

# The role of meditation in Tibetan Medicine and the effects of meditation training with patients suffering from trauma or the effects of torture

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# Meditation in Tibetan Medicine

1. In traditional context meditation-training is regarded to be a cognitive training with its effects on thoughts, emotions and on the body,
2. based on this assumption the theories of Tibetan Medicine describe a body consisting of channels and centers with a circulating factor called „wind“ (Tib. *rlung*, Skt. *vayu*)
3. Meditation training effects on this „wind“ (*rlung*).

4. Although there are complicated techniques of breathing and visualisation exercises to enhance the effects of *rlung* circulating in the body,
5. traditional meditation training is conducted gradually, starting with simple exercises.
6. Theories and concepts of buddhist philosophy reflect the methods as well as their effects.

*rlung* is one of  
three factors (Tib. *nyes pa*, Skt. *doṣa*)  
in Tibetan Medicine

1. The imbalance of these factors is regarded to be the cause of sickness.

**1.1 Wind** (Tib. *rlung*, Skt. *vāyu*),

**1.2 Bile** (Tib. *mkhris pa*, Skt. *pitta*),

**1.3 Phlegm** (Tib. *bad kan*, Skt. *kapha*).

2. Trauma is said to cause an imbalance of wind and therefore causes wind disorders.

Drungtso, T.T., Drungtso, T.D. (2005: 459). Tibetan-English Dictionary of Tibetan Medicine and Astrology. „*rlung nad* [....] Diseases caused by imbalance of wind (wind disorders)“. Archana: Drungtso Publications.

# Essential aspects of meditation training

1. **Śamatha with focus (on the breath or any outer object),**
2. Śamatha without focus,
3. Vipāśyana based on these,
4. its effect is described in Tibetan medicine to be stabilisation of mental movement which directly effects on the factor „wind“ (Tib. *rlung*, Skt. *vayu*).

**results of the study:**  
five dimensions in the questionnaire SF-36  
(Bullinger, M., Kirchberger, I., 1998)  
**after four weeks of training**

1. Bodily Pain,
2. Vitality,
3. Sozial Functioning,
4. Mental Health,
5. Role Emotional.

<b>Bodily Pain (0-100)</b>	normgroup	studygroup before training	studygroup after four weeks of training
Means	<b>77,15</b>	<b>79,12</b>	<b>83,45</b>
N	2905	40	31
SD	28,49	20,47	21,35

<b>Vitality</b> (0-100)	normgroup	studygroup before training	studygroup after four weeks of training
Means	<b>61,75</b>	<b>51,09</b>	<b>57,58</b>
N	2888	41	31
SD	19,20	15,87	15,26



<b>Sozial Functioning</b> (0-100)	normgroup	studygroup before training	studygroup after four weeks of training
Means	<b>87,66</b>	<b>81,70</b>	<b>88,30</b>
N	2911	41	31
SD	19,45	23,23	16,11

<b>Mental Health (0-100)</b>	normgroup	studygroup before training	studygroup after four weeks of training
Means	<b>72,79</b>	<b>68,29</b>	<b>71,61</b>
N	2900	41	31
SD	17,37	14,84	12,95

<b>Role Emotional (0-100)</b>	normgroup	studygroup before training	studygroup after four weeks of training
Means	<b>87,74</b>	<b>78,75</b>	<b>88,17</b>
N	2899	40	31
SD	28,96	31,12	26,59

# Symptoms of Post-traumatic stress disorder F 43.1

1. „repeated reliving the trauma in intrusive memories („flashbacks“) or dreams“,
2. „a sense of „numbness““,
3. „emotional blunting“,
4. „detachment from other people“,
5. „unresponsiveness to surroundings“,
6. „avoidance of activities and situations reminiscent of the trauma“,
7. „fear and avoidance of cues that remind the sufferer of the original trauma“.

citation: WHO Bluebook, The ICD-10 Classification of Mental and Behavioural Disorders (2010), [www.who.int/classifications/icd/en/bluebook.pdf](http://www.who.int/classifications/icd/en/bluebook.pdf), page 120.

# Hyperarousal and hypervigilance

„There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent.“

citation: WHO Bluebook, The ICD-10 Classification of Mental and Behavioural Disorders (2010)

[www.who.int/classifications/icd/en/bluebook.pdf](http://www.who.int/classifications/icd/en/bluebook.pdf), page 120.

# Effects with patients suffering from trauma

# **1. case studies - in interviews (in the patients own words):**

1.1 letting go,

1.2 feeling clearer,

1.3 relaxation (physical and emotional),

1.4 taking a deep breath during the training after which the breathing would not feel blocked any longer in the same way as before,

1.5 integration of the effects of the training, for example to be able to use the continuation of breath when excitement or fear sets in.

## 2. case study with the questionnaire ASS-SYM (Krampen, G., 2006)

<b>Dimensions in ASS-SYM</b>			T-level
<b>after one month of training</b>	T	T	difference
EXHAUSTION	58	46	<b>-12</b>
TENSION	58	54	<b>-4</b>
PSYCHOPHYSIOLOGICAL DYSREGULATION	60	54	<b>-6</b>
PAIN	56	56	<b>0</b>
SELFASSURANCE AND SELFCONTROL	54	54	<b>0</b>



# Effects of the traditional cognitive training (of Śamatha meditation)

1. on a cognitive level
2. on a emotional level
3. on a physical level

# Summary: short-term and longterm effects of meditation-training

1. shortterm effects are relaxation and calming down of thoughts and strong emotions;
2. because of training with the multiple focus of attention and training in nonjudgmental observation of thoughts and its effects are a differentiation of the perception of ones own thoughts and emotions;
3. longterm effects are, after having learned to induce relaxation, to observe thoughts and emotions without immediately judging them and to reflect on the causal interconnection between thoughts and emotional reactions;
4. a longterm effect is also the ability to induce a vagotone state of the body.

## Conclusion: shortterm effects for people suffering from trauma

The results seem to indicate that the method of Śamatha training, simply with a focus on ones own breath, effects as a kind of stabilising factor.

Therefore it can be used in the context of trauma therapy and be easily be applied by the patient himself/herself.

It can be used right after the traumatic situation as well as at the point when flashbacks set in. It can be used for example before, during and after challenging interviews during which the trauma is reactivated,

Thank you.