

TIBETAN MEDICINE AND INTEGRATIVE HEALTH: VALIDITY TESTING AND REFINEMENT OF THE CONSTITUTIONAL SELF-ASSESSMENT TOOL AND LIFESTYLE GUIDELINES TOOL

Miriam E. Cameron, PhD, MS, MA, RN,^{1#} Carolyn Torkelson, MD, MS,² Susan Haddow, MD,² Tenzin Namdul, BTMS, BA,³ Aimee Prasek, MA, MA,⁴ and Cynthia R. Gross, PhD^{4,5}

Context: Tibetan medicine offers an ancient, timely model for the promotion of health and treatment of disease by teaching individuals to make healthy lifestyle choices. This holistic model consists of analyzing one's unique constitution and recommending supportive lifestyle modifications. An experienced Tibetan medicine practitioner is the gold standard for constitutional assessment. Because few Tibetans practice Tibetan medicine in the United States, research-based tools with content and criterion validity are needed for self-assessment.

Objective: To test the validity of and refine the Constitutional Self-Assessment Tool (CSAT) and Lifestyle Guidelines Tool (LGT).

Design: Mixed methods pilot study conducted in three phases.

Setting: Tibetan Medical Institute (TMI) of His Holiness the Dalai Lama, Dharamsala, India and the University of Minnesota, a U.S. research University.

Participants: Six TMI senior faculty; 88 students at the university.

Methods: Phase 1: TMI faculty evaluated the tools' content validity. Phase 2: 59 students completed the CSAT, had a Tibetan

medicine consultation, completed the LGT, and answered qualitative questions. Phase 3: 29 students studying Tibetan medicine followed a modified phase 2 method. Quantitative and phenomenological analyses were performed to investigate the CSAT's criterion validity (agreement of CSAT results and consultations) and refine the tools.

Results: The tools were shown to have high content validity. Phase 2 CSAT had 51% agreement and 0.24 kappa statistic, suggesting fair criterion validity. Phase 3-refined CSAT had 76% agreement and 0.50 kappa statistic, suggesting moderate criterion validity.

Conclusion: The refined CSAT and LGT in Appendix A and B demonstrate the potential for additional research and use in integrated care.

Key words: Tibetan medicine, integrative health, constitution, lifestyle choices

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INTRODUCTION

The American healthcare system is burdened by the management of chronic illness, often resulting from poor lifestyle choices. As Americans become more conscious of their health, they are looking outside the healthcare system for answers to better health. Many Americans use complementary therapies, but often scientific evidence is lacking regarding their validity and effectiveness.^{1,2} Research on the most promising complementary therapies, such as Tibetan medicine, will provide a scientific foundation for healthcare reform that incorporates integrative health.³

Tibetan medicine offers an ancient, timely model for the promotion of health and treatment of disease by promoting healthy lifestyle choices.^{4,5} This holistic model consists of analyzing one's unique nature or constitution and recommending lifestyle modifications on the basis of this constitution for a healthier life. Healthy choices promote healing the source of problems and developing health through balance rather than simply treating symptoms.⁶⁻⁸

The ideal way to use this model is to consult with an experienced Tibetan medicine practitioner, who is the gold standard for constitutional analysis. The practitioner asks questions, reads one's pulse, analyzes urine samples, and inspects the tongue to identify one's constitution and supportive lifestyle choices. In the United States, only a few Tibetans practice Tibetan medicine.⁹ Americans would benefit from a set of tools that potentially can substitute for this individual consultation when a practitioner is not available. The Constitutional Self-Assessment Tool (CSAT) and Lifestyle Guidelines Tool (LGT) are such tools; they are based on scientific evidence, with content and criterion validity. However, searches in the literature do not uncover research about any other similar tools.

TIBETAN MEDICINE

Tibet's science of healing, known as *Sowa Rigpa*, is based on ancient observations, principles, and theories of the mind-body

1 Tibetan Healing Initiative, Center for Spirituality & Healing, University of Minnesota, Minneapolis, MN

2 Department of Family Practice and Community Health, University of Minnesota, Minneapolis, MN

3 Men-Tsee-Khang, Tibetan Medical Institute of His Holiness the Dalai Lama, Dharamsala, India

4 School of Nursing, University of Minnesota, Minneapolis, MN

5 College of Pharmacy, University of Minnesota, Minneapolis, MN

Corresponding Author. Address: Center for Spirituality and Healing, University of Minnesota, MMC 505, C592 MMB, 420 Delaware Street S.E., Minneapolis, MN 55455
e-mail: camer008@umn.edu

Table 1. The Seven Constitutions of Tibetan Medicine

1. *Loong*: movement energy dominates *tripa* and *baekan*.
2. *Tripa*: hot energy dominates *loong* and *baekan*.
3. *Baekan*: cold energy dominates *loong* and *tripa*.
4. *Tripa/loong* and *loong/tripa*: movement and hot energies dominate *baekan*.
5. *Tripa/baekan* and *baekan/tripa*: hot and cold energies dominate *loong*.
6. *Baekan/loong* and *loong/baekan*: cold and movement energies dominate *tripa*.
7. *Loong/Tripa/Baekan* (rare constitution): all three energies are equal.

Source: Gompo.¹¹

Spelling: English spelling of Tibetan words follows the conventions in the above text.

connection, as explained in the *Gyueshi*, the fundamental text of Tibetan medicine.¹⁰⁻¹² According to Tibetan medicine, everyone is born with a unique combination of three primary energies: *loong* (movement energy), *tripa* (heat energy), and *baekan* (cold energy). One's unique combination of these energies is called one's nature or constitution. Seven constitutions are possible, each of which has defining characteristics and behavior. Learning about one's constitution promotes self-understanding.

The name of one's constitution comes from one's dominant energy or energies. For example, one has a *tripa* constitution if *tripa* energy dominates *loong* and *baekan*. Two energies may dominate the third energy. For example, one has a *tripa-baekan* or *baekan-tripa* constitution if both *tripa* and *baekan* dominate *loong*. Only a few highly evolved people are born with equal amounts of all three energies (Constitution #7).^{13,14} Table 1 lists the seven possible constitutions of Tibetan medicine.

Ordinarily, one's constitution does not change, but the three energies can increase, decrease, or become disturbed because of one's thinking, lifestyle choices, environment, what one eats and drinks, the weather, etc. One feels disease if the three energies are not consistent with their percentages in one's constitution.¹⁵⁻¹⁷ For example, one may be born with approximately 45% *tripa*, 35% *baekan*, and 20% *loong* (*tripa/baekan* constitution). To be healthy and happy, one must make lifestyle choices that keep the three energies at approximately these percentages. A change in one energy affects the other two energies. For example, increasing *tripa* (hot) can decrease *baekan* (cold), and vice versa. By coming to understand one's own unique constitution, one can learn to make healthy lifestyle choices that maximize health and happiness.^{18,19}

Research about Tibetan Medicine

For centuries, practitioners of Tibetan medicine have conducted their own traditional research to practice evidence-based medicine. They have passed down this knowledge to their students from one generation to the next.²⁰ These practitioners have made health claims about meditation, mindfulness, compassion, yoga, and other teachings of Tibetan medicine. Many of these health claims now are being validated by Western scientists.²¹⁻²⁷ Dhondup and Husted investigated the efficacy of spe-

cific Tibetan medications for persons with multiple sclerosis.^{28,29} In several studies authors examined specific Tibetan medications in a laboratory, but these studies about Tibetan medications are not relevant to this pilot study.³⁰⁻³⁵ Western scientific clinical research is lacking about Tibetan medicine as a holistic system.

Conducting scientific research on *Sowa Rigpa* as a holistic system is challenging. Tibetan medicine is based on Buddhist philosophy, which focuses on creating and maintaining a healthy mind.^{36,37} Training the mind according to Buddhism does not fit neatly into a Western scientific paradigm. Both an art and science, Tibetan medicine teaches that suffering, illness, happiness, and health result from multiple causes and conditions,^{38,39} which may not be quantifiable. Tibetan medicine practitioners treat each person as unique rather than assume that one treatment fits all. New methods are needed to study Tibetan medicine as a holistic system and its applicability in the United States.

PRELIMINARY WORK

Creation of the CSAT and LGT

The first author (Miriam Cameron) and the fourth author (Tenzin Namdul) created the CSAT and LGT after studying Tibetan medicine at Men-Tsee-Khang, the Tibetan Medical Institute of His Holiness the Dalai Lama in Dharamsala, India (TMI). TMI is Tibetan medicine's premier medical school, clinic, and pharmacy.^{40,41} The CSAT and LGT are based on the *Gyueshi*,^{10,11} the fundamental text of Tibetan medicine. The *Gyueshi* consists of four tantras: *Basic Tantra*, *Explanatory Tantra*, *Quintessential Tantra*, and *Last Tantra*. According to some accounts, the original Sanskrit version of the *Gyueshi* was written during the fourth century and then translated into Tibetan. Elder Yuthog Yontan Gonpo (708–833) probably synthesized the best of the then-known medical systems in India, Greece, China, and Persia and rewrote the *Gyueshi*. Younger Yuthog Gonpo (1126–1202) is credited with creating the present Tibetan version on which the CSAT and LGT are based.¹⁰

In 2008 and 2011, TMI published the first English translation of the first three tantras of the *Gyueshi*.¹¹ TMI is translating *Last Tantra* from Tibetan to English. One purpose of the translation is to standardize the English spelling of Tibetan words. The CSAT and LGT use the English spelling of Tibetan words in this translation.¹¹

Description of the Original CSAT and LGT

The original CSAT has an explanation of the CSAT, instructions for completing it, and a table with four columns and 48 rows. Column 1 lists 48 characteristics, such as a person's height. The other three columns consist of a description for each of the 48 characteristics according to *loong*, *tripa*, or *baekan*. For each characteristic, one puts a check mark in the column with the best fit. One adds the check marks in each column to identify one's primary and secondary energies at the time of completing the tool.

The LGT has a similar format, with an explanation, instructions for completing the tool, and a table with four columns and 24 rows. Column 1 consists of behaviors, such as choice of food.

Table 2. Questions Answered by Phase 1 Evaluators about Content Validity of Each Item of the Constitutional Self-Assessment Tool and Lifestyle Guidelines Tool

1. How relevant is this item to Tibetan Medicine? High, medium, or low?
 - a. If the item is medium or low, should we delete the item?
 - b. If not, let's rewrite the item so that it scores high.
 2. Is this item clearly written?
 - a. If the item isn't clear, how is the item unclear?
 - b. If the item isn't clear, let's rewrite the item so that it is clear.
 3. What, if any, items about Tibetan medicine are needed that we failed to include? What have we forgotten?
 - a. In the CSAT?
 - b. In the LGT?
-

The other three columns list ideal lifestyle choices for *loong*, *tripa*, or *baekan*. After using the CSAT to identify one's dominant energy, one follows the LGT column of this energy to make choices that calm *loong*, or cool *tripa*, or warm *baekan*.

Preparation of the CSAT and LGT for This Pilot Study

In 2009, 20 adult students took a 10-week graduate course about Tibetan medicine through the Center for Spirituality and Healing (CSH) at the university where this pilot study was conducted. Each student completed the CSAT, after which Namdul gave the student a confidential Tibetan medicine consultation for about 45 minutes in a health clinic nearby. Namdul identified the student's constitution and which LGT column to follow (*loong*, *tripa*, or *baekan*) that would support this constitution. For 17 (85%) students, the CSAT determination of constitution agreed with Namdul's assessment of constitution. In an anonymous assignment, all 20 students wrote that the tools helped them to understand their constitution and supportive lifestyle choices. The preliminary work suggested that the tools were ready for this pilot study to test the validity of and refine the CSAT and LGT.

METHODS

The CSH Leadership Team and the University of Minnesota institutional review board approved this research.

Phase 1: Investigate Content Validity of and Refine the CSAT and LGT

In 2010, Dr Tsewang Tamdin, Director of TMI, was asked to choose six TMI senior faculty and experienced practitioners of Tibetan medicine to evaluate the tools for content validity. In May 2010, the first author traveled to TMI and met twice with the six evaluators, during which they answered all the questions in Table 2 about each item of the CSAT and LGT. They refined

the tools to make sure that every item was based on Tibetan medicine according to the *Gyueshi*.¹¹

Phase 2: Investigate Criterion Validity of the CSAT and Refine the CSAT and LGT

Between July 2010 and March 2011, 59 adult students at the university participated in the research. The research team wanted the tools to be helpful for individuals who knew little, if anything, about Tibetan medicine. Therefore, students were recruited who had not studied Tibetan medicine. They included juniors, seniors, graduate students, medical students, physicians, nurses, psychologists, and lawyers who took one of five CSH graduate courses.

All but 10 students completed the CSAT and wrote answers to questions about the CSAT during a regular class. Ten students completed the CSAT on their own for their convenience. Next, Namdul did a 45-minute confidential Tibetan medicine consultation for each student. Without knowing the student's CSAT result, Namdul identified the student's constitution and any energy imbalance and then advised the student about what LGT column to follow to support this constitution (LGT column of the student's dominant energy at the time). Afterward, the student wrote answers to questions about the LGT and research process. Table 3 lists the qualitative questions.

CSAT results were analyzed according to a scoring method that is consistent with teachings of Tibetan medicine: (1) The student's constitution was *loong*, *tripa*, or *baekan* if at least 80% of the check marks were in one column; (2) the student had a *loong/tripa/baekan* constitution if the check marks ranged from 32% to 34% across all three columns; or (3) the student had a

Table 3. Students Wrote Answers to these Qualitative Questions

Questions about the CSAT.

Please tell us in detail about your experience of taking the CSAT.

1. How long did it take for you to complete the CSAT?
2. What did you like about completing the CSAT?
3. Is the CSAT helpful for you? Why or why not?
4. What didn't you like about completing the CSAT?
5. What suggestions do you have for improving the CSAT?

Questions about the LGT.

Please tell us in detail about your experience of completing the LGT.

1. What did you like about completing the LGT?
2. Is the LGT helpful for you? Why or why not?
3. What didn't you like about completing the LGT?
4. What suggestions do you have for improving the LGT?

Questions about the research process.

Please tell us in detail about your experience of the research process: completing the CSAT, having a Tibetan medicine consultation, and completing the LGT.

1. Did the research process work well for you? Why or why not?
 2. What suggestions do you have for improving the research process?
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Table 4. Age, Gender, and Ethnicity Students Who Participated in the Research

| Variable | Phase 2 Students n = 59 | Phase 3 Students n = 29 |
|------------------|----------------------------|----------------------------|
| Age, yr | | |
| Mean | 33 | 35 |
| Median | 27 | 32 |
| Range | 20-69 | 20-64 |
| Gender, n (%) | | |
| Female | 49 (83) | 25 (86) |
| Male | 10 (17) | 4 (14) |
| Ethnicity, n (%) | | |
| White | 53 (90) | 29 (100) |
| Hispanic | 1 (2) | 0 |
| Asian | 5 (8) | 0 |

dual constitution, such as *tripa/baekan*, in all other groupings of the check marks. Each student's CSAT constitution according to this scoring was compared with Namdul's assessment of the student's constitution.

Cameron's phenomenological method⁴² was used to analyze the students' responses to the qualitative questions. To assure scientific adequacy: three investigators (Team 1) identified themes that emerged; two investigators and the research assistant (Team 2) identified themes that emerged; Team 1 and Team 2 integrated their work and illustrated the themes in the participants' words; and two students who participated in the research and the research team confirmed the results.

The research team then used the quantitative and qualitative findings to refine the CSAT and LGT, editing the wording to improve distribution, tone, clarity, and applicability. Item analysis was performed of each CSAT characteristic to identify if the distribution of check marks was fairly even across the three options of *loong*, *tripa*, or *baekan*. If distribution was uneven, the wording was edited to promote even distribution. Some students wrote that an option was negative, and few students selected this option. The option was rewritten in a more neutral tone. Some students did not understand the tools' background information, instructions, and/or particular items. These materials were edited and examples were added to improve clarity and applicability. If students wrote that they could not distinguish between the CSAT *loong*, *tripa*, or *baekan* descriptions of a characteristic, the descriptions were rewritten to minimize overlap.

Phase 3: Investigate Criterion Validity of the CSAT

Findings from phase 2 students suggested that a student's CSAT constitution and Namdul's assessment of constitution were more likely to agree if the student had some knowledge of Tibetan medicine and sufficient time to complete the CSAT. To test these findings and the refined CSAT and LGT resulting from phase 2, a second group of adult students were recruited who were taking a graduate course about Tibetan medicine during the 2011 fall semester. All 29 students were eager to participate. They consisted of a similar variety of students as in phase 2.

Phase 3 students followed the same methods of data collection as for phase 2, with three important differences: (1) They completed the CSAT after attending at least nine hours of classes about Tibetan medicine; (2) they completed the CSAT on their own, not during limited class time; (3) and they completed the refined CSAT and LGT resulting from phase 2. The same methods of analysis were used on the quantitative and qualitative data as in phase 2. Table 4 lists phase 2 and phase 3 students' demographic data.

RESULTS

Phase 1: Investigate Content Validity of and Refine the CSAT and LGT

At the end of the two evaluation meetings with the first author at TMI, all six-TMI evaluators (100%) agreed that the resulting CSAT and LGT have high content validity because they are based Tibetan medicine, as described in the *Gyueshi*.^{10,11}

Phases 2 and 3: Investigate Criterion Validity of the CSAT

Quantitative analysis and results. Phase 2 students took an average of 20 minutes to complete the CSAT. For 30 of the 59 students (51%), the CSAT determination of their constitution was in agreement with Namdul's assessment of their constitution. The kappa statistic was used to calculate agreement between the CSAT determination of constitution and Namdul's assessment of constitution. Kappa is a chance-corrected measure of agreement for two or more ratings measured on the nominal scale (unordered categories). Because agreement is a more stringent criterion than correlation, kappa statistics are typically lower than correlations. Kappa runs from 0 to 1, with 0 being no agreement and 1 being perfect agreement.^{43,44} The kappa was 0.24, suggesting that the phase 2 CSAT has fair criterion validity according to accepted benchmarks for interpreting kappa.

Phase 3 students took an average of 40 minutes to complete the CSAT on their own, which was twice as long as phase 2 students took in class. For 22 of the 29 students (76%), the CSAT determination of their constitution was in agreement with Namdul's assessment of their constitution, an increase of 25% over the phase 2 CSAT. The phase 3 kappa statistic was 0.50, an increase of 0.26 over the phase 2 CSAT. These results suggest that the phase 3 refined CSAT has moderate criterion validity, according to accepted benchmarks for interpreting kappa.^{43,44} Table 5 lists the phase 2 and phase 3 agreement rates and kappa statistics.

Table 5. Agreement between Each Student's Constitutional Self-Assessment Tool Result and Tenzin Namdul's Assessment of the Student's Constitution

| Agreement | Phase 2, 59 Students | Phase 3, 29 Students |
|--|-------------------------------|-----------------------------------|
| Percent of agreement. | 51% | 76% |
| Kappa statistic regarding CSAT criterion validity. | 0.24 Fair criterion validity. | 0.50 Moderate criterion validity. |

Phenomenological analysis of qualitative data.

Themes that emerged from students' qualitative data about the CSAT and LGT. Phase 2 and 3 students wrote similar answers to the qualitative questions about the CSAT, LGT, and research process. The students were enthusiastic about using the CSAT and LGT together. They wrote that the CSAT alone was insufficient if they did not know what lifestyle choices to make. Themes emerged about benefits and challenges. The next sections report students' representative quotes for each theme.

Benefits of the CSAT.

1. **Information.** The students wrote that the CSAT was "well-organized," "simple," "easy," "fun," "helpful," and "informative." "I liked that you got immediate results." "It made me really think about myself and how I am, how I think, and how I behave."
2. **Surprise.** "I was asked to consider a few qualities about myself that I hadn't thought about prior to filling out the CSAT. Some of these qualities were surprising especially because I didn't think they were relevant to the state of my health."
3. **Self-understanding.** "I can better understand myself after finding out what my nature is." "It helped me realize how I push myself to be different than what I naturally am. Parts of me I tend to dislike will actually help me feel happier if I nurture them and allow them to be as they are."
4. **Self-improvement.** "Knowledge of my constitution can help me live a more balanced life, from eating, to sleeping to moving, to states of mind." "Yes: (I) plan to intermittently retake the assessment to see how differently I might answer after one time point to the next and to provide balance to my nature"
5. **New perspective.** The CSAT gave an "opportunity to evaluate components of my constitution - a different way of looking at myself." "It was a good opportunity to raise my awareness of patterns in my life that may contribute to imbalance."

Benefits of the LGT.

1. **Information.** "It's an excellent tool in moving toward maintaining balance." "I have had NO digestion issues since following the LGT!!!" "I found it exciting to know that for me the LGT worked."
2. **Surprise.** "I was surprised to learn of some of the suggestions, but I will try to incorporate them."
3. **Self-Understanding.** "Made me think about my current lifestyle a bit more and my current behaviors." "Greater awareness leads to better intention and more balance."
4. **Self-Improvement.** "Yes, sometimes I'm not clear where to begin with other materials I've used. This (LGT) gives me a solid starting place that I feel confident I can adjust and tune with improved understanding of my nature."
5. **Confirmation.** "Yes, it shows me that I do know myself better than I thought and more about what I should do in the future." "Thanks for the opportunity!"

Challenges Involving the CSAT and LGT.

1. **Choosing only one option per characteristic of the CSAT.** "Choosing between two options that you think both fit you." "Every once in a while the choices embodied qualities or characteristics that were pertinent all across the board."
2. **Self-reporting.** "What is my normal?" A student wrote that her weight was medium, even though she was obese. When Namdul identified one student as having a *tripa* constitution, which is associated with anger, she said sharply, "I'm not angry."
3. **Resistance.** "It forced me to confront negative aspects of myself and consider changes that I do not want to make."

Benefits of the Research Process. The students wrote glowingly about the research process and consultation. "I've learned a great deal for my personal benefit and look forward to using these tools with my patients/clients. The combination of CSAT and LGT is excellent! Thank you!" "Yes, it was interesting to complete the CSAT and reflect on my constitution. The TM consult was very valuable. I was amazed how accurate the pulse diagnosis was. Tenzin (Namdul) was able to identify all of the health issues I have quite accurately."

Refined CSAT and LGT Resulting from Phase 2 and 3 (Appendices A and B). After analyzing the phase 2 and 3 quantitative and qualitative data, the research team used the findings to refine the CSAT and LGT. The resulting tools have the same format and scoring as in the original tools and the same four columns. The original CSAT had 48 rows; the current CSAT has 47 rows. The original LGT had 24 rows; the current LGT has 25 rows. Although the content of the tools is the same, the wording was refined repeatedly throughout the research process.

One first completes the CSAT to identify one's dominant energy and, ideally, constitution. Then, one follows the LGT column of the dominant energy to make wise lifestyle choices. At the suggestion of students, the refined LGT has space to develop a personalized plan for healthy living. One prioritizes the lifestyle guidelines, lists the top three priorities, and answers for each priority, "How I will apply this guideline in my life."

DISCUSSION

This pilot study is a first step to create a set of research-based tools with content and criterion validity for self-assessment using Tibetan medicine principles. The refined CSAT and LGT have high content validity. Criterion validity increased from fair for the phase 2 CSAT to moderate for the phase 3—refined CSAT. These results suggest that the refined CSAT and LGT in [Appendix A](#) and [B](#) demonstrate potential for additional research and use in integrated care.

According to Tibetan medicine, periodic evaluation will indicate if one is out of balance and how to re-establish balance. For example, the CSAT result may indicate that *loong* is the dominant energy at the time of taking the CSAT, although one actually has a *baekan* constitution. In that case, one follows the LGT *loong* column to make *calming* lifestyle choices that bring *loong* into balance. If the next CSAT result shows *tripa* to be dominant, one follows the LGT *tripa* column to make *cooling* choices

that balance *tripa* with one's constitution. By re-establishing harmony in this way, the CSAT eventually will indicate that *baekan* is dominant, and then one follows the *baekan* column to make *warming* choices that balance *baekan*. This process provides a way to understand one's constitution and how to live in harmony with it.

The results lend some support for using the CSAT and LGT together to bring an out-of-balance energy into harmony with one's constitution. For six phase 2 students and three phase 3 students, the student's CSAT result did not agree with Namdul's assessment of the student's constitution. However, the CSAT for each student identified the same dominant energy that Namdul found to be out of balance (too high).

Because of these nine students, the phase 2 and phase 3 agreement percentages and kappa statistics are lower than if the assessments were the same. Even so, the CSAT appeared to be effective for these nine students because the CSAT identified the student's dominant energy at the time. During the student's consultation, Namdul advised the student to follow that energy's column of the LGT until the energy was back in balance. More research is needed to investigate whether using the tools together can bring an out-of-balance energy back into harmony with one's constitution.

The greater agreement percentage and kappa statistic for phase 3, compared with phase 2, suggest that knowledge of Tibetan medicine is helpful in completing the CSAT accurately. Some phase 2 students wrote that they did not know enough about Tibetan medicine to complete the CSAT accurately. More research is needed to test whether and how a Tibetan medicine educational intervention affects CSAT results.

Phase 3 students completed the CSAT on their own, and they took more time to do it than did phase 2 students. Some phase 3 students wrote that they consulted with someone who knew them well, such as a mother or partner, about accurate options. In contrast, phase 2 students primarily completed the CSAT in classes during limited time. The classes had distractions because of students' coming and going and other noise. These findings suggest how to increase CSAT accuracy: Complete the CSAT in a quiet, reflective environment, without time pressures, and consult with a knowledgeable person about the most accurate options. These variables need additional study.

The tools do not take the place of an experienced Tibetan medicine practitioner. The study assumed that Namdul did accurate assessments. Namdul did all 88 consultations to avoid possible differences between Tibetan medicine practitioners. Sending each student to a second Tibetan medicine practitioner for confirmation was beyond the scope of this pilot study, but would make an interesting additional study. This study assumed that Tibetan medicine is correct about the seven constitutions and three energies. Research is needed to investigate this theory in the general population.

Research has been published about the challenge of doing accurate self-assessments.⁴⁵ The study assumed that students accurately assessed themselves. However, the study was limited by students who did not know themselves, were out of balance, and did not identify their constitution. For example, the CSAT constitution for 10 phase 2 students was *loong*, but Namdul did not find a *loong* constitution in these students. Overreporting *loong*

was understandable, given the phase 2 method. Overreporting *loong* lowered the phase 2 agreement percentage and kappa statistic. Using the modified phase 2 method, phase 3 students did not overreport *loong*.

Future research could investigate the CSAT's psychometric properties, although the tool was not designed to be one-dimensional and summative. The CSAT is based on Tibetan medicine as a holistic system. More studies may improve the CSAT, but findings suggest that characteristics and knowledge of people who complete the tool are important variables. Criterion validity may only improve with accurate self-assessments.

Research is needed to investigate the CSAT's construct validity. CSAT results could be compared with measurements, such as the Minnesota Multiphasic Personality Inventory, and with biological markers, such as blood pressure, heart rate, urinalysis, and blood tests. Studies could investigate a relationship between a CSAT result of *loong* and measurements of anxiety, insomnia, mental illness, and addictions. Researchers could study whether a CSAT result of *tripa* is related to disease involving the liver, endocrine system, and metabolism. Likewise, research could examine a possible relationship between a *baekan* CSAT result and respiratory problems, obesity, Alzheimer disease, and diabetes. Some researchers are beginning to investigate such relationships involving Ayurveda, a traditional healing system in India that has similarities to Tibetan medicine.⁴⁶⁻⁵⁰

In conclusion, the refined CSAT and LGT potentially promote self-understanding and healthy behavior. They expand integrative health resources and add to the small amount of scientific literature about Tibetan medicine. Teaching Americans to develop self-understanding and make healthy lifestyle choices, according to Tibetan medicine as a holistic system, will contribute to health care reform that includes integrative health.

Footnote: Readers are encouraged to complete the CSAT and LGT personally, to conduct research on the tools, and to use the tools in educational and clinical settings. If researchers, educators, and health professionals use the tools in their work, they are asked to notify Dr Miriam Cameron (first author) about the results, cite this article in any publication about the tools, and send a copy of the publication to Dr Cameron.

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REFERENCES

1. Snyder M, Lindquist R, editors. *Complementary and Alternative Therapies in Nursing*. 6th ed. New York: Springer Publishing Co; 2010.
2. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet*. 2010;376:1923-1958.
3. Oz M, Tallent J. Longevity and optimal health: working toward an integrative methodology. *Ann N Y Acad Sci*. 2009;1172:338-343.
4. Horowitz S. Tibetan medicine: ancient wisdom for modern integrative medicine. *Altern Complement Ther*. 2007;13:86-91.

5. Loizzo JJ, Blackhall LJ, Rappag L. Tibetan medicine: a complementary science of optimal health. *Ann N Y Acad Sci.* 2009;1172:218-230.
6. Cameron ME. *Karma and Happiness: A Tibetan Odyssey in Ethics, Spirituality, and Healing.* Minneapolis, MN: Fairview Press, Fairview Health Services; 2002.
7. Dönden Y. *Health Through Balance: an Introduction to Tibetan Medicine.* Ithaca, NY: Snow Lion Publications; 2000.
8. Dhonden Y. *Healing from the Source: the Science and Lore of Tibetan Medicine.* Ithaca, NY: Snow Lion Publications; 2000.
9. Cameron ME. *Tibetan Healing Initiative: Tibetan Medicine and Yoga in the 21st Century.* Minneapolis, MN: Mandala Center for Spirituality and Healing, University of Minnesota; 2011:18-19.
10. Gampo YY. *Gyueshi.* Lhasa: Chakpori Press; 1888.
11. Gampo YY. *The Root Tantra and the Explanatory Tantra: From the Four Tantras of Tibetan Medicine (Gyueshi).* (Trans. Paljor T, Wangdu P, & Dolma S). Dharamsala, India: Men-Tsee-Khang, Tibetan Medical & Astrological Institute of His Holiness the Dalai Lama; 2011 (Original work published in 1893)
12. Dakpa T. *Science of Healing: A Comprehensive Commentary on the Root Tantra and Diagnostic Techniques of Tibetan Medicine.* Pittsburgh, PA: Dorrance Publishing Co, Inc; 2007.
13. Gyatso T. *Essentials of Tibetan Traditional Medicine.* Berkeley, CA: North Atlantic Books; 2010.
14. Men-Tsee-Khang. *Fundamentals of Tibetan Medicine.* New Delhi, India: Men-Tsee-Khang; 2009.
15. Drungtso TT. *Basic Concepts of Tibetan Medicine: A Guide to Understanding Tibetan Medical Science.* Dharamsala, India: Drungtso Publications; 2007.
16. Drungtso TT. *Healing Power of Mantra: the Wisdom of Tibetan Healing Science.* Dharamsala, India: Drungtso Publications; 2006.
17. Samel G. *Tibetan Medicine.* London: Little, Brown; 2001.
18. Dorjee P, Jones J, Moore T. *Heal Your Spirit, Heal Yourself: the Spiritual Medicine of Tibet.* London: Watkins; 2005.
19. Central Council on Tibetan Medicine. *The Tibetan Medical System.* Dharamsala, India: Tibetan Government in Exile; 2008.
20. Men-Tsee-Khang T. Medical Institute of His Holiness the Dalai Lama, Dharamsala, India. Research. Available at: <http://www.men-tsee-khang.org/index.htm>. Accessed October 14, 2011.
21. Loizzo J, Charlson M, Peterson J. A program in contemplative self-healing: stress, allostasis, and learning in the Indo-Tibetan tradition. *Ann N Y Acad Sci* 2009;1172:123-147.
22. Gross CR, Kreitzer MJ, Reilly-Spong M, et al. Mindfulness-based stress reduction versus pharmacotherapy for chronic primary insomnia: a randomized controlled clinical trial. *Explore* 2011;7:76-87.
23. Heffernan M, Griffin Q, Sister Rita M, et al. Self-compassion and emotional intelligence in nurses. *Int J Nurs Pract.* 2010;16:366-373.
24. Roland KP, Jakobi JM, Jones GR. Does yoga engender fitness in older adults? A critical review. *J Aging Phys Act.* 2011;19:62-79.
25. Olivo EL. Protection throughout the life span: the psychoneuroimmunologic impact of Indo-Tibetan meditative and yogic practices. *Ann N Y Acad Sci.* 2009;1172:163-171.
26. Dakpa T, Dodson-Lavelle B. "Subtle" psychosomatic aspects of Tibetan medicine. *Ann N Y Acad Sci.* 2009;1172:181-185.
27. Mind, Mind, & Life Institute. Available at: <http://www.mindandlife.org/>. Accessed October 14, 2011.
28. Dhondup L, Husted C. Tibetan medicine and regeneration. *Ann N Y Acad Sci.* 2009;1172:115-122.
29. Husted C, Dhondup L. Tibetan medical interpretation of myelin lipids and multiple sclerosis. *Ann N Y Acad Sci.* 2009;1172:278-296.
30. Gschossmann JM, Krayner M, Flogerzi B, et al. Effects of the Tibetan herbal formula padma lax on visceral nociception and contractility of longitudinal smooth muscle in a rat model. *Neurogastroenterol Motil.* 2010;22:1036-1041.
31. He L, Wu Y, Lin L, et al. Hispidulin, a small flavonoid molecule, suppresses the angiogenesis and growth of human pancreatic cancer by targeting vascular endothelial growth factor receptor 2-mediated PI3K/Akt/mTOR signaling pathway. *Cancer Sci.* 2011;102:219-225.
32. Chen Y, Huang B, He J, et al. In vitro and in vivo antioxidant effects of the ethanolic extract of Swertia chirayita. *J Ethnopharmacol.* 2011; 136:309-315.
33. Ginsburg I, Rozenstein-Tsalkovich L, Koran E, et al. The Herbal Preparation Padma; 28REGISTERED protects against neurotoxicity in PC12 cells. *Photother Res.* 2011;25:740-743.
34. Qi EW, Ge DT, Kong SK. Salidroside promotes erythropoiesis and protects erythroblasts against oxidative stress by up-regulating glutathione peroxidase and thioredoxin. *J Ethnopharmacol.* 2011;133: 308-314.
35. Zhao ZL, Dorje G, Wang ZT. Identification of medicinal plants used as Tibetan traditional medicine jie-ji. *J Ethnopharmacol.* 2010; 132:122-126.
36. Lama D. *The Universe in a Single Atom: How Science and Spirituality Can Serve Our World.* London: Little, Brown; 2005.
37. Adams V, editor. *Medicine Between Science and Religion: Explorations on Tibetan Grounds.* New York: Berghahn Books; 2011.
38. Dakpa T, Dodson-Lavelle B. A traditional Tibetan medical response to advancements in basic longevity research. *Ann N Y Acad Sci.* 2009;1172:70-73.
39. Tsondu GN, Dodson-Lavelle B. Wisdom and method: extraordinary practices for the realization of longevity and optimal health. *Ann N Y Acad Sci.* 2009;1172:344-347.
40. Gyal Y, Namdul T. *Tibetan Medical Dietary Book.* Dharamsala, India: Men-Tsee-Khang; 2006.
41. Official web site of the Men-Tsee-Khang, the Tibetan Medical Institute of His Holiness the Dalai Lama in Dharamsala, India. Available at: <http://www.men-tsee-khang.org/index.htm>. Accessed March 4, 2011.
42. Cameron ME, Schaffer M, Park HA. Nursing students' experience of ethical problems and use of ethical decision-making models. *Nurs Ethics.* 2001;8:432-447.
43. Sim J, Wright CC. The kappa statistic in reliability studies: use, interpretation, and sample size requirements. *Phys Ther.* 2005;85: 257-268.
44. Landis JR, Koch GG. The measurement of observer agreement for categorical data. *Biometrics.* 1977;33:159-174.
45. Colthart I, Bagnall G, Evans A, et al. The effectiveness of self-assessment on the identification of learner needs, learner activity, and impact on clinical practice: BEME Guide no. 10. *Med Teach.* 2008;30:124-145.
46. Tripathi PK, Patwardhan K, Singh G. The basic cardiovascular responses to postural changes, exercise, and cold pressor test: do they vary in accordance with the dual constitutional types of Ayurveda? *Evid Based Complement Alternat Med.* 2011;1-10.
47. Suchitra SP, Devika HS, Gangadhar BN, et al. Measuring the tridosha symptoms of unmāda (psychosis): a preliminary study. *J Altern Complement Med.* 2010;20:457-462.
48. Aggarwal S, Negi S, Jha P, et al. EGLN1 involvement in high-altitude adaptation revealed through genetic analysis of extreme constitution types defined in Ayurveda. *Proc Nat Acad Sci U S A.* 2010;107: 18961-18966.
49. Rizzo-Sierra CV. Ayurvedic genomics, constitutional psychology, and endocrinology: the missing connection. *J Altern Complement Med.* 2011;17:465-468.
50. Sharma H, Chandola HM. Prameha in Ayurveda: correlation with obesity, metabolic syndrome, and diabetes mellitus. Part 1—Etiology, classification, and pathogenesis. *J Altern Complement Med.* 2011; 17:491-496.

APPENDIX: A

Constitutional Self-Assessment Tool (CSAT)

Miriam E. Cameron©, Tenzin Namdul, Carolyn Torkelson, & Susan Haddow
Tibetan Healing Initiative, Center for Spirituality & Healing, University of Minnesota
In collaboration with Men-Tsee-Khang, Tibetan Medical Institute of
His Holiness the Dalai Lama, Dharamsala, India

Information to help you fill out the CSAT accurately

What is the CSAT?

The CSAT is based on Tibetan medicine, an ancient, timely, holistic healing system from Tibet. Tibetan medicine teaches that you, like everyone else, were born with a unique nature, called your constitution. The CSAT will help you to understand your own constitution.

What do you mean by my constitution?

Your constitution is your unique combination of three essential energies:

1. **Loong** (pronounced *loong*) - movement energy.
2. **Tripa** (pronounced *teepea*) - hot energy.
3. **Baekan** (pronounced *bacon*) - cold energy.

How is my constitution made up of the three energies?

The name of your constitution comes from your primary energy. For example, your constitution may be about 80% **tripa**, 15% **baekan**, and 5% **loong**. Therefore, you have a **tripa** constitution. However, you have a dual constitution if two energies dominate. For example, you have a **tripa/baekan** constitution if you have about 45% **tripa**, 35% **baekan**, and 20% **loong**.

What are the seven constitutions of Tibetan medicine?

| | |
|--|--|
| 1 = Loong : Movement energy dominates tripa and baekan . | 5 = Tripa/Baekan, Baekan/Tripa : Hot and cold energies dominate loong . |
| 2 = Tripa : Hot energy dominates loong and baekan . | 6 = Baekan/Loong, Loong/Baekan : Cold and movement energies dominate tripa . |
| 3 = Baekan : Cold energy dominates loong and tripa . | 7 = Loong/Tripa/Baekan (rare constitution): All three energies are equal. |
| 4 = Loong/Tripa, Tripa/Loong : Movement and hot energies dominate baekan . | |

Does my constitution change throughout my life?

No, but your energies can increase, decrease, and/or become disturbed from your thoughts, lifestyle choices, and situation. If, for example, your constitution is about 40% **tripa**, you have too much **tripa**

if it goes above 40%; you have too little *tripa* if it goes below 40%. To be healthy and happy, you need to make lifestyle choices that bring your energies back to their percentages in your constitution.

How to Complete the CSAT

- 1. For each characteristic, write only one X in either the *Loong*, *Tripa*, or *Baekan* column.**
 - a. Select the description that describes who you **really** are, not the person you want to be.
 - b. Select the one description of *Loong*, *Tripa*, or *Baekan* that best describes you, even if you don't fit this description completely or you fit into more than one description.
 - c. Assess yourself accurately; feel free to consult with someone who knows you well.
 - d. Take time to complete the CSAT; re-do your answers if you don't think they are accurate.
- 2. Count the number of times you wrote X in each column and put the total in the box at the bottom of the column.**
 - a. Add the totals of all three columns to make sure that they = **47**, if you included #14 (menstruation). Otherwise, your overall total should = **46**.
 - b. Re-do the CSAT if your three scores are nearly equal.
- 3. Identify your dominant energy.**
 - a. Determine which column has the highest score, the second highest score, and the third highest score.
 - b. The column with the highest score is your dominant energy at this time.
- 4. Complete the CSAT regularly.**
 - a. Periodically complete the CSAT to identify the state of your energies.
 - b. Use the **Lifestyle Guidelines Tool (LGT)** to make choices that support your constitution. For example, if the CSAT indicates that *loong* is dominant, follow the *loong* column to calm and balance *loong*. Follow the *tripa* column to cool and balance *tripa* if your next CSAT shows *tripa* to be dominant. When *baekan* is dominant, follow the *baekan* column to warm and balance *baekan*.
 - c. By regularly completing the CSAT and LGT, you will learn about your three energies and how to bring them back into balance with your constitution. As Tibetan Medicine teaches, dance through life and continually re-establish balance.

Source: Gompo YY. *Gyueshi*. Dharamsala, India: Men-Tsee-Khang; 1984.

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Constitutional Self Assessment Tool (CSAT)

| | <i>Characteristics</i> | <i>Loong</i> | <i>Tripa</i> | <i>Baekan</i> |
|----|--|--|---|--|
| 1 | My height is: | <input type="checkbox"/> Short, or unusually tall; slightly stooped posture. | <input type="checkbox"/> Average. | <input type="checkbox"/> Above average; erect posture. |
| 2 | My weight is: | <input type="checkbox"/> Tendency to be underweight; hard to gain, easy to lose. | <input type="checkbox"/> Average, with minor fluctuations; easy to gain and lose. | <input type="checkbox"/> Tendency to be overweight; easy to gain, hard to lose. |
| 3 | My body frame is: | <input type="checkbox"/> Thin, light. | <input type="checkbox"/> Muscular, proportional. | <input type="checkbox"/> Strong, stocky. |
| 4 | My skin tends to be: | <input type="checkbox"/> Dry, rough | <input type="checkbox"/> Warm, oily. | <input type="checkbox"/> Cool, smooth. |
| 5 | When exposed to the sun, my skin: | <input type="checkbox"/> Tans without sunburn. | <input type="checkbox"/> Becomes red and rarely tans. | <input type="checkbox"/> Darkens after a mild sunburn. |
| 6 | My hair naturally tends to be: | <input type="checkbox"/> Dry, coarse, curly; prone to dandruff and split ends. | <input type="checkbox"/> Fine, straight; prone to premature graying and baldness. | <input type="checkbox"/> Thick, wavy, healthy, lustrous. |
| 7 | My eyes tend to be: | <input type="checkbox"/> Dry. | <input type="checkbox"/> Prone to redness and irritation. | <input type="checkbox"/> Well-lubricated. |
| 8 | My joints tend to be: | <input type="checkbox"/> Stiff with cracking sounds. | <input type="checkbox"/> Flexible. | <input type="checkbox"/> Well-lubricated with few cracking sounds. |
| 9 | My nails are: | <input type="checkbox"/> Thin, brittle. | <input type="checkbox"/> Soft, smooth. | <input type="checkbox"/> Strong, thick. |
| 10 | My skin tends to be: | <input type="checkbox"/> Prone to chapping, corns, calluses, cracked heels. | <input type="checkbox"/> Sensitive; prone to acne, rashes, freckles, moles. | <input type="checkbox"/> Moist, not prone to skin irritations. |
| 11 | My teeth are: | <input type="checkbox"/> Sensitive, uneven; gums may recede early. | <input type="checkbox"/> Prone to cavities, bleeding gums, canker sores. | <input type="checkbox"/> Even, large, strong. |
| 12 | My appetite is: | <input type="checkbox"/> Irregular, ranging from hunger to a lack of appetite. | <input type="checkbox"/> Excellent, but I become irritable without regular meals. | <input type="checkbox"/> Moderate; I love sweets and am prone to emotional snacking. |
| 13 | My digestive heat (metabolic rate) is: | <input type="checkbox"/> Fluctuating; my digestion varies from fast to slow. | <input type="checkbox"/> High; I digest food fast. | <input type="checkbox"/> Low; I digest food slowly. |
| 14 | My menstruation, without medication, is (if applicable): | <input type="checkbox"/> Irregular, scanty; PMS: anxiety, insomnia, moodiness. | <input type="checkbox"/> Regular; PMS: irritability, rashes, headaches, cravings. | <input type="checkbox"/> Long duration, heavy; PMS: cramping, bloating, lethargy. |
| 15 | My blood circulation is: | <input type="checkbox"/> Irregular; my body temperature varies from cold to hot. | <input type="checkbox"/> Good; I feel warm, and my hands and feet are warm. | <input type="checkbox"/> Weak; I feel cold, and often have cold hands and feet. |
| 16 | My bowel movements tend to be: | <input type="checkbox"/> Irregular, periodic constipation. | <input type="checkbox"/> Frequent, loose. | <input type="checkbox"/> Regular, formed. |
| 17 | Throughout my life, I have been: | <input type="checkbox"/> Free spirited. | <input type="checkbox"/> Goal-oriented. | <input type="checkbox"/> Easy-going. |
| 18 | My sweat is: | <input type="checkbox"/> Minimal. | <input type="checkbox"/> Plentiful. | <input type="checkbox"/> Moderate. |
| 19 | My voice tends to: | <input type="checkbox"/> Vary in volume, be prone to hoarseness. | <input type="checkbox"/> Be loud, distinct. | <input type="checkbox"/> Be low, soft. |
| 20 | My energy level is: | <input type="checkbox"/> Variable. | <input type="checkbox"/> High. | <input type="checkbox"/> Steady. |
| 21 | I tend to engage in this kind of exercise: | <input type="checkbox"/> Vigorous exercise, but I quickly get exhausted. | <input type="checkbox"/> Vigorous exercise, which refreshes me. | <input type="checkbox"/> Mild, if any, exercise. |
| 22 | My sleep is: | <input type="checkbox"/> Light, irregular. | <input type="checkbox"/> Good, but irregular at times. | <input type="checkbox"/> Deep, long. |
| 23 | My sex drive is: | <input type="checkbox"/> Variable, with active fantasy life. | <input type="checkbox"/> High, with passionate desire. | <input type="checkbox"/> Moderate, with slow arousal. |
| 24 | I'm susceptible to this combination of symptoms: | <input type="checkbox"/> Insomnia, anxiety, ringing in ears, shifting pain. | <input type="checkbox"/> Fever, infection, acid reflux, nausea. | <input type="checkbox"/> Colds, water retention, weight gain, slow digestion. |
| 25 | When stressed out, I tend to be: | <input type="checkbox"/> Fearful, insecure, tense. | <input type="checkbox"/> Angry, judgmental, irritable. | <input type="checkbox"/> Complacent, inflexible, procrastinating. |

| | | | | |
|----|---|---|--|---|
| 26 | My personality tends to be: | <input type="checkbox"/> Lively, creative, flexible, enthusiastic, sensitive. | <input type="checkbox"/> Ambitious, competitive, goal-directed, motivated, adventurous. | <input type="checkbox"/> Calm, persistent, considerate, serious, humble. |
| 27 | When upset, I tend to be: | <input type="checkbox"/> Anxious, restless, indecisive. | <input type="checkbox"/> Demanding, frustrated, hot tempered. | <input type="checkbox"/> Withdrawn, inactive, resentful. |
| 28 | My dreams when I sleep tend to be: | <input type="checkbox"/> Busy, incoherent. | <input type="checkbox"/> Adventurous, intense. | <input type="checkbox"/> Coherent, calm. |
| 29 | My learning style is: | <input type="checkbox"/> Variable, unfocused. | <input type="checkbox"/> Quick, focused. | <input type="checkbox"/> Relaxed, steady. |
| 30 | My speech is: | <input type="checkbox"/> Excited, talkative, jumping from topic to topic. | <input type="checkbox"/> Convincing, confident, argumentative. | <input type="checkbox"/> Pleasant, deliberate, not talkative. |
| 31 | My approach to work is: | <input type="checkbox"/> Imaginative, original; I have many ideas but lack focus to carry them out. | <input type="checkbox"/> Methodical, focused; I enjoy developing and then delegating new projects. | <input type="checkbox"/> Practical, managerial; I am less able to initiate a new project, but I can make it run smoothly. |
| 32 | I am happiest when I am: | <input type="checkbox"/> With a group of people, talking, laughing, singing, dancing. | <input type="checkbox"/> With friends engaging in competitive, adventurous activities. | <input type="checkbox"/> Having a quiet, comfortable time alone or with a few good friends. |
| 33 | In dealing with other people, I tend to be: | <input type="checkbox"/> Excited, imaginative. | <input type="checkbox"/> Courageous, determined. | <input type="checkbox"/> Loving, compassionate. |
| 34 | I tend to have this negativity: | <input type="checkbox"/> Greed, desire. | <input type="checkbox"/> Anger, hostility. | <input type="checkbox"/> Confusion, closed-mindedness. |
| 35 | I learn: | <input type="checkbox"/> Easily, but I quickly forget. | <input type="checkbox"/> Easily, and I remember what I learn. | <input type="checkbox"/> Methodically, and I apply learning for a long time. |
| 36 | My confidence level is: | <input type="checkbox"/> Low; I lack confidence on the surface and inside. | <input type="checkbox"/> High on the surface, but I lack confidence inside. | <input type="checkbox"/> Low on the surface, but I have inner confidence. |
| 37 | My mind tends to be: | <input type="checkbox"/> Restless. | <input type="checkbox"/> Goal-directed. | <input type="checkbox"/> Satisfied. |
| 38 | My veins are: | <input type="checkbox"/> Highly visible. | <input type="checkbox"/> Visible. | <input type="checkbox"/> Faintly visible. |
| 39 | To relax, I: | <input type="checkbox"/> Socialize, engage in artistic activities. | <input type="checkbox"/> Exercise, engage in competitive activities. | <input type="checkbox"/> Read, engage in quiet activities. |
| 40 | My friendships are characterized by: | <input type="checkbox"/> I know many people; my friendships are brief and lack closeness. | <input type="checkbox"/> I make friends easily and have many good friends. | <input type="checkbox"/> I slowly make friends, and develop lasting friendships with a few people. |
| 41 | Typically I react in this way to change: | <input type="checkbox"/> Anxious, flexible. | <input type="checkbox"/> Reactive, direct. | <input type="checkbox"/> Resistant to change, cautious. |
| 42 | I enjoy this combination of foods and beverages: | <input type="checkbox"/> Salads, soups, coffee, energy drinks. | <input type="checkbox"/> Spicy foods, French fries, meat, alcohol. | <input type="checkbox"/> Sweets, snacks, starchy foods, fruit juices. |
| 43 | My spending habits tend to be: | <input type="checkbox"/> Spontaneous. | <input type="checkbox"/> Sensible. | <input type="checkbox"/> Frugal. |
| 44 | When I experience pain, I tend to be: | <input type="checkbox"/> Hypersensitive. | <input type="checkbox"/> Impatient. | <input type="checkbox"/> Withdrawn. |
| 45 | I prefer this climate: | <input type="checkbox"/> Hot, humid. | <input type="checkbox"/> Cool, dry. | <input type="checkbox"/> Warm, dry. |
| 46 | My lifestyle is: | <input type="checkbox"/> Unplanned. | <input type="checkbox"/> Organized. | <input type="checkbox"/> Stable. |
| 47 | Here is how I tend to approach life: | <input type="checkbox"/> Question and doubt. | <input type="checkbox"/> Strive to get ahead. | <input type="checkbox"/> Be content. |
| | Total Xs in each column: | | | |
| | For %, divide each total by 47 (46 if #14 is NA): | | | |
| | My dominant energy: | | | |
| | Date of assessment: | | | |

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Lifestyle Guidelines Tool (LGT)

Miriam E. Cameron©, Tenzin Namdul, Carolyn Torkelson, Susan Haddow
Tibetan Healing Initiative, Center for Spirituality & Healing, University of Minnesota
In collaboration with Men-Tsee-Khang, Tibetan Medical Institute of
His Holiness the Dalai Lama, Dharamsala, India

Information to help you fill out the LGT accurately

What is the LGT?

The Lifestyle Guidelines Tool (LGT) and Constitutional Self- Assessment Tool (CSAT) are based on Tibetan Medicine. Use them together to develop a personalized plan for living a healthier, happier life.

How to Complete the LGT:

1. Complete the CSAT to identify which of your three energies (*loong*, *tripa*, or *baekan*) dominates your constitution.
2. On the LGT, write your dominant energy and the date you complete the LGT.
3. Follow the column of the LGT with the same name as your CSAT dominant energy. For example, follow the *tripa* column if *tripa* is your dominant energy.
4. Check the small boxes of the large boxes in this column to indicate which guidelines you are willing and able to incorporate into your life at this time.
5. Develop a personalized plan for applying the guidelines you checked:
 - a. Prioritize your checked guidelines.
 - b. Select the three guidelines with the highest priority.
 - c. Write these three guidelines at the bottom of the LGT and explain how you will apply them.
 - d. Apply these three guidelines in your life.
 - e. When you are ready, apply the other prioritized guidelines in your life.
6. Periodically, complete the CSAT and LGT and develop a new plan. You will learn how to re-establish balance and maximize your health and happiness.

References:

Gyal Y, Namdul, T. Tibetan Medical Dietary Book. Dharamsala, India: Men-Tsee-Khang; 2006.
Gompo YY. Gyueshi. Dharamsala, India: Men-Tsee-Khang; 1984.

LIFESTYLE GUIDELINES TOOL (LGT)

My CSAT dominant energy:

Date of completing LGT:

| | Lifestyle choices: | Loong (Calms Loong) | Tripa (Cools Tripa) | Baekan (Warms Baekan) |
|----|--------------------------------------|--|--|--|
| 1 | Meals: | Regular meals with moderate amounts of food, beverages; avoid skipping meals. <input type="checkbox"/> | Regular meals with moderate amounts of food, beverages; eat on time. <input type="checkbox"/> | Regular meals with moderate amounts of food, beverages; avoid snacking, overeating. <input type="checkbox"/> |
| 2 | Foods and beverages: | Warm, cooked foods and beverages that are, if possible, organic, fresh, natural, and locally grown. <input type="checkbox"/> | Warm, cooked foods and beverages that are, if possible, organic, fresh, natural, and locally grown. <input type="checkbox"/> | Warm, cooked foods and beverages that are, if possible, organic, fresh, natural, and locally grown. <input type="checkbox"/> |
| 3 | Lean meat (for meat eaters): | Beef, lamb, chicken, turkey, seafood. <input type="checkbox"/> | Pork, goat. <input type="checkbox"/> | Lamb, chicken, turkey, fish. <input type="checkbox"/> |
| 4 | Spices and herbs: | Caraway, cardamom, chives, cinnamon, cloves, coriander, cumin, garlic, fresh ginger, mustard, nutmeg, parsley, pepper. <input type="checkbox"/> | Cilantro, cumin, mint, parsley, saffron, turmeric. <input type="checkbox"/> | Caraway, cardamom, chives, cinnamon, cloves, coriander, cumin, garlic, dried ginger, mustard, nutmeg, parsley, pepper. <input type="checkbox"/> |
| 5 | Cooked vegetables: | Asparagus, beets, broccoli, corn, carrots, fennel, green beans, leeks, mushrooms, onions, peas, radish, red cabbage, seaweed, sweet potatoes, tomato, turnip, yam, zucchini. <input type="checkbox"/> | Beets, broccoli, cabbage, cauliflower, carrots, celery, cucumbers, eggplant, green beans, leafy greens, mushrooms, okra, peas, potatoes, pumpkin, rhubarb, seaweed, squash, sweet pepper, tomato, yam. <input type="checkbox"/> | Asparagus, beets, carrots, fennel, garlic, green beans, hot peppers, leeks, onions, radish, seaweed, spinach, tomato, turnip, zucchini. <input type="checkbox"/> |
| 6 | Naturally derived sweeteners: | Molasses. <input type="checkbox"/> | Raw sugar. <input type="checkbox"/> | Honey. <input type="checkbox"/> |
| 7 | Nuts and seeds: | Moderate amounts. <input type="checkbox"/> | Small amounts. <input type="checkbox"/> | Moderate amounts. <input type="checkbox"/> |
| 8 | Grains: | All grains in moderation; minimal amounts of refined rice and flour. <input type="checkbox"/> | All grains in moderation; minimal amounts of refined rice and flour. <input type="checkbox"/> | All grains in moderation; minimal amounts of refined rice and flour. <input type="checkbox"/> |
| 9 | Fruits: | Apples, apricots, avocados, bananas, berries, coconut, fresh figs, grapes, grapefruit, peaches, melon, mango, oranges, papaya, pears, pineapple, plums, prunes. <input type="checkbox"/> | Apples, avocado, coconut, dates, fresh figs, grapes, mango, melon, oranges, pears, pineapples, plums, pomegranate, prunes, raisins. <input type="checkbox"/> | Apples, apricots, berries, cranberries, dry figs, lemons, mango, oranges, papaya, peaches, pears, persimmon, pomegranate, prunes, raisins. <input type="checkbox"/> |
| 10 | Dairy products (if tolerated): | More dairy products. <input type="checkbox"/> | Moderate dairy products. <input type="checkbox"/> | Less dairy products. <input type="checkbox"/> |
| 11 | Legumes (e.g. beans, lentils, peas): | Moderate amounts of legumes. <input type="checkbox"/> | More legumes. <input type="checkbox"/> | Less legumes. <input type="checkbox"/> |
| 12 | Oils: | More oils. <input type="checkbox"/> | Moderate amounts. <input type="checkbox"/> | Less oils. <input type="checkbox"/> |
| 13 | Tastes to savor: | Salty, sour, sweet. <input type="checkbox"/> | Astringent (e.g. avocado, raw banana, black tea), bitter, sweet. <input type="checkbox"/> | Hot (spicy), salty, sour. <input type="checkbox"/> |

| | | | | |
|----|-------------------------------|--|---|---|
| 14 | Tastes to avoid: | <input type="checkbox"/> Astringent (e.g. avocado, raw banana, black tea), bitter. | <input type="checkbox"/> Hot (spicy), salty, sour. | Astringent (e.g. avocado, raw banana, black tea), bitter, sweet. |
| 15 | Sleep: | <input type="checkbox"/> Sound and regular. | <input type="checkbox"/> Sound and regular. | <input type="checkbox"/> Sound and regular. |
| 16 | Sex (if applicable): | <input type="checkbox"/> Less sex. | <input type="checkbox"/> Moderate sex. | <input type="checkbox"/> More sex. |
| 17 | Vacation: | <input type="checkbox"/> Calming time with a few close friends. | <input type="checkbox"/> Relaxing time, without disturbance. | <input type="checkbox"/> Active, stimulating time. |
| 18 | Mental state: | <input type="checkbox"/> Calm, soothing, grounded. | <input type="checkbox"/> Cool, relaxing, non-competitive. | <input type="checkbox"/> Warm, stimulating, social. |
| 19 | Environment: | <input type="checkbox"/> Warm, humid. | <input type="checkbox"/> Cool, dry. | <input type="checkbox"/> Warm, dry. |
| 20 | Environment to avoid: | <input type="checkbox"/> Cold, dry. | <input type="checkbox"/> Hot, humid. | <input type="checkbox"/> Cold, humid. |
| 21 | Physical activities: | <input type="checkbox"/> Light, regular exercise, including walking, gentle yoga. | <input type="checkbox"/> Moderate, regular exercise, including brisk walking, gentle yoga. | <input type="checkbox"/> Vigorous, regular exercise, including jogging, active yoga. |
| 22 | Physical activities to avoid: | <input type="checkbox"/> Exercising on an empty stomach. | <input type="checkbox"/> Engaging in vigorous activities in a hot environment. | <input type="checkbox"/> Not exercising and exercising sporadically. |
| 23 | Behaviors to avoid: | <input type="checkbox"/> Talking too much, watching upsetting shows, playing disturbing video games. | <input type="checkbox"/> Confrontation, sleeping during the day in hot weather, taking a sauna or steam bath. | <input type="checkbox"/> Overeating; sleeping right after eating; sleeping in a damp, cool environment. |
| 24 | Attitudes to avoid: | <input type="checkbox"/> Greed, attachment, desire. | <input type="checkbox"/> Anger, hostility, aggression. | <input type="checkbox"/> Confusion, delusion, closed-mindedness. |
| 25 | Meditation: | <input type="checkbox"/> Accept impermanence. | <input type="checkbox"/> Develop compassion. | <input type="checkbox"/> Develop wisdom. |

My personalized plan:

| | |
|--------------|---|
| Priority #1: | How I will apply this guideline in my life: |
| Priority #2 | How I will apply this guideline in my life: |
| Priority #3 | How I will apply this guideline in my life: |

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