དང་སྟོན་དཔྱད་དེ་ཤོན་སོགས་ཀྱི་སྤྱུ་ཕྱོགས་ལྷས་ལྷ་དུ་གཏོང་སྤྱུ་ཀྱི་ཡོད་པ་  
 སོགས་དགེ་མཆོན་དུ་མ་ཡོད་པ་ནི་གསལ་པོ་ཡོད་ཀྱང་དེ་དག་ལ་དགོས་དེས་ཀྱི་ཆོན་རིག་ཞིབ་འཇུག་དང་ཁྱད་སྤེལ་ཡིག་ཆ་བདག་ཉར་མི་སྤྱུ་པའི་སྤྱོད་ཆ་ཡོད་ཤིང་དུ་  
 ཅག་ཆོས་དེས་པར་དུ་དོ་སྤྱད་དང་འབད་པ་ཆོན་གནད་དགོས་གལ་ཆེད།

### བལ་ཡུལ་དྲུག་མོ་བ་རིག་པའི་ཁྲིམས་མཐུན་གྱི་གནས་བབས།

རི་པོ་ཉི་མ་ལ་ཡའི་ཉི་འདབ་དུ་ཆགས་པའི་བལ་ཡུལ་ནི་མན་རུས་པོ་མཆོར་ལྷན་པའི་སྤྱོད་སྤྱོད་ཀྱི་པར་མཐོང་ཅིག་ཡིན། ཡང་དག་པའི་དམངས་གཞིའི་ལས་དུ་བསྟོན་ཅིང་སྤོང་  
 འཇགས་ཞི་བདེ་ལྷན་པའི་ཡུལ་འདའི་མཐུན་དུ་སྟུགས་པའི་ལོས་འགན་ཆེ་ཤོས་ཤིག་ནི་ཉེན་འཆབ་ཆེ་བའི་ནང་རིགས་མང་དག་ཅིག་ལ་འཐབ་ཅོད་བྱ་རྒྱ་འདེ་ཡིན། འཕྲོད་  
 བསྟེན་གྱི་སྤྱི་ཤེད་གནས་བབས་དེ་དག་གོང་འཐོར་འཕྲོ་བ་ལ་རྒྱལ་ཁབ་ཀྱི་མི་སེར་མི་རི་རི་འཇུག་ཆེ་ཡོད། བལ་ཡུལ་ནི་ཆབ་དབལ་རིག་གསུམ་གོམས་སྟབས་དལ་པོར་ཡར་  
 རྒྱས་འཕྲོ་བ་ཞིན་པའི་རྒྱལ་ཁབ་ཅིག་ཡིན་གཤིས། ཉེན་འཆབ་ཆེ་བའི་ནང་རིམས་འབྱུང་མིན་དང་། འཆོ་བརྒྱུད་ཞན་པ། གཞིང་ནང་སོགས་ཀྱི་དྲག་འཕལ་མང་དག་  
 ཅིག་འཐུད་དང་འཐུད་བཞིན་ཡོད། དཔེར་ན། གཞན་ནང་རིག་དུལ་སྤྱོད་གཏོང་། རིམས་ནང་སོགས་ཉེན་པེ་ལས་མ་འདས་པར་ཁྲུབ་འཕེལ་འཕྲོ་བ་ཞིན་པའི་ཉེན་འཆབ་ཆེན་  
 པོར་སོང་བཞིན་ཡོད་པས་ནང་རིགས་དེ་དག་སྤྱོད་འགོག་གི་ཤིས་ཡོན་ལས་སྤྱོད་དང་། སྤྱོད་བཅོས་ཀྱི་ཐབས་ལམ་འཆོལ་རྒྱ་གལ་གནད་ཉ་ཅང་ཆེ། དེ་བཞིན་དུ་བཤོས་ནང་  
 མིན་པའི་སྤོང་ནང་། འདུ་བའི་ནང་། རྒྱུད་པའི་ནང་སེམས་ཁམས་ཀྱི་ནང་སོགས་གཞིང་ནང་གི་གྲངས་འཕོར་ཐེ་མང་དུ་སོང་བཞིན་པར་དོ་སྤྱད་བྱ་རྒྱ་གལ་འགའས་ཆེན་པོ་  
 ཡིན། མདོར་ན། མའི་ཉེན་སོངས་དབང་གིས་འཇིག་རྟེན་ཁམས་ཀྱི་སྤྱོད་པ་ཐུང་ལ་དོ་སྤྱོད་ཆེན་པོ་འཕྲོ་བ་ཞིན་དུས་འདིར། གསོ་བ་རིག་པའི་ལམ་ནས་སྤྱོད་པ་ཐུང་སྤྱུར་  
 གསོར་ཐབས་འདེགས་སྤྱུ་བས་ཆེན་པའི་གཞི་དང་འཇོག་པ་ཞིན་ཡོད། གསོ་བ་རིག་པའི་གཞི་ཅའི་ལྷ་སྤྱུ་པ་ནི་འབྱུང་པའི་འཕེལ་ཐད་འཇུགས་གསུམ་དབང་དུ་མ་སོང་པར་སྤྱོད་སྤྱུར་  
 པར་བྱ་རྒྱ་ཡིན། དཔེ་སྟབས་ཀྱིས་ཁོར་ལུག་སྤྱུང་སྤྱོད་དང་གཞིང་ནང་དང་འབྱུང་ནང་སོགས་ལའང་གཞིན་པོར་འཕྲོ་རྒྱལ། གསོ་བ་རིག་པའི་སྤྱི་བཅོས་ལྷ་ལྷ་པ་མཆོན་ན་སྤྱོད་  
 བཅོས་ཀྱི་སྤྱོད་པས་དམན་པའི་ལྱང་ཁྲག་གི་མི་རྒྱུས་ལ་ཞུག་ཞོག་དུག་ཞིས་དུ་འབྱུར་ཡོད། རི་སྤྱད་དུ། རི་བཅོན་གཤུ་ཞོག་པས། གསོ་བ་རིག་པས་ནས་མཁའ་དང་མཉམ་  
 པའི་སེམས་ཅན་ཐམས་ཅད་ལ་པན་སོགས་པར་འབྱུར་ཅིག ཅས་སྟགས་སྤྱོད་གནད་པ་བཞེན་རྟེན་ཆེན་པོའི་ལྷ་ལས་ཡངས་པའི་སྤྱུ་གས་དགོངས་བཞིན་གྱི་ལོ་༢༠༡༦





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 २। नमो भगवते वासुदेवाय । नमो भगवते वासुदेवाय ।  
 ३। नमो भगवते वासुदेवाय । नमो भगवते वासुदेवाय ।  
 ४। नमो भगवते वासुदेवाय । नमो भगवते वासुदेवाय ।  
 ५। नमो भगवते वासुदेवाय । नमो भगवते वासुदेवाय ।

སེམས་ཁམས་འཕྲོད་བསྟེན་གྱི་གཡ་གནད།

১২২৩৪৫৬৭৮৯১০১১১২১৩১৪১৫১৬১৭১৮১৯২০২১২২২৩২৪২৫২৬২৭২৮২৯৩০৩১৩২৩৩৩৪৩৫৩৬৩৭৩৮৩৯৪০৪১৪২৪৩৪৪৪৫৪৬৪৭৪৮৪৯৫০৫১৫২৫৩৫৪৫৫৫৬৫৭৫৮৫৯৬০৬১৬২৬৩৬৪৬৫৬৬৬৭৬৮৬৯৭০৭১৭২৭৩৭৪৭৫৭৬৭৭৭৮৭৯৮০৮১৮২৮৩৮৪৮৫৮৬৮৭৮৮৮৯৯০৯১৯২৯৩৯৪৯৫৯৬৯৭৯৮৯১০০১০১০২১০৩১০৪১০৫১০৬১০৭১০৮১০৯১১০১১১১২১১৩১১৪১১৫১১৬১১৭১১৮১১৯১২০১২১২২১২৩১২৪১২৫১২৬১২৭১২৮১২৯১৩০১৩১৩২১৩৩১৩৪১৩৫১৩৬১৩৭১৩৮১৩৯১৪০১৪১৪২১৪৩১৪৪১৪৫১৪৬১৪৭১৪৮১৪৯১৫০১৫১৫২১৫৩১৫৪১৫৫১৫৬১৫৭১৫৮১৫৯১৬০১৬১৬২১৬৩১৬৪১৬৫১৬৬১৬৭১৬৮১৬৯১৭০১৭১৭২১৭৩১৭৪১৭৫১৭৬১৭৭১৭৮১৭৯১৮০১৮১৮২১৮৩১৮৪১৮৫১৮৬১৮৭১৮৮১৮৯১৯০১৯১৯২১৯৩১৯৪১৯৫১৯৬১৯৭১৯৮১৯৯২০০২০১২০২২০৩২০৪২০৫২০৬২০৭২০৮২০৯২১০২১১২১২২২১২৩২১৪২১৫২১৬২১৭২১৮২১৯২২০২২১২২২২২৩২২৪২২৫২২৬২২৭২২৮২২৯২৩০২৩১২৩২২৩৩২৩৪২৩৫২৩৬২৩৭২৩৮২৩৯২৪০২৪১২৪২২৪৩২৪৪২৪৫২৪৬২৪৭২৪৮২৪৯২৫০২৫১২৫২২৫৩২৫৪২৫৫২৫৬২৫৭২৫৮২৫৯২৬০২৬১২৬২২৬৩২৬৪২৬৫২৬৬২৬৭২৬৮২৬৯২৭০২৭১২৭২২৭৩২৭৪২৭৫২৭৬২৭৭২৭৮২৭৯২৮০২৮১২৮২২৮৩২৮৪২৮৫২৮৬২৮৭২৮৮২৮৯২৯০২৯১২৯২২৯৩২৯৪২৯৫২৯৬২৯৭২৯৮২৯৯৩০০৩০১৩০২৩০৩৩০৪৩০৫৩০৬৩০৭৩০৮৩০৯৩১০৩১১৩১২৩১৩৩১৪৩১৫৩১৬৩১৭৩১৮৩১৯৩২০৩২১৩২২৩২৩৩২৪৩২৫৩২৬৩২৭৩২৮৩২৯৩৩০৩৩১৩৩২৩৩৩৩৩৪৩৩৫৩৩৬৩৩৭৩৩৮৩৩৯৩৪০৩৪১৩৪২৩৪৩৩৪৪৩৪৫৩৪৬৩৪৭৩৪৮৩৪৯৩৫০৩৫১৩৫২৩৫৩৩৫৪৩৫৫৩৫৬৩৫৭৩৫৮৩৫৯৩৬০৩৬১৩৬২৩৬৩৩৬৪৩৬৫৩৬৬৩৬৭৩৬৮৩৬৯৩৭০৩৭১৩৭২৩৭৩৩৭৪৩৭৫৩৭৬৩৭৭৩৭৮৩৭৯৩৮০৩৮১৩৮২৩৮৩৩৮৪৩৮৫৩৮৬৩৮৭৩৮৮৩৮৯৩৯০৩৯১৩৯২৩৯৩৩৯৪৩৯৫৩৯৬৩৯৭৩৯৮৩৯৯৪০০৪০১৪০২৪০৩৪০৪৪০৫৪০৬৪০৭৪০৮৪০৯৪১০৪১১৪১২৪১৩৪১৪৪১৫৪১৬৪১৭৪১৮৪১৯৪২০৪২১৪২২৪২৩৪২৪৪২৫৪২৬৪২৭৪২৮৪২৯৪৩০৪৩১৪৩২৪৩৩৪৩৪৪৩৫৪৩৬৪৩৭৪৩৮৪৩৯৪৪০৪৪১৪৪২৪৪৩৪৪৪৪৪৫৪৪৬৪৪৭৪৪৮৪৪৯৪৫০৪৫১৪৫২৪৫৩৪৫৪৪৫৫৪৫৬৪৫৭৪৫৮৪৫৯৪৬০৪৬১৪৬২৪৬৩৪৬৪৪৬৫৪৬৬৪৬৭৪৬৮৪৬৯৪৭০৪৭১৪৭২৪৭৩৪৭৪৪৭৫৪৭৬৪৭৭৪৭৮৪৭৯৪৮০৪৮১৪৮২৪৮৩৪৮৪৪৮৫৪৮৬৪৮৭৪৮৮৪৮৯৪৯০৪৯১৪৯২৪৯৩৪৯৪৪৯৫৪৯৬৪৯৭৪৯৮৪৯৯৫০০৫০১৫০২৫০৩৫০৪৫০৫৫০৬৫০৭৫০৮৫০৯৫১০৫১১৫১২৫১৩৫১৪৫১৫৫১১৬৫১৭৫১৮৫১৯৫২০৫২১৫২২৫২৩৫২৪৫২৫৫২২৬৫২৭৫২৮৫২৯৫৩০৫৩১৫৩২৫৩৩৫৩৪৫৩৫৫৩২৬৫৩৭৫৩৮৫৩৯৫৪০৫৪১৫৪২৫৪৩৫৪৪৫৪৫৫৪২৬৫৪৭৫৪৮৫৪৯৫৫০৫৫১৫৫২৫৫৩৫৫৪৫৫৫৫৪২৬৫৫৭৫৫৮৫৫৯৫৬০৫৬১৫৬২৫৬৩৫৬৪৫৬৫৫৬২৬৫৬৭৫৬৮৫৬৯৫৭০৫৭১৫৭২৫৭৩৫৭৪৫৭৫৫৭২৬৫৭৭৫৭৮৫৭৯৫৮০৫৮১৫৮২৫৮৩৫৮৪৫৮৫৫৮২৬৫৮৭৫৮৮৫৮৯৫৯০৫৯১৫৯২৫৯৩৫৯৪৫৯৫৫৯২৬৫৯৭৫৯৮৫৯৯৬০০৬০১৬০২৬০৩৬০৪৬০৫৬০৬৬০৭৬০৮৬০৯৬১০৬১১৬১২৬১৩৬১৪৬১৫৬১৬৬১৭৬১৮৬১৯৬২০৬২১৬২২৬২৩৬২৪৬২৫৬২৬৬২৭৬২৮৬২৯৬৩০৬৩১৬৩২৬৩৩৬৩৪৬৩৫৬৩৬৬৩৭৬৩৮৬৩৯৬৪০৬৪১৬৪২৬৪৩৬৪৪৬৪৫৬৪৬৬৪৭৬৪৮৬৪৯৬৫০৬৫১৬৫২৬৫৩৬৫৪৬৫৫৬৪২৬৬৫৬৬৬৬৬৭৬৬৮৬৬৯৬৭০৬৭১৬৭২৬৭৩৬৭৪৬৭৫৬৭৬৬৭৭৬৭৮৬৭৯৬৮০৬৮১৬৮২৬৮৩৬৮৪৬৮৫৬৮৬৬৮৭৬৮৮৬৮৯৬৯০৬৯১৬৯২৬৯৩৬৯৪৬৯৫৬৯৬৬৯৭৬৯৮৬৯৯৭০০৭০১৭০২৭০৩৭০৪৭০৫৭০৬৭০৭৭০৮৭০৯৭১০৭১১৭১২৭১৩৭১৪৭১৫৭১৬৭১৭৭১৮৭১৯৭২০৭২১৭২২৭২৩৭২৪৭২৫৭

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६ मसुआकुवा ५ कुरुवा ५ मसुआकुवा ५ मसुआकुवा

བསྟན་འགྲུར་དུ་བཞུགས་པའི་སྟན་པའུར་གི་སྒྲུང་།

[illegible]

དང་པོ་བསྟན་བཅོས་ཀྱི་མཚན་ཉིད་ནི།

[illegible]

གཉིས་པ་བསྟན་བཅས་ཀྱི་ངས་ཆོག་ནི།

[illegible]



**བཞི་པ་བརྟན་འཁྱར་དུ་བཞུགས་པའི་སྤྱན་གཞུང་གཅིག་ལ་གྱུ་བྱེད་པའི་སྤྱན་གཞུང་།**

༡ སྤྱིར་བཏགས་པ། ༢ སྤྱན་འཛིན་པའི་མདོ་ཚིགས་སུ་བཅད་པ། ༣ སྤྱན་ལ་བའི་ཚིག་ལ་འདི་ནམས་བརྟན་འཁྱར་པོད་ཉེ་བར་བཞུགས་ཡོད། གནིས་པ་སྤྱོད་པོན་པ་ཁོལ་གྱིས་མཛད་པའི་སྤྱན་གཞུང་། ༡ ཡན་ལག་བརྒྱད་པའི་སྤྱིར་པོ་བརྟན་པའི་ཆ་བ། བརྟན་འཁྱར་པོད་ཉེ་བར་བཞུགས། ༢ ཡན་ལག་བརྒྱད་པའི་རང་འབྲེལ། བརྟན་འཁྱར་གྱི་པོད་ཉེ་བར་དང་ཨེ་བར་བཞུགས། གསུམ་པ་སྤྱོད་པོན་ལྷ་པ་མཛོན་དགས་མཛད་པའི་སྤྱན་གཞུང་། ༡ ཡན་ལག་བརྒྱད་པའི་སྤྱིར་པོ་བརྟན་པའི་འབྲེལ་བ་ཚིག་པོན་ཆ་བེར། བརྟན་འཁྱར་པོད་ཀོ་བ་དང་ཁོ་བཀོ་བ་གསུམ་དུ་བཞུགས། ༢ ཡན་ལག་བརྒྱད་པའི་འབྲེལ་བ་ལས་བརྟན་པའི་སྤྱན་གྱི་མིང་གི་རྣམ་ཁྱད་ས། བརྟན་འཁྱར་གྱི་པོད་ཉེ་བར་བཞུགས་མོ། གཞན་ཡང་རྒྱ་གར་ལའས་པའི་སྤྱན་གཞུང་པོད་སྐད་དུ་བཞུགས་པ་མང་དུ་ཡོད་ཀྱང་འདིར་དེ་ཙམ་མོ།

**གསེ་བ་རིག་པ་ལས་འདུ་བ་གཤེད་དུ་བབས་པའི་ནད་བཅོས་ཚུགས།**

༢༢༡། སྤྱན་རྒྱ་རྒྱལ་པ་སྤྱི་པ་དང་བཅས་བར་སྤྱོད་གསུམ་གྱིས་བས་སྤྱོད་ལྷག་སྤྱོད་དུ་བཅད་སྟེ་སྤྱབས་འདིར་གང་འཆད་པར་བྱ་བ་ནི། ཕྱི་ལྷགས་སྤྱན་སྟོལ་ནས་དེ་སྐད་དུ་ཁོ་གྱི་ཁྱིས་སྤྱན་ནད་གཞི་ (Auto-immune Disorder) ཞེས་བརྗོད་གྱི་ཡོད་པ་དང་། རང་ལྷགས་སྤྱན་གཞུང་དགོངས་དོན་སྤྱོད་འདུ་བ་གཤེད་དུ་བབས་པ་ཞེས་པ་དེར་ངོས་འཛིན་གྱིས་ཆུང་ཆུང་ས་མོན་གྱི་རྒྱལ་དུ་བརྗོད་རྒྱ་ཡིན། ཁོ་གྱི་ཁྱིས་སྤྱན་ནད་གཞི་འདི་དག་གྱི་ཡོངས་ཀྱི་ཐོག་ནས་མཁའ་ན་དེར་རབས་སྤྱི་ཚོགས་ནད་དུ་ཆེས་དར་ཁུལ་ཆེ་ཞིང་ཆེ་སྟོག་ལ་བརྟོལ་བའི་ནད་གཞི་གཞུག་པ་ཅན་ཞིག་ཏུ་ངོས་འཛིན་བྱེད་གྱི་ཡོད་དེ། སྤྱབས་ཆེན་ཨ་རི་རྒྱལ་ཁབ་ལྟར་ན། རྒྱལ་ཁབ་དེ་ནད་དར་ཁུལ་ཆེ་བའི་ནད་གཞི་མང་གི་གསུམ་པའི་གསུམ་ཡིན་གནས་བཤོད་གྱི་ཡོད། རྒྱལ་ཁབ་མི་མང་གི་བརྒྱ་ཆ་༥ ནས་༩ བར་དང་མི་འཕོར་ས་ཡ་༡༥ ནས་༢༩ ཅས་ལ་ནད་གཞི་འདི་ཡོད་གནས་ཆོད་དཔག་བྱེད་གྱི་ཡོད། འདི་ནི་ལུས་གནས་གང་དུ་འདར་ཁུལ་ལྷགས་ཀྱིས་སྟག་པར་དུ་ Endocrine System ཞེས་ཁྱད་དབང་དང་དོན་ལྡན་སྤྱོད་ལྷག་ནད་གི་ཁྱད་པར་གྱི་བྱེད་ལས་རྒྱས་འདོན་བྱས་མཁན་ཁོངས་དང་(Hormone and Enzymes) ལུས་ཀྱི་གཤིས་(Connective Tissues) བྱེད་ལས། འཇུ་བྱེད་བྱ་གཞི་ཁོངས་ཀྱི་རྒྱས་ལྷགས། དེ་བཞིན་སྤྱིར་དང་གཤམ་གསུམ་མཁལ་ས་མོགས་དང་འབྲེལ་ཁུལ་ཆེ་བ་ཡོད་གནས་དང་གཞོན་སྤྱོད་མོགས་གནས་གཏོང་ས་འདར་ལྷགས་ཆེ་བ་དེ་དག་གི་གནས་དུ་ཡོད་གི་ཡོད་གསལ་པོ་དང་། སྤྱི་ཡོང་ངོས་འཛིན་དང་གལ་གནད་ཆེ་བའི་གནས་ཚུལ་ཅིག་ནི། ནད་གཞི་འདིའི་བརྒྱ་ཆ་༥ ཅས་བྱུང་མེད་ཡིན་པ་བཤད་གྱི་ཡོད་དེ། ལྷན་མེད་ལོ་ན་༥༥ མན་གྱི་ནད་ནས་ཆེ་སྟོག་འཁྱོག་མཁན་མཐོ་གོས་བརྒྱུད་ཁོངས་སུ་ཡིན་པ་ངོས་འཛིན་བྱེད་གྱི་ཡོད། དོ་སྤྱད་དགོས་རྒྱ་ཅིག་ནི། ནད་གཞི་འདི་རང་ཅག་པོད་པའི་སྤྱི་ཚོགས་སམ་རྒྱ་ཆེ་མང་ཚོགས་ནད་པལ་ཆེར་མཛོང་མོས་དགོན་པ་འཕམ་ཆེས་ཅུང་ཅུང་ཡིན། འདི་ནི་པལ་ཆེར་གོ་མས་པ་དང་རིགས་བརྒྱད་ཀྱི་ཐོག་ནས་འབྲེལ་བརྗོད་བྱེད་རྒྱ་ཡོད། ངོ་མོ་ནི། Immune System ཞེས་པ་དོན་དངོས་སུ་ལུས་ཀྱི་འདུ་བ་སྤྱོམས་ཤིང་ཉེན་བསྐྱར་སྤྱོད་འགོ་གི་ཕྱོགས་བྱེད་མཁན་ཞིག་ཡིན་ཕྱིར་དེར་ཕྱི་ནད་གི་རྒྱན་དུ་མས་རང་གི་ལས་འགན་དེ་ལས་ཕྱོག་སྟེ་ལུས་འདི་དང་དེའི་དོན་སྤྱོད་དབང་པོ་དང་བཅས་པར་གཤེད་དུ་བབས་སྟེ་གཞོན་པའི་ཕྱིར་ལོ། འདི་ནི་རྒྱ་རྒྱུད་དུ་འཁྱུར་བུ་སྟོག་གཞོན་ནད་དགའི་ཁོངས་ནས་འདུ་བ་གཤེད་དུ་བབས་པ་ཞེས་བྱ་བར་གོ་དགོས་ཤིང་། ཅི་སྟེ་འདུ་བ་རྒྱུར་མཁལ་བད་ཀར་ལ་སྟོགས་པས་རྣམས་པར་མ་འཁྱུར་བའི་སྤྱབས་སུ་ལུས་འདི་ཉི་འཚེ་ཞིང་མ་ལའ་ནད་མེད་དུ་གནས་འཛོག་སྟབས་མཁལ་བྱེད་གྱི་ཡོད་དེ། གནས་སྤྱད་པའི་དེའི་སྤྱབས་སུ་དེ་ལས་ཕྱོག་སྟེ་འདུ་བ་རྣམས་གཤེད་དམ་དག་ལྷ་ལྷ་འཁྱུར་སྟེ་ལུས་འདི་ལ་གཞོན་ཅིང་རྣམས་པར་འཚེ་བས་ནད་ཆབས་ཆེ་སྟེ་ཚོགས་ཤིག་ཐོགས་པའི་གནས་ཚུལ་འདི་ཡིན་ནོ། རེས་ཚིགས་ནི། Auto-immune Disorder ཞེས་འདུ་བ་ལོག་པ་འཕམ་དག་གཤེད་དུ་འཁྱུར་པའི་ནད་གཞི་ཞེས་པའི་ཚིག་ཡིན་ནོ། སྤྱིར་བརྒྱུད་སྤྱོད་པ་རྒྱུད་ཆེ་བལ་ཆེར་དེར་རབས་ཀྱི་འཁྱུགས་ཆ་དོད་པའི་སྤྱི་ཚོགས་ནད་མེས་ས་ཁམས་མི་སྤྱིད་པའམ་མེས་ས་པལ་ཆེ་བའི་གནས་ཚུལ་ཐོག་ཅས་དང་སྤྱིད་ལས་མི་འབྱེད་པ། ཁོར་ལྷག་འབགས་བཅོག་སྟོགས་རྒྱན་པའི་གནས་ཚུལ་འདུ་མིན་མང་དག་ཅིག་ལ་བརྟན་ནས་ནད་སྤོང་གི་ཡོད་པ་ནི་གསལ་པོ་པོ་དང་། ཕྱི་ལྷགས་ཉམས་ཞིབ་ས་འགས་ནད་གཞི་འདི་ལ་ནད་འབྱ་འདི་དང་གཞན་ཆོད་འདི་དང་འདི་ཞེས་ཁགས་ལ་གང་ཡང་མེད་པ་དང་། ནད་གཞི་འདི་ལ་གོ་མས་པ་འཕམ་རིགས་བརྒྱད་སྟོགས་ནས་འབྲེལ་ལམ་ཡོད་རྒྱལ་དང་། མད་སྤྱོད་གལ་ཆེ་ལྷགས། གཞན་ཁའི་ཆ་གས་བྱང་དུ་





### གསོ་བ་རིག་པའི་སྒྲན་སྒྲུང་གི་ལག་ལེན།

ས་ཤིང་དུ་སྒྲན་སྒྲུང་ཅི་ཡང་མེད་པར་གསུངས་ཤིང་། བོན་གྱི་སྒྲན་པ་དང་ནད་པ་ནད་གཤིག་ནས་ས་ཀྱི་ཡན་ལག་ཚུལ་བཞིན་ཆོད་ན་པར་ནད་པ་ག་སྟེང་ས་ཆེ་ཆུང་དང་མཆོ་  
 བཅི་ཆེ་ཆུང་གཅིག་མཆོ་མཆོ་ཀྱི་སྒྲན་པ་ཆད་ལེགས་ཉེས་པ་རྒྱུ་ཡིན་ཤིང་། སྒྲན་སྒྲུང་ཆད་ལེགས་ཉེས་དེ་ཡང་སྒྲོར་པ་ཆོ་ཚུལ་བཞིན་བྱུང་མིན་ལ་ཐུག་པ་དང་། སྒྲོར་པ་ཆོ་ཆད་པ་  
 ས་ནོར་པ་མི་ཆོ་ག་ཚུལ་བཞིན་ཡོང་བ་ནི་སྒྲན་གྱི་སྒྲོར་ཆད་དང་དུག་འདོན་གཡམ་ཤི་ལས་སྒྲོན་ཉིད་གཡམ་ཆེ་བ་ཡིན། དེས་ན་སྒྲན་གང་ཞིག་པན་ཏུ་ས་མཆོག་དུ་བྱུང་  
 བ་ཞིག་འབྱུང་པ་ལ་དང་པོ་འབྲུལ་མེད་དོས་འཛིན་གྱིས་འདུ་ཆགས་འཇུག་པ་དང་ཉར་ཆགས་ཚུལ་མ་ཐུན་དགོས་པ་དང་། གཉིས་པ་དུག་འདོན་གཡམ་ཤི་ལ་སོགས་པའི་ལས་  
 སྒྲོན་ཚུལ་མ་ཐུན་དགོས་པ་གསུམ་པ་སྒྲོར་ཆད་དང་སྒྲོར་ཚུལ་ཆད་ཐུན་དགོས་པ་ཡིན། དེ་ལ་དང་པོ་ནི་སྒྲོན་ནས་ས་མཆོག་ལ་དང་པོ་འཛིན་དགོས་པ་དང་། དེ་ནས་སྒྲོར་  
 གྱི་གཉིས་པའི་ཡན་ལག་དུ་བཞག་པའི་སྒྲེས་སར་སྒྲེས་པ་དང་། དུས་ལྟ་བུས་པ། སྒྲན་གསེད་ལེགས་པ་སོགས་དགོས་ཤིང་། སྒྲན་གང་ཡང་འདུ་ཆགས་ལུས་ཆེས་མ་  
 ཆོད་ས་ཤིང་དུས་ལས་ས་ཡོལ་བ་དང་ཏུས་པ་མི་འཆོར་པའི་ཉར་ཆགས་ལེགས་པོ་ཐུབ་པ་དགོས། གཉིས་པ་ནི་སྒྲན་ཆས་མས་པ་ཆད་ལ་པན་གཤོད་གྱི་ཆ་རྟེན་ལ་ཡོད་ཅིང་།  
 རང་རང་ལ་གཤོད་པའི་པད་གཉིད་ཅན་དུ་བཞག་པའི་ཆ་གས་དུག་དུ་གཤགས་པ་ནས་ས་མཆོག་དགོས་པར་ས་མཆོད་དགོས་པེས་ཀྱི་འཇམ་པ་ཅན་ལྟ་གཡམ་ཆེ་བ་ཡིན། གསུམ་པ་ནི་  
 སྒྲོར་ཆད་ནས་ས་གཞུང་ནས་བཞག་པ་སྒྲོར་ནས་གཞུང་གི་དགོས་པ་དང་ས་མཆོག་ལ་བར་སྒྲོར་དགོས་པར་ས་མཆོད། ཇི་ལྟར་སྒྲོར་པའི་ཚུལ་ནས་ས་གྲང་མ་འཇུགས་པ་ཞིག་  
 དགོས་པ་ཡིན་ནོ།

### གནའ་པོའི་བོད་ཀྱི་སྒོལ་རྒྱན་གསོ་བ་རིག་པ་ལུ་པ་ཚུགས་རྒྱལ་ཁབ་དུ་བོད་སྒྲོན་ཕྱིན་ཚུགས་ཀྱི་ཆ་འཛིན་གནས་དོན།

**ནད་དོན་གནས་བསུམ།**  
 བོད་ཀྱི་གསོ་བ་རིག་པ་ནི་གནའ་པོའི་སྒོལ་རྒྱན་གྱི་རིག་གནས་སྤིག་ཡིན་པ་དང་། བོད་ཙམ་མ་ཟད་ཀྱིས་མཆོས་རྒྱལ་ཁབ་རྒྱ་བར་དང་། བལ་ཡུལ། འོག་ཡུལ། ལུ་ཏུ་ལྷ་དེ་  
 བཞིན་ཡུ་རོལ་གྱི་རྒྱལ་ཁབ་མང་པོ་དང་ཨ་ཁི་སོགས་ཀྱི་ནད་ལག་ལེན་རྒྱ་ཆེར་ཕྱིན་བཞིན་ཡོད་པའི་བོད་ལུགས་གསོ་བ་རིག་རྒྱན་འཛིན་སྒྲན་པ་ནས་ས་མཆོག་གིས་འཛིན་གྱིས་སྒོགས་གང་  
 སར་ནད་པར་བཅུག་དུས་སྒྲན་བཅོས་དང་། བཟོ་བྱེད་མཉམ་ཞུགས། གསོ་བའི་གསོ་བའི་སྒོལ་སྒོལ་སྒོལ་སྒོལ་གནད་པར་བཞིན། ད་ཆ་གནད་ལུས་གནད་མཁན་ཐེ་མང་དུ་འགོ་  
 བཞིན་མཆོས། བཅོན་ཚུལ་ནད་ལུགས་ཆེ་པའི་གསོ་བའི་སྒོལ་གཉིད་ཁབ་ནི་སྒོལ་བོད་ཀྱི་སྒྲན་ཅིས་ཁབ་དང་། ཇོར་གྱི་ལུགས་པོའི་བོད་སྒྲན་སྒོལ་བྱ། མཐོག་གཅིག་ལག་སྒོལ་  
 གཉིད་ཁབ་གི་གསོ་བའི་སྒོལ་ཆེ་ཆོད། བ་དུགས་མཆོད་ཉིད་སྒོལ་བྱ་བཅས་ཡིན་པ་མ་ཟད། ཆེས་མཆོད་གསོ་བའི་སྒྲན་ཆོགས་པོ་ག་དེའི་སྒོལ་ལུས་པའི་ཆད་ལྟན་གྱི་གསོ་བའི་ག་  
 སྒོལ་གཉིད་ཁབ་ཡིན། སྒོལ་གཉིད་ཁབ་དེ་དག་ནས་བསྐྱེད་པ་མཆོད་སོན་པའི་སྒྲན་པ་གང་ས་ལ་འཇམ་ཆེས་མཆོད་གསོ་བའི་སྒྲན་ཆོགས་པོ་ག་དེའི་སྒོལ་ལུས་ཡོད་ཡང་  
 འདས་པའི་པོ་གསུམ་ནད་ལུ་རོལ་དང་ལུ་པ་མཆོད་པའི་ལུ་པ་དུ་མིར་གྱི་གསོ་བའི་སྒྲན་པ་ལགས་ལུ་བ་མིར་ནད་པར་བཅུག་དུས་སྒྲན་བཅོས་དང་། བསྐྱེད་ཉེ། བོད་སྒྲན་སྒོལ་  
 འཛིན་བཅས་ཕྱིན་བཞིན་ཡོད།

### ཆེད་ལས་ཆོགས་པའི་པོ་ག་དེའི་སྒོལ་ལུ་ཚུགས།

གཡེ་ཉེ་རང་ཉིད་ཀྱིས་ཁྱིམ་ས་ཐུན་རང་བོད་སྒྲན་ལག་ལེན་ཕྱིན་དགོས་བསམ་ན། བོད་ལུགས་གསོ་བ་རིག་པའི་གཞི་ཅིའི་རྩ་བ་དང་ལ་མ་བུལ་པའི་རང་ལུལ་ཁྱིམ་ས་ལ་  
 སྒྲང་པ་ཆེ་ལུས་ཉེ། སྒོལ་རྒྱན་གསོ་བའི་སྒོལ་ཆོགས་སྤིག་གི་པོ་ག་དེའི་སྒོལ་པེས་པར་དུ་བྱུང་དགོས། དེའི་ཆེད་རང་ཉིད་ལ་པེས་པར་དུ་ཆད་དགོས་པའི་ཆ་རྟེན་ནི། ལུན་  
 རིང་ཐུག་སྒྲོང་ནད་བཅུགས་པའི་ལུག་འཁྱེད་(diploma)། སྒྲན་བཅོས་ལག་ལེན་བཀྱིས་པའི་ཉམས་སྒྲོང་། ཆེད་ལས་པའི་ཤེས་ཆ་དང་མཉམ་པའི་ལག་འཁྱེད་བཅས་  
 ཡིན། ད་ལྟའི་ཆར་ཡུ་རོལ་ནད་བོད་སྒྲན་རྒྱན་ཆོགས་སྤིག་མེད།



### ཐས་རིགས་དང་ཐོག་དངོས་དོན་སྒྲན་ཚོགས་ལོག་པོད་སྒྲེལ་ཏུ་ཐབས།

ཡུ་རོལ་རྒྱལ་ཁབ་ནང་བཅོ་སྒྲན་ཞུས་པ་མང་ཡང་ན་ནང་འབྲེལ་ཞུས་པ་འདི་ཅན་དེས་ཀྱི་སྒྲིབ་གོང་གསལ་སྒྲན་ཚོགས་ལོག་པོད་སྒྲེལ་དེས་པར་ཏུ་བྱ་དགོས་པ་ཡིན། དེ་ཡང་བཅོ་སྒྲན་ཐེད་ཞུས་དང་ཅན་དེས་སྒྲན་ཚད་གཞུང་འབྲེལ་ཕྱི་རོལ་ལེན་ཚོལ་བ་ཞིག་དགོས། ལྷིང་ན་མོ་སྒྲན་རིགས་ཀྱི་སྒྲན་ཀ་དང་། བདེ་འཇགས་རང་བཞིན། ཞུས་པ་བཅས་ལ་དམིགས་པས་ལ་དོ་སྣང་ལུགས་ཆེ་གོས་ཐེད་ཀྱི་ཡོད།

### སྒྲན་པ་དང་སྒྲན་པར་ཉེན་སྲུང་ཁེ་ཐན།

གསེའི་ག་བརྟག་དཔྱད་ཁང་དང་སྒྲན་པ་ནམས་དེས་པར་ཏུ་ཉེན་སྲུང་དགོས། དེ་ལ་བརྟེན་ནས་ནད་པར་སྒྲན་རིན་དང་བརྟག་དཔྱད་དོད་བརྒྱ་ཆ་གང་ཅས་ཉེན་སྲུང་ཚོགས་པ་ནས་རག་གི་ཡོད་པ་དང་། སྒྲན་པ་འི་གནས་བབ་ལ་འང་ཐན་ཐོགས་ཡོད། རང་ཉིད་ཀྱིས་རྒྱུན་ཏུ་ཡུལ་ཁྱིམ་ལ་སྲུང་བཅི་ཞུས་པ་འི་ཐོག་ནད་པ་དང་དེ་བཞིན་འབྲེལ་ཡོད་སྒྲན་པ་གཞན་ནམས་དང་འབྲེལ་ལམ་དམ་ཐབ་དགོས་པ་ཡིན། མོལ་རྒྱུན་དང་དོད་རབས་སྒྲན་ལུགས་རྒྱུན་འཛིན་མ་ཁུན་གཉིས་ཀྱི་འབྲེལ་མ་སྒྲན་ཡག་པོ་བྱང་ན་དེས་ནད་པ་ཅམ་པ་ཐད་བོད་ལུགས་གསེའི་ག་སྒྲན་པ་ནམས་ལ་འང་ཐན་དོགས་ཆེན་པོ་ཡོད་དེས། མོད་ལུགས་གསེའི་ག་གིས་སྒྲན་ལུགས་གཞན་དང་འབྲེལ་བའི་བདེ་ཐང་ལ་ཞབས་འདེགས་ཐབས་ཆེན་ཏུ་བཞིན་ཡོད། རི་ལྷར་ལས་སྒྲན་གནད་པ་བཞིན་ལག་ལེན་ལ་འཁྲེལ་ན། སྒྲན་དཔྱད་གཞན་མཉམ་ཏུ་བོད་སྒྲན་སྒྲོད་ཆོག་པ་ཡིན།

### རང་ལུགས་དང་ཕྱི་ལུགས་ལས་མངལ་གནས་མགོ་མཐུག་ལོག་པ་དང་དེའི་བཅའ་ཐབས།

རྒྱུད་བཞིའི་མན་རྒྱུད་མོན་དཔལ་པ་གསོ་བའི་ལེུ་ལས།མགོ་མཐུག་ལོག་གས་རྟེན་པ་མཐིང་པ་ལྟེབས།།འཕོངས་ནས་འོང་ན་རྟེན་པ་བཏེག་ལ་སྒྲུག།མཐུབ་མོས་འབྲུག་ཏེ་ཕུ་ཏུང་འོངས་སུ་བརྟེག་སྒྲུགས་ལ་འབྲུ་ལོག་བྱས་ཏེ་ཁོང་ཏུ་བཏང་།ཞེས་དང་། དེ་བཞིན་བྱ་དོན་མ་དང་། ཅན་སྟོད་ཟེན་ཐིག་དང་ཡང་ཐིག་ཆ་ལག་བཅོ་བརྒྱད་སོགས་ལས་གསུངས་པའི་མངལ་གནས་མགོ་མཐུག་ལོག་པ་ཞེས་པ་ནི།ཁྱིས་པ་རང་ཉིད་མངལ་ནད་གནས་སྤངས་དང་གནས་ས་ཐ་མལ་ཏུ་མིན་བར་གནས་པ་ཞིག་ལ་ཟེར། གནས་ས་དང་གནས་སྤངས་ཐ་མལ་མིན་པ་ནི། རྟེན་པ་བརྒྱུད་སྒྲུབས་སུ་གནས་པ།(Incomplete Breech)འཕོངས་ལ་བསྒྲན་ནས་གནས་པ། (Breech Presentation) སྒྲིན་མ་བསྒྲན་ནས་གནས་པ།(Brow Presentation)དོ་གདོང་བསྒྲན་ནས་གནས་པ།(Face Presentation) འབྲེད་ལ་གནས་པ།(Transverse lie) བརྟན་རྩྭགས་མེད་པར་གནས་པ།(Unstable lie)གནས་སྤངས་སྒྲ་ཚོགས་འདུས་པ་ (Compound Presentation)ཁྱིས་པའི་སྒྲུག་པ་མ་ཡི་ཨ་གདོང་སར་བརྟེན་པ།(Occiput-Posterior Position) བཅས་ཡིན། དེ་ཡང་ཁྱིས་པ་མགོ་མཐུག་ལོག་ཏུ་གནས་པའི་རྒྱ་རྒྱུན་གཙོ་ཆེ་བ་དོད་ཏུས་གསོ་རིག་ལྷར་གསུངས་པ་ནམས་ནི་ཁྱིས་པ་མངལ་ནད་ཏུས་མིན་འཆར་འོངས་རྒྱུད་པ་དང་།མངལ་ནད་ཤི་ག་མགོ་མོ་སྤངས་(མ་རྒྱུད་བྱ་ལ་ཤོར་བ་) པ།ཐུད་པར་རྩ་བསགས་པ། ཁྱིས་པའི་མཐིང་མ་དང་ཐུང་ཏུས་སྒྲོན་ཅན།བྱ་སྒྲོད་སྒྲོན་ཅན།ལྷེ་ཐག་སྒྲོན་ཅན།མངལ་རྩ་འཕེལ་རྒྱགས་པ།ཤ་ས་བྱ་སྒྲོད་ཀྱི་སྒྲུད་ཆར་བརྟེན་པ།ཆང་ཏུས་དོག་པ།མངལ་གནས་མཆེས། ལྷེ་ཐག་དེ་ཁྱིས་པའི་མཐིང་པར་ལཱ་མང་དགྱིས་པ།ཁྱིས་པའི་མཐིང་ཉུའི་ཏུས་པ་ཆེ་རྒྱགས་པ། བྱ་སྒྲོད་ཀྱི་ཉུའི་ཏུས་པ་ཉམས་པ་དང་།བྱ་སྒྲོད་ཐ་མལ་ཏུ་མ་བྱལ་བ།ཆང་ཏུས་འབྲས་སྒྲན་ཅན་ལ་སོགས་པ་ཡིན། དེ་ཡང་རང་ལུགས་དང་ཕྱི་ལུགས་གཉིས་ཀའི་ཐོག་ནས་མགོ་མཐུག་ལོག་ཏུ་གནས་པའི་རྒྱ་རྒྱུན་དང་། དཔྱེ་བ།རྟགས། བཅའ་ཐབས་རྣམས་གསལ་བར་བརྟེན་པ་ནི་དཔྱད་ཅོམ་འདེའི་ཐོང་གཞི་གཙོ་བོ་ཡིན།









## ལག་ལེན་དཔར་པ་བྲིད་ཀྱི་ཚུལ་ཤོག

### རྒྱགས་བཀག་པའི་རྒྱུ་

རྒྱགས་བཀག་དང་ག་འགག་དང་དབྱགས་མི་པདེ། རྒྱ་རབ་མེ་དབལ་གཡན་པ་འབྲས་དང་མཛེ།

མིག་ནད་ལུད་པ་དེས་ས་ནད་འབྱུང་པར་འབྱུང། (རྒྱུད་གནད་དུ་ནོན་ཁ་བཀང་དཔོ་པར་བྱ།)

རྒྱ་མཚན་རྒྱད་པས། ཉེད་པོག་རང་འབྱུང་རྒྱན་གྱི་འགག་མི་བྱ།

རྒྱགས་ཀྱི་རྒྱ་དག། རྒྱན་རྒྱལ་བྱུང་ཅེ་རྒྱུད་མ་ནོན་པ་དང་ནད་པས་བྱུང་དང་རྒྱན་ལྷན་ཡི་ག་རྒྱར། རྒྱ་འབྲལ་གདོན་དགུ་རྒྱགས་པའི་རྒྱ་ཡིན་པས།

རྒྱའི་རྒྱུད་གི་རྒྱུད་པ། རྒྱུད་པ་ནད་མོད་ཡིར་འབྱིན་ལྷེད་པ་མོ། རྒྱུད་པ་མ་རྒྱའི་གནས་ལ་རྒྱགས་ཀྱིས་རྒྱུད་པ།

ལྷ་པའི་གནས་ལ་ནི་རྒྱ་ཏུ་ཡིས་རྒྱུད་ལྷས་རྒྱུད་པ་གསལ་ལ་ཅ་གནས་ཅ་རྒྱུད་བྱ།

གསོག་རྒྱུད་ལ་ལྷོས་ནས་རྒྱའི་རྒྱན་པའོས། རྒྱན་གྱི་གཉེན་པོ་ནི་དང་རྒྱུད་པ་གཉིས། གསོག་དུས་ནི་ལ་ལངས་ནས་རྒྱུད་པས་པའོས།

རྒྱུད་རྒྱག་འཇམ་གྱི་རྒྱུད་པའི་ཁྱད་པར། གལ་ཏེ་རྒྱུད་པ་དགོས་ལ་འཇམ་པོས་བྱ། དབྱས་ན་རྒྱུད་ས་འཇོད་གསྐྱེས་མགོ་པོ་འཁོར།

གཉིད་མེད་མདངས་ཤོར་རྒྱན་གདངས་དབང་པོ་ཉམས། ཁ་སྐྱོས་དང་ག་འགག་དང་ཕྱིན་པ་བརྒྱ།

གཞུག་ཏེ་ཅི་བ་ལོགས་ཅིང་ག་ལྟར་པ་ན། དེས་ས་འདེབས་རྒྱག་འདོད་རྒྱུད་ནད་སྤྱད་པར་བྱེད།

རྒྱུད་པའི་མན་ཡོན། ཞི་རྒྱུད་ཉམ་དམན་མན་ཡོན་དཔར་པོ་གསལ། ལྷས་ཡང་དང་ག་གདེ་བྱ་བྱེད་པའོན།

བཟེས་སྐྱོམ་དུས་འབྱུང་བཤང་རྒྱུད་པའི་པར་བྱ།

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མེས་ས་ཅན་ནད་པ་ཇི་སྤྱོད་པ།  
དེ་དག་ནད་ལས་གྲོལ་བར་གྱུར།  
འགྲོ་བའི་ནད་རྣམས་མ་ལུས་པ།  
རྒྱག་ཏུ་འབྱུང་བ་མེད་པར་ཤོག །

## དམིགས་བསལ་ཐུགས་རྗེ་ཆེ་བྱ།

- དབུས་པོད་མིའི་སྤྱི་གཞི་འཛུགས་ཀྱི་འཕྲོད་བསྟེན་ལས་ཁུངས།
- དབུས་པོད་ཀྱི་གཙུག་ལག་སློབ་གཉེར་ཁང་གི་རིགས་བདག་དགེ་བཤེས་ངག་དབང་བསམ་གཏན།
- པོད་ཀྱི་གསོ་བ་རིག་པའི་ལྷན་ཚོགས་ཀྱི་ཚོགས་གཙོ་སློབ་དཔོན་རག་དོ་སློབ་བཟང་བསྟན་འཛིན།
- ལྷགས་པོ་རི་དྲན་ཉིན་པོད་སྟན་སློབ་གཉེར་ཁང་གི་འགན་འཛིན་སྟན་པ་འཕྲིན་ལས་དཔལ་བཟང་མོ་དགའ་བ།
- ལྷལ་བའི་ཐ་སྟན་ཟུར་པ་རོག་རིགས་དགེ་སློང་ཡེ་ཤེས་དོན་ལུན།
- གསུང་བཤད་གནང་མཁན་མཁས་དབང་རྣམ་པ།
- ཆེད་འཕྲོད་སྐུ་མགྲོན་རྣམ་པ།
- དབྱུང་ཚོམ་སློབ་སྟེལ་བ་རྣམ་པ།
- དབྱུང་ཚོམ་འདེམས་སྐུ་གཙོ་སློབ་ཆོགས་མི་རྣམ་པ།
- ལོ་སྤྱི་གཞི་ཆོགས་ཆུང་གི་ཆོགས་མི་ལས་བྱེད་རྣམ་པ།
- པོད་ཀྱི་གསོ་བ་རིག་པའི་ལྷན་ཚོགས་ཀྱི་ཆོགས་མི་རྣམ་པ།
- ལྷ་ཆ་དབུས་པོད་ཀྱི་གཙུག་ལག་སློབ་གཉེར་ཁང་གི་གསོ་རིག་གྲེ་ཆེན་གྱི་སྟན་པ་དང་ལས་བྱེད་རྣམ་པ།
- པོད་སྟན་མཐུན་ཐོགས་ཀྱི་ཆོགས་མི་རྣམ་པ།
- ཆོགས་བཅར་བ་རྣམ་པ།
- སྟན་སློབ་རྣམ་པ།
- གཞན་ཡང་ཆོགས་ཆེན་འདི་དང་འབྲེལ་བའི་ཐོག་མཐུན་འགྱུར་རོགས་རམ་གནང་མཁན་ཆང་མར་ཐུགས་རྗེ་ཆེ་ཞེས་བྱ། །



## CONTACT POSTAL ADDRESS:

Organizing Secretary  
International Conference on Tibetan Medicine (ICTM)  
C/O Central Council of Tibetan Medicine  
Gangchen Kyishong, Dharamsala-176215  
Distt. Kangra, (H.P.) INDIA

[www.tibmedcouncil.org](http://www.tibmedcouncil.org)

[www.cuts.ac.in](http://www.cuts.ac.in)

[www.chagpori.org](http://www.chagpori.org)

Telephone: + 91-1892-223483

TeleFax: +91-1892-226462

For any enquiries, email to: 2018ictm@gmail.com



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Cell: +9899127755/ 9999609755/ 9910757755

e-mail: publishing@grouppexcelindia.com • Web: www.grouppexcelindia.com

