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Article

The Healing Heuristic of the Medicine Buddha in Bhutan

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Abstract: This paper examines the role of the Medicine Buddha in the healthcare system in Bhutan, a bipartite system where allopathic and Bhutanese Traditional Medicine co-exist. Discussion is informed by a wider study that explored the use of mindfulness practices by nurses across both sectors. An emergent theme from this narrative inquiry is that health practitioners across the sectors spoke of the importance of the Medicine Buddha in their professional practice. To better understand this centrality, we provide a historical overview of the long-standing presence of the Medicine Buddha in Bhutanese society and the materiality and spirituality of Medicine Buddha practice, and review how this healing aspect of Awakened Mind (Buddha) is integrated into nurse training. We then explore how this unique holistic education is integrated into the lives and practices of nurses and their workplaces. While recognizing that empirical proofs remain elusive, this paper is also informed by our own reflective practice and individual experience with the Medicine Buddha in affirming a healing heuristic in our own lived experiences. To wit, we can see value in the pivotal role of Medicine Buddha in the Bhutanese health system, and, more broadly, the health of Bhutanese society.

Keywords: Medicine Buddha; materiality; education; spirituality; health; interconnectedness; transformation; Bhutan; gross national happiness

1. Introduction

In Bhutan, where Buddhism is deeply ingrained in the cultural fabric, the Medicine Buddha holds significant reverence as an ultimate healer, attributed with the power to remedy physical, mental, and spiritual afflictions. Medicine Buddha iconography is ubiquitous throughout Bhutan, as statues, murals, geometric mandala constructions, and scroll paintings (*thangkas*). At least one of these representations is found in all hospitals, wards, clinics, and in both allopathic and traditional medical educational institutions across the country. These material artefacts are placed as visual reminders of the healing potency of the Medicine Buddha and as prompts to attune attention to the healing dimensions of wisdom and compassion, such as for patients and healthcare workers. As such, we consider that they serve a heuristic purpose.

2. Methodology

We approached the study utilizing narrative inquiry as a culturally sympathetic approach in our interviews as we sought to understand what importance nurses might give to mindfulness and spiritual practices in their healing work. Storytelling is deeply ingrained in the essentially indigenous, and relatively newly literate, Bhutanese culture. For millennia, Bhutanese communities have used art and stories to curate and nurture their beliefs, values, and community lore. The first author, a Bhutanese native, understands well how stories are an integral part of Bhutanese identity. Stories enable self-understanding, and help shape cultural realities (Bruner 1986; Connelly and Clandinin 1990; Merriam and Tisdell 2015; Riessman 2008). He also understands that mindfulness and spiritual practices are endemic throughout Bhutanese society, and, in this study of nurses, we noted the centrality of Medicine Buddha practices for both allopathic and traditional medicine



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nurses, and employed this method that we might find new or nuanced understandings of the intersection of spiritual and professional practice in nurses' lived experiences (Riessman 1993; Andrews et al. 2013).

3. Vajrayana Buddhism, Medicine Buddha, and Bhutan

3.1. Intersection of Medicine Buddha and Mindfulness Practice

Mindfulness practice, central to Buddhist traditions, cultivates careful attention to the present moment with non-judgmental awareness. It is a technique to understand the nature of the mind and to develop emotional and mental resilience (Thrangu 2004).

In practices involving Medicine Buddha, mindful attention is attuned to healing. Sickness and healing, both literal and metaphorical, from Gautama's (the Buddha's) time onwards remain integral in the Buddha-Dharma (the collective teachings of the Buddha). The practice of Medicine Buddha, where "medicine is situated in Buddhist cosmogony as one of the topics the Buddha spoke . . . At the first turning of the wheel, he taught medicine in the Vinaya. At the second turning of the wheel, he spoke two medical teachings . . . He then manifested as the Medicine Buddha and spoke the Four Tantras" (Garrett 2006, pp. 214–15). Fundamentally, the Buddha likened his teaching role to that of a doctor, the sick/deluded/afflicted as patients, and Dharma the medicine. Medical terminology such as 'antidote' and 'poison' continues to proliferate in Buddhist discourses, and in oral teachings especially. Bhaijaguru literally translates as 'Medicine Master' or 'Physician King'—a supreme healer of physical, mental, and spiritual ailments (Thành and Leigh 2001).

Interestingly too, in the English language, both medicine and meditation share the Latin root *medeor*: to heal, cure, remedy. Furthermore, the etymology of '*tantra*' has evolved from the Sanskrit *tanoti*, meaning to warp or weave, and it is in the subtle weaving together of actions of body, speech, and mind, self-interconnected and 'woven' with others, and the enlightened energies—in this case, healing—that become a site of learning and practice.

3.2. Body, Speech, and Mind

Vajrayana Buddhism emphasizes the integration of body, speech, and mind as foundational to spiritual practice and development; these three aspects are not treated as separate entities but are interconnected. The practice of integrating them ensures that one's spiritual development is holistic. For example, in meditation, practitioners use visualizations of deities (mind) while reciting mantras (speech) and assuming specific postures or gestures (body). This integrated approach reinforces interconnectedness and supports the transformation of all three aspects. During rituals, the coordinated use of body, speech, and mind aims to align one's entire being with the spiritual path. The ritual actions (body), sacred words (speech), and mental focus (mind) work together to create a powerful, transformative experience.

The body (*kaya*) is not just a physical entity but a vital part of spiritual practice; it serves as a conduit for spiritual growth where practitioners use physical postures, mudras (ritual gestures), and visualization techniques to align their physical presence with their spiritual aspirations. For instance, certain meditation postures or ritual movements are believed to channel and harmonize the body's energies. Physical actions during rituals, such as offerings, prostrations, and circumambulations, are considered to purify negative karma and accumulate merit. The body's engagement in these practices is seen as foundational to enacting the principles of the path and manifesting the enlightened qualities in everyday life.

In the context of the treatment process, the nurses engage patients with so called *nad gzhi sel thabs kyi lus sbyong* (for physical ailments). This treatment begins by allowing a short time for the mind to settle on the breath and chant *HUM* with the visualization of one's body as the form of Medicine Buddha with the blue color of a mountain lapis lazuli and dispelling the suffering of the disease form of the patients. In the process, the nurse

also visualizes their entire body as a retinue of eight Bodhisattvas surrounding them, and they praise and pay homage to the deity who holds the precious medicine.

The Speech (*vac*) is an essential tool for transformation in Vajrayana. Speech is regarded as a potent force encompassing ordinary and sacred speech. Practitioners use mantras (sacred syllables or phrases) to focus the mind, invoke blessings, and connect with deities or enlightened beings. Reciting mantras is believed to transform the practitioner's speech into a powerful vehicle for spiritual realization. Speech is also used in the transmission of teachings and the communication between teacher and student or nurses and patient. The way one speaks—honestly, compassionately, and skillfully—is seen as a reflection of one's spiritual development and a means to benefit others.

Devotional practices among Vajrayana practitioners often involve offerings, prostrations, circumambulations, and rituals performed before statues or representations of Buddhas and Bodhisattvas. These practices foster humility, reverence, and a connection to enlightened beings and teachings. Speech plays a crucial role in purifying actions and thoughts, countering negative influences through mantra recitation, prayers, and sutras. This process helps practitioners clear obstacles on their journey to healing and enlightenment.

Mantras, sacred syllables, words, or phrases embodying enlightened beings' power, are repeated during meditation and rituals. They purify negative karma and foster spiritual realization by aligning the practitioner's mind with Buddha's qualities. Precise pronunciation and mental focus harness enlightened beings' innate wisdom and energy, aiding concentration, insight, and compassion development.

In Vajrayana Buddhism, integrating body, speech, and mind is pivotal to spiritual practice. Devotional activities and mantra recitation are essential for purifying negativity and nurturing qualities necessary for awakening.

3.3. Origins of Medicine Buddha

The Medicine Buddha has held a continuous and revered presence in Asia since the third century CE (Ray 2002; Suzuki 2011), via translations of the *Sutra of the Medicine Buddha* from Sanskrit to Chinese and Tibetan. However, for the scope of this article, the emphasis is confined to Vajrayana lineages of Buddhism in Bhutan. Here, there is consensus that the practice would have been arrived after 746 A.D., when the Dharma was introduced from Tibet by the great Guru Padma Sambhava (Ugyen 2022). From then, the Bodhisattva ideal to benefit all sentient beings, as per the Mahayana Buddhist tradition, became imbued with tantric deity practices, the Vajrayana lineage, to complement textual learning.

The tradition of Medicine Buddha has been orally transmitted as a tantric practice in an unbroken lineage since its arrival in Bhutan via highly learned *Vajrayana* (also referred to as *Tantrayana*) Buddhist adepts to devoted ordained and secular students (Zopa 2009). There are four classes of tantra that progressively increase in complexity and perspicacity, and hence are typically practiced outside of public attention.

In *Vajrayana* Tantric Buddhism, iconography is not merely an 'image' per se but a nuanced and multilayered representation of a deity, a metaphysical embodiment (Ray 2002; Suzuki 2011) that serves to dispel afflictions and ignorance and illuminate consciousness (Zopa 2009). As such, practitioners aim to activate the Medicine Buddha's compassionate presence and healing energy to permeate all dimensions of existence, offering solace and relief to those in need. The presence of Medicine Buddha serves as a reminder to both patients and healthcare providers of the mental and spiritual—indeed holistic—transformative aspects of healing besides the physical healing effects of the medicine (Wangchuk and Tashi 2016).

The Medicine Buddha tantra is a *kriya*, first-level, tantra whose iconography can be publicly shared. Nevertheless, for the practice to develop its potential, the transmission of the empowerment to practice remains dependent on the highly accomplished guru, and recipients must have some understanding of, and confidence in, the Buddha-Dharma.

The Medicine Buddha's profound commitment to relieving the suffering of all beings is communicated through rich symbolism: a radiant blue Buddha seated in the cross-legged meditative posture, the right hand resting and touching the earth while holding a healing plant (myrobalan) and the left hand resting in meditative equipoise holding a bowl of medicinal nectar. The practice is foremost a life-shaping mode of operative awareness (Dowrick 2017; King 2014; Metzinger 2003), where in this case the techniques employed in the practices are focused on healing self and others.

Vajrayana Buddhism emphasizes the integration of body, speech, and mind as foundational to spiritual practice and development. For example, in meditation, practitioners use visualizations of deities (mind) while reciting mantras (speech) and assuming specific postures or gestures (body). As elaborated later in this paper, the nurses interviewed in this study offer insights into how the icon, as a heuristic, is animated through agentic engagement in ritual, visualization, and mantra that provide impetus for the practitioner nurse to bring spiritual presence into their work (Ugyen 2022).

3.4. The Healthcare System in Bhutan

In 1972, the 4th King of Bhutan, Jigme Singe Wangchuk, conceptualized the term Gross National Happiness (GNH) to prioritize national well-being over national product and articulated four priorities as foundations for it to thrive: sustainable and equitable socio-economic development; preservation and promotion of a free and resilient culture; good governance and equality before the law; and ecological sustainability. These pillars set the country on an ambitious path towards modernization and global engagement, while concurrently committing to preserving and enriching the primarily Buddhist Bhutanese culture and the environment. The National Health Policy reflects these principles. Section 21 and 22 under Article 9 of the constitution of the Kingdom of Bhutan states that "the state shall provide free access to basic public health services in both modern and traditional medicines" (Ministry of Health 2011).

Without becoming distracted by the many and varied intricacies of political reform, we can see good progress as to how these ideals are enacted in the Bhutanese health system that offers a complementary blend of contemporary allopathic medicine and Bhutanese Traditional Medicine (BTM). With dedicated government funding, including quality control mechanisms, traditional medicine practices in Bhutan work to meet to meet World Health Organization (WHO) quality standards (Dorji and Morisco 1989). These quality control processes include traditional medicine practice guidelines, university curricula, laws, regulations, policies, and constitutions to mutually support the country's contemporary health care system (Wangchuk et al. 2016).

The integration of BTM into allopathic hospitals and clinics appears to be a cost-effective use of resources. Crossover referrals and mutually supportive practices continue to serve the betterment of healing and well-being of the people of Bhutan (Thinley et al. 2017). For example, in interviews with traditional medicine practitioners, Drungtshos, *drung 'tshos*, (BSc. Traditional Medicine) and Menpas, *smam pa* (Dip. Traditional Medicine), affirmed that modern doctors often refer their patients with chronic diseases such as sinusitis, arthritis, rheumatism, and digestive and nervous disorders to the traditional practitioners, while Drungtshos refer patients that require surgeries and antibiotic treatment to allopathic doctors. Sowa Rigpa, *bs oba rig pa*, as BTM is also known, has continued to grow, now with 54 traditional medicine centers operating alongside allopathic hospitals and basic health units (Faculty of Traditional Medicine 2021), with broad acceptance among the population and continued royal patronage.

3.5. Two Strands of Nurse Education in Bhutan

The traditional healing curriculum, Sowa Rigpa, is long-standing in Bhutan's cultural heritage. Initially established in monastic institutions by Zhabdrung Ngawang Namgyal in 1616, Sowa Rigpa medicine saw formal recognition with the inauguration of a separate medical dispensary in 1968, following the health integration policy introduced by the Third

King, Jigme Dorji Wangchuk, in 1967 (Wangchuk and Tashi 2016). Today, the Department of Traditional Medicine Service (DTMS) oversees the National Traditional Medicine Hospital (NTMH), 2 regional referral traditional hospitals (Monger and Gaylegphu), 17 traditional medicine hospitals, and an additional 38 traditional medicine units. These facilities are integrated alongside major Basic Health Units (BHU), demonstrating the widespread practice of Medicine Buddha from ministerial to community levels. The training of the BTM nurses still closely emulates the established monastic curriculum that retains study of medicinal herbs and minerals, mantras, and concentrated meditations for healing, where the Medicine Buddha is placed as the cornerstone of instruction (Ugyen 2022). What we garner from the BTM nurse education curriculum too is an example of how initial training in mindfulness and concentration meditation can be used to scaffold a suite of varied and more complex meditation modalities that can further cultivate ego detachment, altruistic compassion, awakening mind, and wisdom (Zopa 2009).

In recent years, elements from this centuries-old healing tradition, including exercises aimed at promoting physical and mental health and healthy living, are being introduced as part of a publicly accessible wellness and spiritual health promotion program (Tshering 2022). The Faculty of Traditional Medicine (FoTM) within the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) services these initiatives with its graduates.

Currently, the curriculum and duration for the B.Sc. course in traditional medicine is five years plus a six-month internship that maintains equivalence with the allopathic system of Bachelor of Medicine and Bachelor of Surgery (MBBS) courses. However, in the general nursing degree, the prominence of Meditation/Healing/Ethics appeared precarious. During the field visit, conversations with several nurse educators and administrators revealed that they perceive subjects like Meditation and Healing as tangential to the core competencies required for nursing practice.

“While these topics can certainly enhance the holistic care provided to patients, there may be a belief that nurses can learn these topics through continuing education or professional development rather than being integrated into formal academic programs.”

(Dema, Medical Superintendent at JDWNRH, 2022)

As a result, educators may prioritize content that is deemed essential for meeting licensure requirements and preparing students for clinical practice. This can sometimes mean that topics like Meditation, Healing, and Ethics receive less attention or are integrated into broader subjects rather than being standalone courses.

“Different nursing programs may have varying educational philosophies and priorities. Some programs may place a greater emphasis on holistic care and integrative therapies, including Meditation and Healing, while others may prioritize a more traditional biomedical approach. The prominence of these subjects can therefore vary depending on the educational institution and its curriculum.”

(Deki, Registry and Lecturer at KGUMSB, 2022)

Although it is mandated that GNH be taught in all courses across all sectors of education, the faculty struggled to find time to incorporate such modules in an increasingly crowded and specialized global standard curriculum. With this globalized outlook too, finding staff who can integrate GNH and holistic approaches to healing alongside global ethical perspectives has also shown a vulnerability in this component of nurse education.

As stated earlier, one would be hard-pressed not to find some iconography of the Medicine Buddha in a health facility in Bhutan, and we sought to understand what relevance this might hold for nurses in both sectors. We were curious to learn how this curriculum, so reliant on the seminal Medicine Buddha and related healing deities, transferred into contemporary nurse education and practices.

4. The Medicine Buddha in Nursing Practice

A study conducted in the capital Thimphu indicated that BTM incorporating the practice of Medicine Buddha maintained the people’s confidence and that treatments were

sought across all age and level of education demographics (Lhamo and Nebel 2011). The authors also affirmed that the patient participants valued having BTM inside modern hospitals, offering health care choices and cultural continuity, as a result of in being rooted in Buddhism and medicines blessed by the Medicine Buddha (Lhamo and Nebel 2011, p. 8). Wangchuk and Tashi (2016) further note that few doctors with scientific training express reservations or are skeptical about the purported benefits of traditional medicine. More recently, the Medicine Buddha continues to be invoked through prayers, visualization, chanting of mantra, and rituals by devotees and also during medical treatments by the nurses in the traditional medicine hospitals (Phuntso 2022).

As we have seen, the nurses engage in rigorous training centered around Medicine Buddha, who symbolizes interconnectedness between wisdom, compassion, skillful means, and healing power, to gain an intimate appreciation of its healing capabilities. These qualities inspire individuals to cultivate these virtues in their own lives and guide healthcare providers in their practice of compassionate and holistic care.

“During this practice, visualize blue rays emanating from the Paradise of Medicine Buddha in the east, radiating to the practitioner’s heart, blessing them with compassionate eyes. Imagine these rays multiplying into thousand rainbow colors, healing both oneself and all sentient beings. In treatment, visualize diseases being healed by rays of light, akin to frost melting under the sun’s warmth.”

Phuntso, Chief Nurse at NTMH, describes their practice.

From the deep spiritual perspective of the practicing nurse, the Medicine Buddha is seen as the embodiment of wisdom and knowledge; Wangmo, an allopathic nurse at Lhuentse District Hospital, draws confidence from their specialized education,

“Sorig Zheney (gso rig gzhi gnas) mindfulness, rooted in Medicine Buddha and Buddhist tradition, incorporates unique elements such as understanding subtle energy channels and employing healing sounds during meditation.”

This wisdom serves as a guiding light for healthcare providers and individuals seeking healing.

“If we consider the invocation of Medicine Buddha and other healing deities, it can significantly impact treatment methods. Though I’m not an accomplished meditator, I have completed my preliminary practices. I recite the mantras of Medicine Buddha daily,”

Karma, a nurse from NTMH, modestly explains.

The Medicine Buddha, as an embodied representation of compassion, inspires nurses to approach their work with empathy and caring, and it reminds individuals to extend compassion to themselves and others in times of illness or distress. *“Though I engage in serious, in-depth practice only once or twice a year, I often contemplate Medicine Buddha before sleep and silently pray while administering medicine to patients,”* explained Kencho, Jigme Dorji Wangchuk National Referral Hospital (JDWNRH) Thimphu.

The practice of Medicine Buddha in the nursing profession involves skillful means or the ability to adapt healing methods and techniques according to the needs and conditions of each individual patient in the hospital.

Wangdi, from Mongar Regional Hospital, Eastern Bhutan, explained. *“Even amidst the busy ward, I find moments to recite Medicine Buddha’s prayers and mantras. When dispensing medicine, I visualize Medicine Buddha’s blessings infusing each dose.”*

Daily practices such as offering seven bowls of water, chanting mantras, and circum-ambulating stupas and temples are believed to accumulate good merits and keep disease and evil spirits at bay, as described by Ugyen at NTMH: *“My personal and professional realms are deeply intertwined. Each day begins with prayer, meditation, chanting of the Medicine Buddha mantra, and offerings to the healing deity.”*

Similarly, most nurses in both traditional medicine hospitals and modern medicine hospitals maintain a close connection to prayer, meditation, and the chanting of the Medicine Buddha.

Ngawang, an allopathic nurse from Paro District Hospital, prioritizes mindfulness meditation as a central practice both at work and at home:

“Every task I undertake becomes an opportunity for mindfulness. When administering medication, for instance, I remain fully present, mindful of the dosage, its recipient, and the purpose behind the treatment [Mindfulness of the Medicine Buddha is fundamental to skill set; it forms the backbone of the nurse’s practice], without mindfulness, even seemingly routine procedures can impact a patient’s anatomical structure. I prioritize mindfulness in every aspect of my work.”

Ngawang Dorji’s statement reflects a profound commitment to integrating mindfulness meditation of the Medicine Buddha into both professional and personal aspects of life, making mindfulness meditation a central practice in both work and home life, indicating a holistic approach to mindfulness of the Medicine Buddha and recognizing its benefits beyond the workplace.

Sonam, an allopathic nurse from Punakha District Hospital, explains that she consistently integrates mindfulness into her routine, even amidst her busy schedule at the workstation. *“For me, mindfulness practice extends far beyond sitting and breathing.”* In Bhutan, it permeates every facet of life, culture, and religion. Engaging in prayers and visiting temples and monasteries brings profound peace of mind. Each prayer is recited with heartfelt sincerity, contemplating its meaning, and embracing full awareness and compassion for oneself and others. This practice cultivates inner peace, wisdom, and contentment, reducing the allure of material possessions.

Most nurses in Bhutan highlighted how mindfulness permeates every task undertaken, including administering medication. By being fully present and aware, nurses ensure attention to detail and focus on the patient’s well-being. Prayer to the Medicine Buddha is fundamental to their skill set, implying that it enhances nurses’ effectiveness as healthcare professionals. This aligns with the growing recognition of mindfulness as a tool for improving patient care and healthcare outcomes. Nurses shared that prayer and meditation prevent even seemingly routine procedures from negatively impacting a patient’s anatomical structure, underscoring the potential for mindfulness to enhance patient safety and quality of care.

Nurses in Bhutan use the Medicine Buddha’s teachings to provide emotional and spiritual comfort to themselves and their patients. They draw upon his symbolism to offer solace, hope, and peace to those in their care, especially those suffering or facing severe illnesses. In the realm of traditional medicine, the role of a Drungtsho (nurse) holds significant importance. While modern nurses have different integrated practices, traditional medicine emphasizes the wisdom embedded in the Sowa Rigpa system. This system includes the Rigney Chewa Nga (*rigs ney che ba snga*) (Five Higher Wisdoms) and the Chungwa Nga (*chungba snga*) (Five Lower Understandings). Among these, the Rigney Chewa Nga comprises Dra (*sgra*) (sound), Tshema (*tshad ma*) (logical science), Zo (*dzo*) (technology), Sowa, and Rigpa, with Sowa Rigpa being one of the five higher wisdoms believed to have been passed down from the medicinal Buddha himself.

Drungtsho Karma, from Traditional Medicine, stated in the interview that they have started a new program called Sorig Zheyney and Loue Jong (mindfulness and yoga) based on the text of Medicine Buddha. This began with the changing times and the advancement of modernization, and its service to the people has developed with the introduction of Sorig Zhiney and Luejong to address the growing epidemics of Non-Communicable Diseases (NCDs) and mental health problems that cannot be cured by the medicine and adversely impact on the overall health and happiness of the Bhutanese people. She further added the following:

“I tell the patients that this practice is not for the enlightenment. Its purpose is to cope with mental health issues such as anxiety, depression, and stress that people go through. We teach them basic preliminary practices of mindfulness meditation.”

Historically, traditional medicine practitioners known as Drungtshos were also referred to as Lam (*blam*) Drungtshos—highly learned Buddhist scholars. Their approach to healing involved a holistic combination of Zay (*rdzas*) (chemical/material or medicinal herbs), Nga (*sngas*) (mantra), and Tingayzin (*ting nge 'dzin*) (meditation). Ugyen, a senior Drungtsho at Traditional Medicine Hospital, says that the concept of spiritual support from the perspective of Medicine Buddha for nurses themselves and their patients is clearly mentioned in the Sorig Mo lam (*smon lam*) (prayer):

“Whatever medication, may it become medicine to heal, Whatever I practice, may it be beneficial, and Whatever I say may it become clairvoyance. May all the patient I treat to benefit from the outcome of the practice and be free from the pain and suffering.”

This comprehensive method predated the advent of modern medicine and had a substantial impact on patient care. Drungtsho Ugyen said, *“Ever since I joined as in-charge of Sowa Rigpa, there isn’t a single patient who hasn’t benefitted or been unsuccessful with my treatment”*.

Phuntsho, an allopathic nurse, tells her story of the practice of Sorig Zheney and Luejong:

“From Sorig Zheney and Luejong, I learned mindfulness meditation and yoga practices. They taught us 32 steps designed to address mental health issues and manage physical pain through yoga. This program was incredibly beneficial not only for me as a nurse but also for my well-being. I was surprised to discover how the practice of medicine Buddha offers powerful tools beyond conventional prescriptions. The primary goal was to calm the mind and focus on breathing. The yoga techniques were tailored to the specific types of physical pain experienced by patients.”

In contemporary practice, traditional medicine still relies on medicinal herbs and mantras but often lacks a focus on mindfulness meditation. However, incorporating the contemplation of the medicinal Buddha and other healing deities significantly enhances the treatment methods. This observation is based on evidence from the practitioner’s own experience. Nima, a chief physician at the Traditional Medicine Hospital, says the following:

“Although I am not an expert meditator, I have diligently completed preliminary practices and chant mantras of the medicinal Buddha daily to benefit my patients. So far, there haven’t been any complaints that my treatment method has not benefitted my patients.”

The practitioners interviewed at Traditional Medicine said they undertook several extensive practices of Medicine Buddha on a retreat for a month and noticed a distinct difference in the outcomes of treatments based on their contemplative practices compared to those provided by other nurses who did not engage in such specific practices. The practitioners observed that the results and feedback from patients about their treatments varied, highlighting the impact of integrating contemplative practices into traditional medicine. The personal experiences of the practitioners underscored the value of meditation as a critical component in enhancing the efficacy of traditional healing methods. Drungtsho Karma narrates this experience:

“Once, while I was on tour, my patient visited another senior specialist (I prefer not to mention his full name). The Drungtsho prescribed the same medication I had been giving to my patient. When the patient returned for a follow-up, she couldn’t see me and had to consult the same Drungtsho again. She requested that Drungtsho provide the same medication she had previously received from me. The patient noted that the medication the senior specialist Drungtsho prescribed wasn’t as effective as the one she had been taking before. Drungtsho dismissed her concerns, insisting that it was the same medication. This experience highlighted to me the significant role that meditation and mantras play in the work of health professionals like me. From my experience, I believe that meditative contemplation on the medicinal Buddha brings immense blessings and benefits.”

Healing through compassion and prayers:

Some nurses do personal prayers or meditation involving the Medicine Buddha before starting their shifts or during moments of stress. This can help them cultivate a compassionate and focused mindset, which is beneficial in providing empathetic and attentive care. Nima from TMH tells the following:

“Mindfulness Medicine Buddha is essential for me as a nurse and an individual. It keeps my mind peaceful and calm. When I feel stressed, a bit of mindfulness practice significantly reduces my stress and soothes my mind. This practice not only alleviates work-related stress but also brings ease to my body and tranquility to my mind. Additionally, practicing with the Medicine Buddha provides me with a deep sense of inner joy, blessing, and energy. I also use this practice to visualize the Medicine Buddha bestowing healing blessings upon my patients.”

Phuntsho, an allopathic nurse, shares her story about the healing of medicine Buddha:

“Practicing Medicine Buddha mindfulness has enhanced my communication skills, including active listening and empathetic responses. It has also improved my relationships with patients, fostering trust and contributing to effective care coordination. A core principle of nursing practice is compassion. For instance, during labor, I draw on my own experiences as a mother to empathize with patients, which helps me provide more supportive care during childbirth.”

Kencho, an allopathic nurse, shares the narrative of his meditation and prayer:

“I usually pray every morning and chant the Medicine Buddha mantra. This daily practice feels very beneficial. When it comes to mindfulness meditation, I engage in it seriously once or twice a year. While lying in bed, I focus on the Medicine Buddha. Whenever I administer medicine to a patient, I silently pray and visualize the Medicine Buddha, hoping the medicine will help the patient with his blessings.”

Kezang, an allopathic nurse, shares his narrative of his practice:

“My practice is grounded in the teachings I have received from spiritual and religious masters. This practice enhances my ability to understand my patients with genuine compassion. My work is guided by spiritual and religious teachings, particularly the vision of the Bodhisattva. To truly help others, one must cultivate a heart of love and compassion, which can be developed through mindfulness meditation. I feel fortunate to have been born in Bhutan, where the Buddha Dharma is thriving, and I am grateful to apply these teachings in my professional life.”

Therefore, incorporating the principles of the Medicine Buddha, such as mindfulness, compassion, and the intention to alleviate suffering, enhances a nurse’s ability to manage their stress and remain centered. This approach leads to improved patient interactions and a more holistic approach to care.

In some cases, patients use traditional Bhutanese healing practices, including rituals or offerings related to the Medicine Buddha, to complement conventional medical treatments. This is particularly relevant in remote areas where traditional medicine is still widely practiced alongside modern healthcare. The TMH nurses guide the patients to go with such practices.

Possible Effects Enhanced through Empathy and Compassion:

Nurses who integrate the Medicine Buddha’s teachings have developed a more profound sense of empathy and compassion, which can positively affect patient interactions. This has led to more personalized and holistic care, improving patient satisfaction and emotional well-being. Kezang, an allopathic nurse, supports this statement with his narrative:

“Before practicing Medicine Buddha, I wasn’t as compassionate as today. But now, I am more empathetic and relate to the suffering of the patients. I become more optimistic while delivering the service. It is easier for me to understand the patient’s problems. It helps me to build a good rapport with patients with my genuine heart of love and compassion.”

Sonam shares some of his experience of mindfulness and its benefits:

“Being fully present with our patients allows us to give them our undivided attention and demonstrate genuine empathy. This presence helps build a trusting and compassionate relationship, enhancing the patient’s sense of comfort and well-being.”

Pema, an allopathic nurse, shares her perspective of Buddhist mindfulness about her self-compassion and compassion for others with that of the Western practices:

“I used to meditate with great Buddhist masters to explore my inner self, examining my mind to see if I could attain greater focus. This practice is typically done before or during prayer to contemplate the mind and develop Bodhicitta awareness. In Buddhism, mindfulness is not just about self-awareness; it also involves cultivating self-compassion and compassion for others, which we refer to as Jangchup Sem (The Bodhicitta mind), the mindset of the Bodhisattva (the compassionate ones). However, the Western interpretation of mindfulness has diverged significantly from its Buddhist roots. While mindfulness in the West is often used as a therapeutic tool for managing anxiety or depression, Buddhist mindfulness encompasses much more than just a treatment approach.”

For Pema, regular engagement with spiritual practices related to the Medicine Buddha has helped manage a demanding profession’s emotional and physical stress. The spiritual grounding provided by these practices has fostered greater resilience and a positive outlook. She said the following:

“Mindfulness has transformed my perception, allowing me to view life differently. The mind is incredibly powerful, and its influence on my way of life is profound, regardless of the circumstances. Through mindfulness, I have developed resilience to cope with challenges, becoming more mindful and attentive in both my personal and professional life.”

Nima, a physician from TMH, stated the following:

“When I practice Medicine Buddha mindfulness, everything feels effortless and gentle when the mind is at peace, like a feather floating on water. This inner tranquility brings me immense satisfaction and happiness, helping me balance family life and work. I can focus on one task without being overwhelmed by other concerns. Even in a hospital setting, mindfulness enhances my focus while providing care, managing diseases, and handling medications. It improves my interactions with colleagues, allowing me to offer higher-quality care to patients, who benefit from this improved approach.”

When nurses approach their work with a compassionate and healing mindset, it contributes to better patient outcomes. Integrating spiritual beliefs enhances the overall quality of care and supports holistic healing approaches. Incorporating the Medicine Buddha into nursing practice has helped preserve cultural traditions and aligns with the values of the community. This cultural alignment has fostered trust and rapport between nurses and patients. It also reflects a harmonious blend of spiritual and medical practices, aiming to improve patient care and healthcare providers’ well-being. When diagnosing and planning treatment, nurses at NITMH consider the patient’s physical, mental, and emotional state, as well as their unique circumstances and background. By recognizing the individuality of each person, the nurses develop personalized treatment plans that may include conventional medical interventions, alternative therapies, lifestyle modifications, and spiritual practices. These plans consider the individual’s preferences, beliefs, and values, integrating local indigenous healing methods such as hot spring baths, hot-stone baths, and rituals.

Considering the interconnectedness of the body, speech, and mind, the practice of Medicine Buddha encourages nurses at NITMH to take a holistic approach to healthcare. This involves addressing not only physical symptoms but also the mental and emotional aspects of a person’s well-being. This includes integrating psychological support, stress reduction techniques, and meditation practices (*Sorig Zheney* and *Luejong*) into the treatment plan, promoting a patient-centered care model where the patient’s needs, preferences, and values are prioritized in healthcare decision-making. This collaborative approach ensures

that the healthcare plan aligns with the individual's goals and desires, promoting the philosophy of GNH of Bhutan at the grassroots level.

The Medicine Buddha's embodiment of compassion inspires nurses to approach each individual with empathy and understanding, fostering trust and open communication. This compassionate approach allows nurses to better understand the individual's needs and provide personalized care in accordance with practice guidelines that serve the key principles of Medicine Buddha practices. This model also fulfills the psychosocial domain of GNH, promoting the spiritual aspect within Bhutan's healthcare system.

5. Conclusions

Bhutan offers a unique example of a public health system where patients genuinely have a choice of medical systems. Indigenous medicine is a vibrant tradition that has been remarkably integrated into Bhutan's public health structures. State health services provide patients the option of choosing between biomedical and indigenous treatments, often under the same roof, with both practices funded by the Royal Government. This approach is part of Bhutan's explicit search for an alternative development model, a concept deserving broader attention than can be given here. With government support and public acceptance, Bhutan's indigenous medicine system is well-positioned to thrive and enhance the quality of its healthcare services.

The Medicine Buddha plays a vital role in the cultural and spiritual life of the country, symbolizing the integration of healing practices with everyday living. Revered in the Vajrayana tradition, the Medicine Buddha's teachings and practices are widely woven into both daily life and formal rituals. This pervasive presence reflects Bhutan's commitment to blending traditional spiritual practices with everyday living, emphasizing holistic well-being and spiritual health.

In Bhutan, the iconography serves as focal points for cultivating mindfulness and attention healing. These visual representations, such as images of the Medicine Buddha or other deities, act as reminders of specific qualities and teachings. Engaging with these symbols helps practitioners focus their attention, reinforcing their meditative practices and spiritual goals. The iconography thus becomes a tangible interface through which both nurses and patients can anchor their mindfulness and deepen their spiritual practice. Over time, simple mindfulness exercises such as focusing on breathing can lead to the exploration of various meditation techniques, deeper states of consciousness, and higher levels of spiritual learning. This progression can highlight the transformative potential of beginning with fundamental mindfulness practices.

For nurses, there is a reflexivity between their professional responsibilities and their personal, spiritual practice. This bidirectional influence underscores the importance of self-awareness and personal reflection in maintaining the balance between both professional effectiveness and personal well-being.

Allopathic nursing education in Bhutan, however, with its focus on conventional medical practices and evidence-based care, presents challenges in integrating alternative or complementary approaches. The structured, scientifically oriented curriculum might limit the exploration of traditional practices, and therefore introduces vulnerabilities to what appears to be an important dimension to healing practices in Bhutan.

Despite these challenges, there is growing recognition of the importance of incorporating holistic approaches and traditional Buddhist values and practices into nursing education.

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