TIBETAN MEDICINE AND THE CLASSIFICATION AND TREATMENT OF MENTAL ILLNESS

COLIN MILLARD

INTRODUCTION

This chapter is about mental illness in Tibetan medicine, its classification, diagnosis, and treatment. The discussion will be based on research carried out in clinics of Tibetan medicine in Nepal and the UK. It will address the major debate in transcultural psychiatric studies about whether certain features of psychiatric experience can be said to be universal, or whether representations of mental illness are entirely framed by the culture in which they occur. In what follows, a comparative assessment will be made of Tibetan medical approaches to mental disorders in a South Asian context and in Tibetan medical clinics in the UK. A further layer of comparison will be between Tibetan approaches to mental disorder and those of Western psychiatry.

The Tibetan language has a wealth of words that denote various states of mental disorders, from mild disturbance to full blown psychosis. The general term for mental illness found in the Rgyud bzhi or used by Tibetan doctors is simply ‘sickness of the mind’ (sems nad or sems skyon). If one wants to relate the two widely used categories of Western psychiatry, i.e. neurotic and psychotic states, with Tibetan concepts, then ‘neurotic states’ would best correspond with Tibetan words conveying ‘depression’ (skyo snang, sems pham pa, sems sdug), ‘anxiety’ (sems ngal, sems ’tshab pa, sems khrel), or ‘panic’ (’jig skrag zhad snang, dngangs skrag); and ‘psychotic states’ are conveyed by various

---

1 This chapter follows Eisenberg’s (1977) distinction between ‘disease’ as the pathological condition based in the human body, and ‘illness’ as an individual’s perception of a socially disvalued condition. As equivalents of the latter, I have also used the words ‘sickness’ and ‘disorder’ in this chapter. As the physiological basis of mental disorders in many instances remains problematic I have generally avoided the term ‘disease’.

2 Throughout this chapter I have used the 1992 Lhasa edition of Bdu dtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud (see bibliography).
terms denoting ‘madness’ (*smyo nad, sems rnyog khra, sems skyon nad rigs*).

Before proceeding to discuss Tibetan medical and Western psychiatric principles and practice, I will begin by briefly discussing the two fieldwork locations that the discussion in this paper draws upon. Between September 1996 and August 1998 I conducted fieldwork in a Tibetan medical school situated in the valley of Dhorpatan in the Baglung district of west Nepal. The school includes a classroom, a clinic, and a pharmacy where locally gathered plants and raw medicinal substances brought from outside the valley are processed into medicines. The teacher in the medical school is Tsultrim Sangye (usually referred to as Amchi Gege), a Bon po monk and Tibetan medical doctor trained in Tibet, who founded the school in 1990. At the time of the research he was 60 years old. There were ten medical students at the school. The research focused on learning processes in the classroom, clinic and the pharmacy: how Tibetan medical knowledge was constructed in these arenas; and how the students were inducted into the Tibetan Bon medical view. Living in the valley of Dhorpatan, at the time of my fieldwork, there were about 250 Tibetan refugees and around a thousand Nepalese representing seven ethnic groups. The clinic was used by both Tibetans and Nepalese. In this article, I will focus on the diagnosis and treatment of mental illness in the clinic.

The second fieldwork location concerns the clinics of the Tara Institute of Tibetan medicine in the UK. The Tara Institute of Tibetan Medicine is part of Tara Rokpa Edinburgh, a charitable organisation set up by Akong Rinpoche, a Tibetan Buddhist lama and doctor of Tibetan medicine, who along with Chogyam Trungpa Rinpoche founded Kagyu Samye Ling Tibetan Centre at Eskdalemuir in Scotland in 1967. Tara Rokpa Edinburgh is concerned with the healing arts, both in terms of psychotherapy and medicine. The Tara Institute of Tibetan Medicine has a number of aims: to establish Tibetan medical practice in the West,

---

3 According to its practitioners, known as Bon po, Bon is the pre-Buddhist religion of Tibet. In terms of knowledge and practice it has much in common with the four main Tibetan Buddhist schools. For further information on the Bon religion see Karmay 1975 and Kværne 1972, 1995.

4 For the results of this research see Millard 2002. Part of the reason why I chose this location is because the main medical text that is used in the school is the Bon medical text called *Bum bzhi*. It became quickly evident, however, that the *Bum bzhi* and the main Buddhist medical text, the *Rgyud bzhi* are, with the exception of material on history and lineage, almost identical.