

# Psychiatric aspects of classical Tibetan medicine: textual and anthropological studies

*Eric Jacobson*

In the study of classical Tibetan medicine (CTM) anthropological methods can supplement textual exegesis by providing insights into the forms of illness and therapy in contemporary Tibetan society. This additional perspective allows one to examine the relationship between classical medical theory and contemporary experience and practice. In addition, psychiatric anthropology can place these aspects of CTM in the context of other medical systems, including contemporary biomedicine.

Original translations of selected chapters of the central classic of Tibetan medicine, known as the Four Treatises (bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud), revealed that the conceptual structure of CTM is in some respects strikingly similar, and in others fundamentally divergent from that of biomedicine. A brief summary of CTM etiology, pathophysiology and pharmacology is given. This study focused in particular on theory pertaining to illnesses which biomedicine would regard as psychiatric, i.e. those in which disturbances of affect, perception, conduct and cognition are prominent. In CTM nosology these kinds of illnesses appear in two broad divisions. Certain of the “wind” illnesses are described as having prominent affective and anxiety symptoms. More severe illnesses which would be characterized as psychotic are attributed to attack or possession by a number of different classes of spirits.

In addition to textual studies anthropological research was conducted in Tibetan refugee communities in northern India. Intensive case studies were conducted with sixteen individuals who had been diagnosed and treated by CTM physicians (‘em chi) for illnesses in which psychiatric symptoms were prominent. Each study included life histories, illness histories, the subject’s unprompted descriptions of symptoms, and screening with selected portions of a standardised diagnostic interview, the Structured Clinical Interview for Diagnostic and Statistical Manual SCID. Each patient’s clinical presentation to their emchi was also observed, and the emchi’s diagnostic conclusions were recorded.

On the basis of these data the cases could be divided between those which the emchi attributed to disturbances of “wind”, in which affective and somatosensory symptoms predominated and those attributed to interference by spirits, which biomedical psychiatry would classify as psychotic. Some cases were explained as due to both excess “wind” and spirit interference. A summary is given of the data collected in these case studies. These suggest certain relationships between the etiological and nosological constructs of CTM and biomedicine. The most common of these Tibetan illnesses, e.g. “life-wind illness”, are briefly placed in the context of similar disorders which psychiatric anthropologists have studied in other cultural settings.

In general the data collected in this study confirm the overall picture which has emerged in psychiatric anthropology over the past two decades: that certain broad types of psychiatric illness, e.g. a spectrum of anxiety and depression disorders, and various types of psychotic syndromes, are recognizable across varying cultural and civilizational contexts, yet at the same time each context modifies the symptomatological expression, course and social meaning of such illnesses.