

# **Unbalanced Flows in the Subtle Body: Tibetan understandings of Psychiatric Illness and How To Deal With it**

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# 1. Introduction

## 2. Tibetan Medicine and *Rlung*

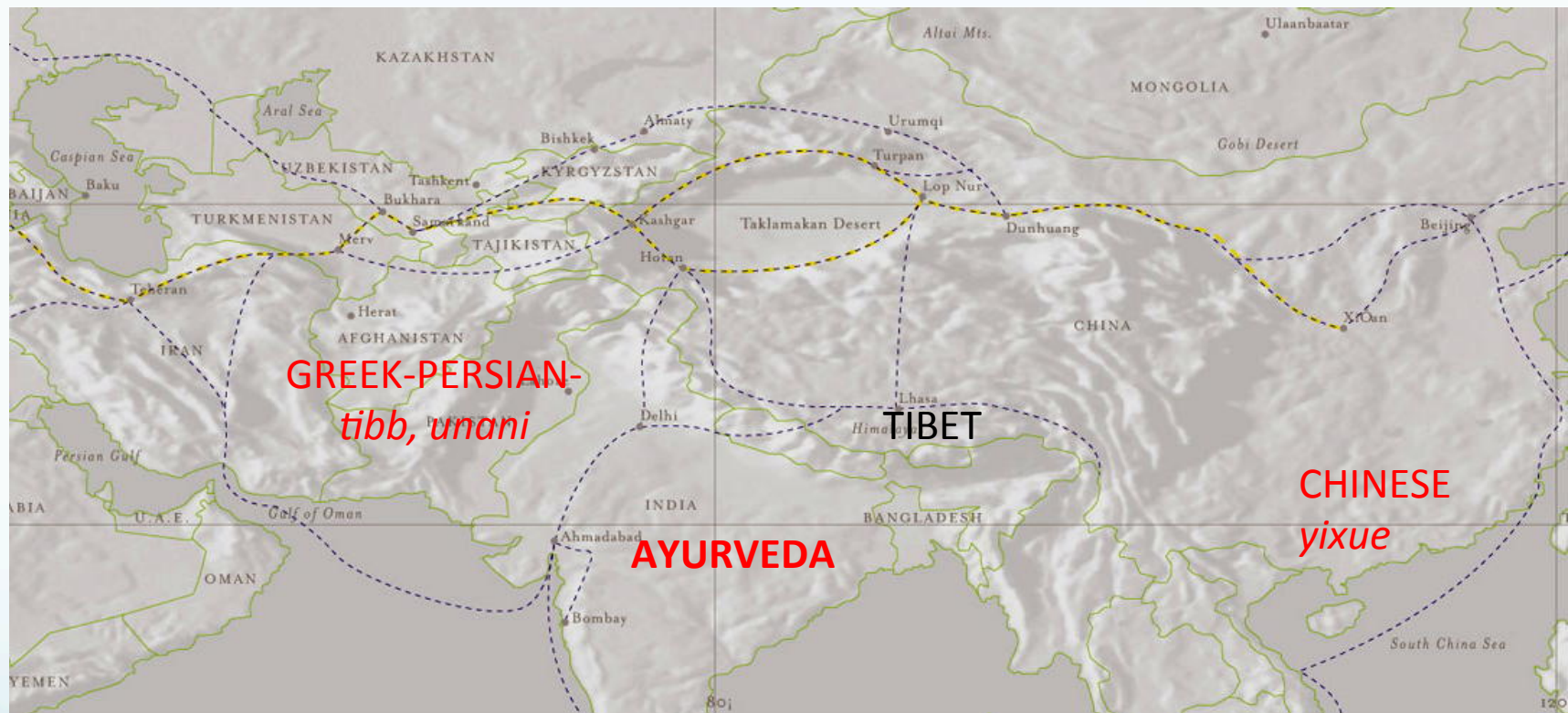
# Tibetan medicine (*gso ba rig pa*)



The principal text of the Tibetan medical tradition, the Rgyud bzhi or 'Four Medical Tantras' was probably written in the 12<sup>th</sup> century.



# Major pre-modern medical traditions in Asia



Similarities: all use mainly herbal (also mineral, animal-derived) remedies, often in complex compounds; all tend to be holistic and to work in terms of balance between pathogenic factors (humours, doṣa, etc). Tibetan medicine adapted elements from all three but medical theory is mainly based on Ayurveda.

# Tibetan medicine (*gso ba rig pa*)

Tibetan medicine (*gso ba rig pa*) involves three basic pathogenic factors (*nyes pa*) or 'humours' corresponding to the three *doṣa* of Ayurveda:

- *rlung* < Ayurvedic *vaṭa*, 'wind')
- *mkhris pa* < Ayurvedic *pitta*, 'bile')
- *bad kan* < Ayurvedic *kapha*, 'phlegm')

## Tibetan medicine (*gso ba rig pa*)

For Tibetan medicine, unlike Ayurveda, the three *nyes pa* are regarded as being caused by the three poisons or root *kleśa*, desire, hatred and delusion, which are the underlying negative processes that maintain the everyday world of *saṃsāra*. This gives mind, consciousness and emotional states a causal role in relation to all kinds of physical and mental disease.

## *rlung* ('wind')

- Translates Sanskrit *vaṭa*, 'wind,' 'air', one of the three *doṣas* within the Ayurvedic medical tradition – so it is an important term in Tibetan medicine
- Also translates Sanskrit *prāṇa*, 'breath,' 'respiration,' 'spirit,' 'vitality,' a set of internal flows important in Indian yogic and Tantric practice – so it is an important term in the Buddhist Tantric tradition of Vajrayāna
- These two sets of meanings already overlap to some degree in Sanskrit and they blur further into each other in Tibetan, where the same word is used for both Sanskrit terms.



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# Five main *rlung* (in both Tibetan medicine and Tantra)

- **Life-Sustaining *Rlung*** (*srog 'dzin rlung*, Skt. *prāṇa*)
- **Ascending *Rlung*** (*rgyen rgyu'i rlung*, Skt. *uḍāna*)
- **Pervading *Rlung*** (*khyab byed rlung*, Skt. *vyāna*)
- **Fire-like Equalizing *Rlung*** (*me mnyam rlung*, Skt. *samāna*)
- **Downwards Voiding *Rlung*** (*thur sel rlung*, Skt. *apāna*)

# Five main *rlung* (1)

**The life-sustaining *rlung*** is located in the crown of the head and travels through the throat and the breastbone, swallows food and drink, inhales, spits, sneezes, belches, endows the mind and sense organs with clarity and holds the mind [and body together].

**The ascending *rlung*** is located in the chest and runs through the nose, tongue and throat. It projects the speech, provides (physical) strength, complexion, 'color,' energy and effort, and clears the memory.

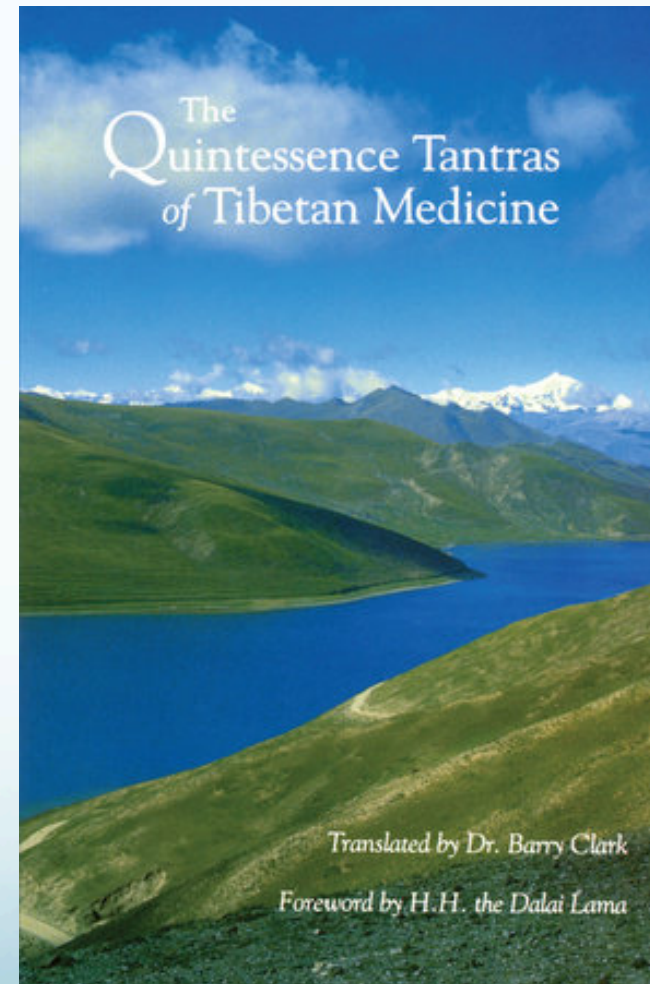
**The pervading *rlung*** is located in the heart and moves throughout the whole body. It raises, presses downwards, moves (the body), stretches, contracts (limbs and digits), opens and closes (the orifices) and is relied upon in the majority of functions.

## Five main *rlung* (2)

The **firelike equalizing *rlung*** is located in the stomach and runs throughout the internal (vessel) organs. It digests food, separates nutriment and waste products, and nourishes the objects of harm (bodily constituents, excretions etc.).

The **downwards voiding *rlung*** is located in the anal area and operates in the large intestine, urinary bladder, genitals and thighs. It discharges and retains the semen, (menstrual) blood, stool, urine and fetus.

(Barry Clark, *Quintessence Tantras of Tibetan Medicine*) (=Chapter 5 of the *Bshad rgyud* – ‘Explanatory Tantra’ from the *Rgyud bzhi*)





## Reasons for being interested in *rlung* disorders

- extensive overlap (though by no means identity) with the Western category of psychiatric disorders,
- presence of similar concepts in other cultures, e.g. Chinese *qi, feng, xie*
- the relationship between the explanatory framework of *rlung* disorders and Western neurology, as paradigmatic for relationship between Tibetan and Western thought about mind and consciousness

### 3. *Rlung* Disorders in Tibetan Medicine

## *Srog rlung* ('life wind') – disturbance of Life-Sustaining *Rlung*

“If the Life-Sustaining *rlung* functions become distorted and disturbed by wrong factors, one may lose consciousness and balance, manifest vertigo, lose control of the body/mind, have wrong perceptions, confusion, hear sounds in the head and ears, experience feelings of head emptiness, and have hallucinations. It may cause shortness of breath; difficulty of inhalation, problems in swallowing food and drink, and could even become the cause of madness.” (Pasang Arya, website)

## *Snying rlung* ('heart wind') – disturbance of Pervading *Rlung*

*Snying rlung* “manifests in loss of balance, hypertension, chest tension, fear, panic attacks. . . , fainting, loss of speech, general cardiac disorders, talkativeness, the desire to roam, pains in the joints, shoulders and back, blood circulation disorders, heart palpitations and rhythm disturbances, and in complaining and unfriendly speech which worsens the situation, etc” (Pasang Arya, website)



## Craig Janes on *rlung* and frustrated desire

In Buddhist medical theory, *rlung* imbalance is linked most closely to the mental poison of desire (*'dod chags*). When asked to discuss the relationship of desire to wind imbalance, the physicians I interviewed tended to provide operational definitions that highlighted the disjuncture between socially legitimate hopes and actualities. For example, one physician described how desire manifests itself among average people and how it may lead to an imbalance of *rlung*: "People want to have good living conditions, enough food, obedient children, peace in the family, and so on. However, when they do not have these things that they desire, it leads to mental agitations, and these in turn cause *rlung* imbalance."

Craig Janes (1995) 'Transformations of Tibetan Medicine' *Medical Anthropology Quarterly* (N.S.) 9: 6-39 (p.30)

## Eric Jacobson on *rlung* and stress

“I have wind today” or “He has wind”, generally indicate a temporary condition of moderate irritability or emotional lability due to some adverse circumstance. ‘High wind’ (*rlung mtho po*) may also indicate a transient, purely circumstantial hyperirritability—“His wind is high because of arguing with relatives”—or a more enduring constitutional predisposition, “He always has high wind”. It is understood that ‘wind’ is increased by prolonged or intense emotional excitement, exhausting physical or intellectual work, exposure to bad weather or food, severe economic hardship, and by separation from or loss of family members. . . . There is a distinct similarity (not to deny that there are also differences) between the Tibetan lay explanatory use of ‘wind’ and Western lay invocations of ‘stress’ and ‘trauma’ to explain states of emotional or cognitive disturbance, and even of illness.

Jacobson, Eric. (2007) ‘Life-Wind Illness in Tibetan Medicine: Depression, Generalised Anxiety and Panic Attack.’ In Mona Schrempf, ed., *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, pp.225-245

## A. Early C20 Yogi with *snying rlung*

Ugyen Tendzin went to a local monastery to study at around the age of seven, with the encouragement of his own uncle, who was also a religious practitioner. But the uncle died a few months later, and Ugyen was treated harshly at the monastery. He ran back off home, where his father arranged for him to become a servant for a local aristocratic family to whom he was distantly related. Another servant in the household stole a valuable cup and accused Ugyen of having taken it. Ugyen was struck by a *rlung* disorder.

After about a month, the family found out that Ugyen had not taken the bowl, but his disorder continued. Ugyen was treated by a Tibetan ritual practitioner for a couple of months and his condition improved somewhat.

Summarised from Namkhai Norbu, Chögyal (2012) *Rainbow Body: The Life and Realization of a Tibetan Yogi, Togden Ugyen Tendzin*. North Atlantic Books, Berkeley.

## A. Early C20 Yogin with *snying rlung* (Namkhai Norbu)

Five years later, Ugyen's mother fell ill. Ugyen nursed her for more than seven months, but she died, and his *snying rlung* complaint recurred and grew worse. "My mind stopped working in a normal way, and this went on for some years. My brother, Trasam, and my sister Tsekyi later told me that during those years my relatives kept me closed in one room as if I were in prison."

Some six years later he was taken to see a distinguished lama, Adzom Drukpa Rinpoche, who performed further rituals. "In one week, my mind became normal, and gradually the signs of recovering from the illness manifested clearly." When he had recovered further, Adzom Drugpa gave Ugyen additional initiations and teachings, then sent him off for a three-year meditation retreat, the real beginning of his career as a Tantric yogin.

Summarised from Namkhai Norbu, Chögyal (2012) *Rainbow Body: The Life and Realization of a Tibetan Yogin, Togden Ugyen Tendzin*. North Atlantic Books, Berkeley.



## B. Government official in contemporary Tibet with *snying rlung* Craig Janes)

Dawa (age 54) is an important government official in the regional TAR office that sets commodity prices, a controversial office, subject to some loathing on the part of the Tibetan populace. Clearly anxious and agitated when she sees the doctor, Dawa launches immediately into a rapidly spoken litany of complaints, underscored by strong emotion: she is dizzy, her head aches almost constantly, she is frightened by her heart, feeling as if it were swinging wildly in her chest. She has trouble sleeping and when she does, she dreams of her father who died several years ago. Her body, she says, is "unhappy." Her job is difficult and causes her much worry and anxiety. She is diagnosed with *snying rlung*, which the doctor tells her is very serious. She needs to be hospitalized as soon as a bed opens up. The doctor tells her, "As long as you keep working your problem will continue."

Craig Janes (1999) 'Imagined Lives: Suffering and the Work of Culture' *Medical Anthropology Quarterly* N.S. 13: 391-412. (p.397)

## C. Poor refugee woman with a mixture of *srog rlung* and *khrag rlung* (Eric Jacobson)

Kalsang is a Tibetan woman in her seventies who lives with her two daughters and grandchildren in a tiny hut of cinder block and corrugated steel in a small neighbourhood of similar dwellings, occupied by other Tibetan refugees. She had been diagnosed as suffering from *srog rlung* for two to three years, and according to Jacobson had a mixture of depression and anxiety symptoms along with various somatic issues, including problems with her legs and nose-bleeds. Her illness had begun when Chinese troops had taken all of her husband's trading stock. A subsequent Chinese attack forced them to leave as refugees for India, losing much of their remaining resources in the process. Within a fairly short time two of her children died, and then her husband, leaving her to raise her surviving children on her own.

Summarised from Jacobson, Eric (2002) Panic attack in a context of comorbid anxiety and depression in a Tibetan refugee. *Culture, Medicine and Psychiatry* 26: 259–279 (p.260)

## C. Poor refugee woman with a mixture of *srog rlung* and *khrag rlung* (Eric Jacobson)

At its onset Kalsang's *srog rlung* illness included "anxiety," "heartbeat" (*snying phar*), the sensation of a rope around her neck, severe headaches, and occasional trouble walking. She located "anxiety" in her chest and described it as a respiratory impairment. . . She explained "heartbeat" in two different ways. The first – "I feel the heart is very light" – was typical of her life-wind illness. The second – "At the time I would have 'wind' people used to say that my heart was beating really strongly" – was typical of episodes of "blood-wind" (*khrag rlung*). Since the initial onset, additional symptoms had emerged: the sensation of an "electric current" in her legs, weak vision ("like there is dust in my eyes"), and the feeling of her head becoming big.

Summarised from Jacobson, Eric (2002) Panic attack in a context of comorbid anxiety and depression in a Tibetan refugee. *Culture, Medicine and Psychiatry* 26: 259–279 (p.260)

## D. Important refugee monk with *khrag rlung* (Audrey Prost)

Lobsang entered monastic education at the age of nine and had a particularly successful ascent in the monastic hierarchy. He completed the degree of Geshe at the young age of thirty and travelled widely as a member of the Dalai Lama's private office. A number of friends referred to him as a *mi chenpo*, an important person. Like many monks, he suffered from high blood pressure and had been told by both biomedical and traditional doctors to be mindful of his diet.

He finally resolved to ask for the advice of an elderly and experienced Tibetan doctor from the Mentsikhang, who diagnosed him with a potentially dangerous form of *rlung* imbalance.

Summarised from Prost, Audrey. *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*. Berghahn Books,, Oxford, 2008.



## D. Important refugee monk with *khrag lung*

A radical treatment for this illness was to apply a long, heated golden needle to the cranium at prescribed points. Through this treatment, the symptoms of such a *lung* imbalance could be radically and permanently relieved. However, Lobsang was repelled by the invasive nature of this treatment, and persuaded his regular physician to let him continue his normal pill treatment.

According to the traditional Tibetan doctor who had treated him, Lobsang's busy lifestyle, rich diet, and high level of intellectual activity had caused the imbalance. Behind this diagnosis lurked a slight reproof of the Geshe's quick social ascent in the exile religious hierarchy.

Summarised from Prost, Audrey. *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*. Berghahn Books, Oxford, 2008.



## 4. rLung and Tantra

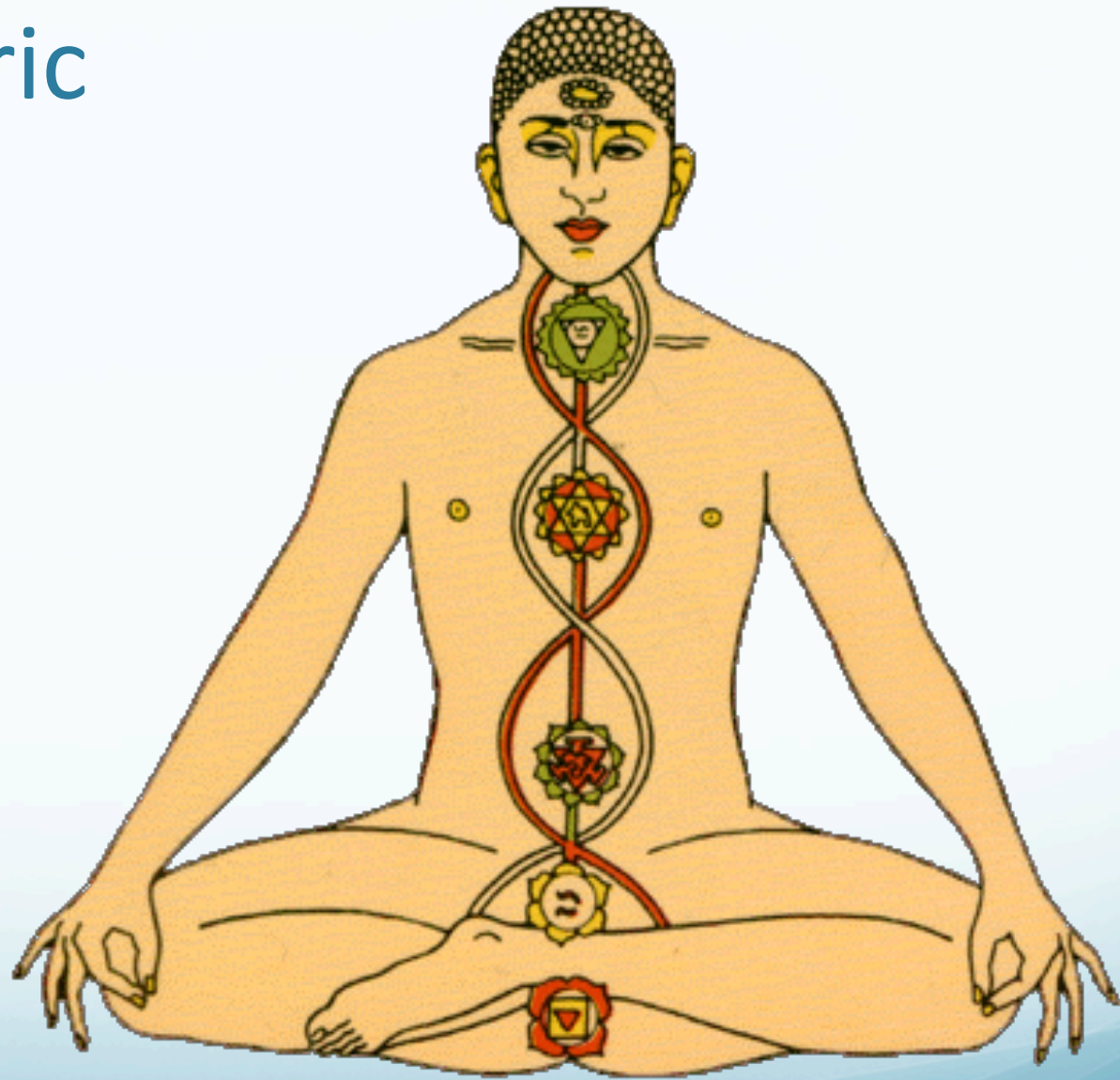


# rLung and Tantra

- In the Tantric understanding of the human organism, *rlung* flows through a network of channels which meet at focal points (chakra)
- The three main channels are the central channel (*dbu ma*), along the spinal column, and the sun and moon channels that wind around it in a spiral
- In an ordinary – unenlightened or unawakened – human being there are ‘knots’ or obstructions that block the free flow of *rlung* within the channels and into the central channel

# The Tantric Subtle Body

This is a Hindu  
(Śaiva) version



# rLung and Tantra

- Tantric yoga involves a combination of visualisation (external and internal), chanting of mantras and other texts, physical movements, breathing practices, etc.
- The aim of tantric yoga is to transform the ‘karmic *rlung*’ that flows in the outer channels into ‘wisdom *rlung*’ in the central channel.
- “The karmic wind is the mount for the eighty natural concepts (*rang bzhin brgyad cu rtog pa*), including attachment, anger, ignorance, and so on. These conceptions manifest during the life of the individual, and are like a pattern or cage in which the individual is trapped.” (Kongtrul, cited by Elio Guarisco in *Secret Map of the Body*.)

# rLung and Tantra

“In fact, the wisdom wind and the karmic wind are the same thing. If this wind is brought under control, it engenders wisdom; if it is not controlled, it gives rise to the ordinary mind, together with its poisons. Thus the most important thing, at the perfection stage [of Tantric practice], is to work effectively on the wind, since it is by such a means that one will also be able to work with the essence-drop [*thig le*, Sanskrit *bindu*], which the wind conveys. If, as a result, one attains mastery of the essence-drop, the mind, which is supported by it, will also cease to move, thereby giving rise to the experiences of bliss, clarity, and nonthought.”

(Dilgo Khyentse, cited by Elio Guarisco in *Secret Map of the Body*.)

# rLung and Tantra

- Meditation-caused illness is a familiar concept in Tantric circles, and is normally associated with *rlung* imbalance. There are ways of dealing with such disorders through *rlung* practices and other meditational exercises, but lamas may also respond to a *rlung* problem by instructing the student to stop meditating, eat meat and other solid, grounding food and take part in ordinary everyday activities with friends in a relaxed environment.
- Generally, *rlung* in Tibetan thought provides both a theory of optimum health (the proper flow of the *rlung*, leading to the minimisation of ‘karmic’ winds, destructive emotions, etc), and a theory of *rlung* disorders, which correspond in many cases to the Western category of psychiatric disorders.

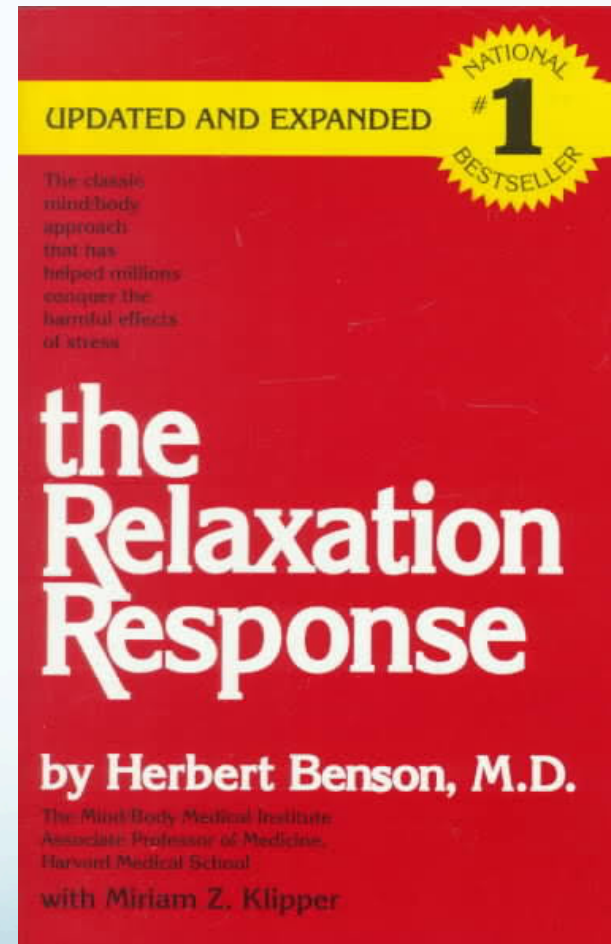
## 5. Meditation and the Autonomic Nervous System



# Herbert Benson



Harvard cardiologist and populariser of the 'relaxation response'



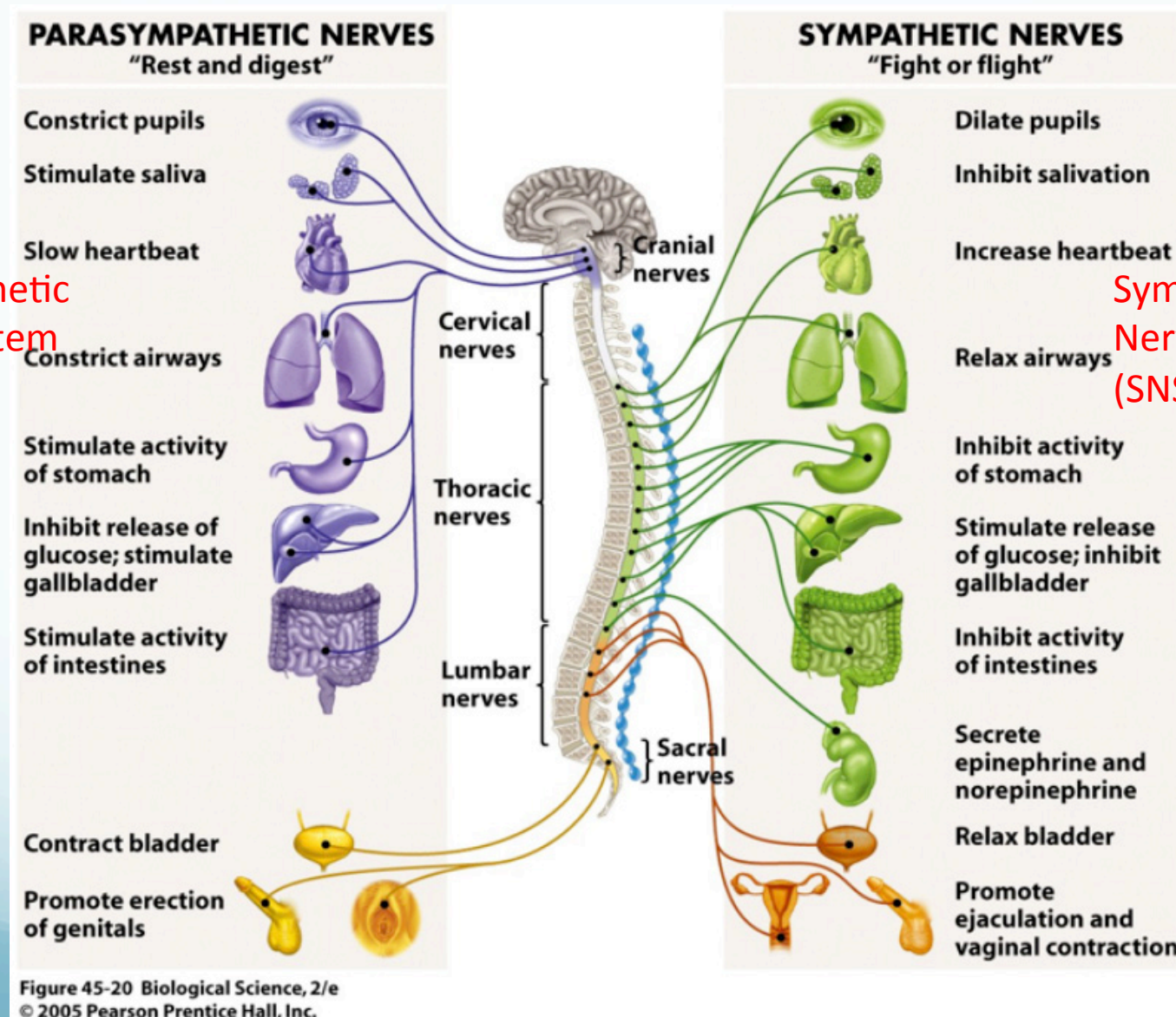
# Predecessors

- Walter Bradford Cannon and the fight-or-flight response (1920s-30s)
- Hans Selye – the modern sense of ‘stress’ and the General Adaptation Response (1930s-1960s)
- Walter Rudolf Hess – ergotropic and trophotropic responses (1940s-1950s)
- Herbert Benson – relaxation response (1960s)

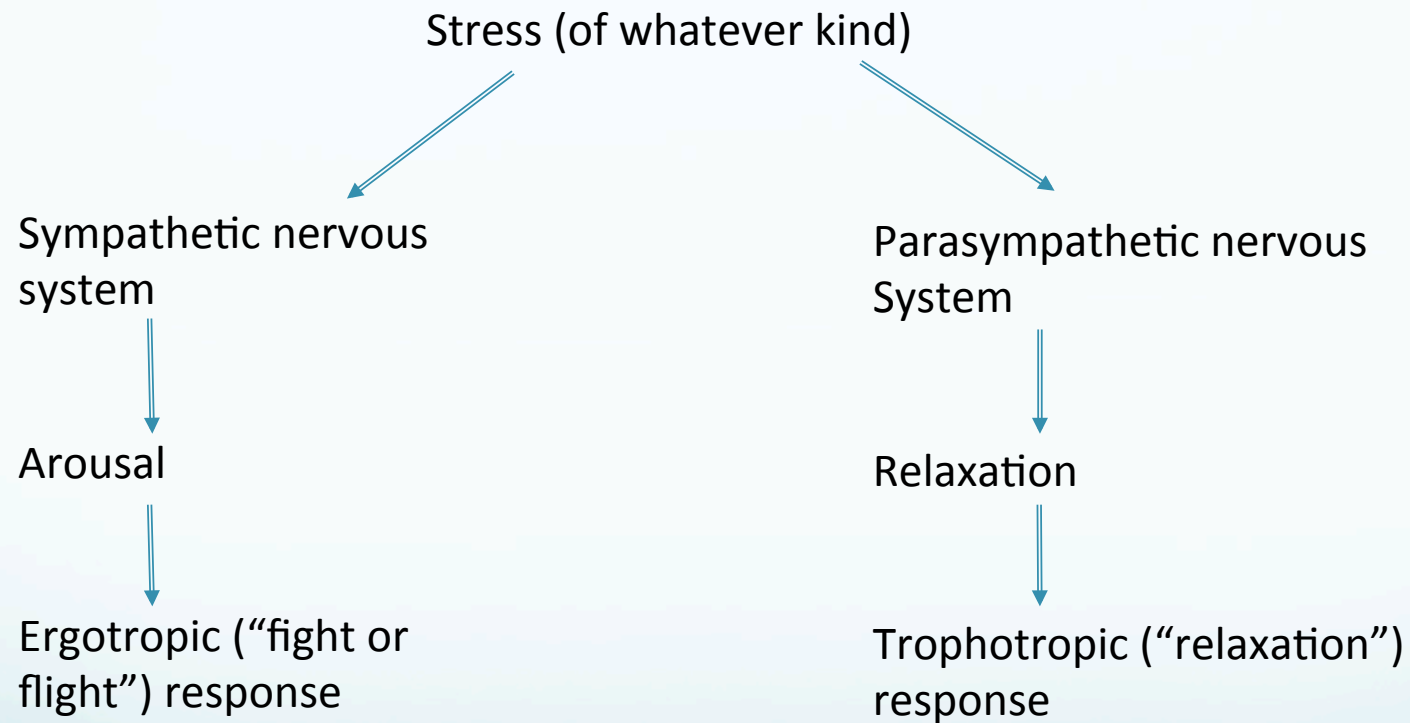
# The Autonomic Nervous System

Parasympathetic  
Nervous System  
(PNS)

Sympathetic  
Nervous System  
(SNS)



# Two pathways



# Beyond the relaxation model

- Lutz, Antoine, Dunne, John D. and Davidson, Richard J. (2007). Meditation and the Neuroscience of Consciousness: An Introduction. In *The Cambridge Handbook of Consciousness*, ed. Philip David Zelazo, Morris Moscovitch and Evan Thompson, p. 499-551. New York and London: Cambridge University Press.
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# Subtle body and the autonomic nervous system

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# Autonomic nervous system and psychiatric disorders

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## 6. Differences, similarities, and the possibilities for progress

# Similarities 1

- Parallel between the two aspects of the autonomic nervous system (sympathetic and parasympathetic) and the two outer channels of the subtle body practice.
- Meditation brings the ANS to a higher level of functioning; meditation transcends the two outer channels to a higher state of being

## Similarities 2

- The sympathetic system is active, involved in outward movement, in engagement with the external world, while the parasympathetic system is inward-looking, involved in withdrawal from action and engagement.
- The two outer Tantric channels encode a similar opposition, between *upāya* and *prajñā*, ‘means’ and ‘wisdom,’ the first active, externally engaged, outward looking, while the second is inward looking, involving insight rather than engagement

# Similarities 3

- Idea of disorders manifesting as psychiatric illness in both cases (Izard, Janušonis, etc for the autonomic nervous system)
- Emotion as quasi-fluid, possible mapping with endocrine system and hormonal flows

# Differences 1

- the Western model operates in terms of physiological variables and generally leaves consciousness out of the picture. (Other Western models and approaches, e.g. psychoanalytic thought, operate in terms of consciousness, but appear to be incompatible?)
- The Tibetan mode of analysis is posed at a level somewhere *between* mind and body, neither purely material nor purely at the level of consciousness.
- The Tibetan mode implies the presence of karma as a causal force behind the operation of the flows in the subtle body. These imply rebirth and continuity between consciousness in successive lives.



# Differences 2

- The scientific mode tends to assume that it is dealing with empirical reality. We regard the Tibetan mode as metaphorical rather than empirical (e.g. “mind riding on the horse of *prāṇa*”)
- Perhaps these are not as different as they look on the surface. Yet how do quantities such as *rlung* relate to an organic basis? And if that organic basis can dissolve into the elements (as with the idea of the rainbow body in Tibetan thought), what kind of organic basis is it?
- Does it matter, as long as it works?

The background of the slide is an abstract composition. The upper half features a pale, hazy sky with soft, wispy clouds in shades of light blue and white. The lower half is dominated by a series of overlapping, wavy bands of blue, creating a sense of depth and movement, reminiscent of a horizon or a stylized landscape. The colors transition from a very light blue at the top to a deeper, more saturated blue at the bottom.

The End