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Sowa-Rigpa (Amchi Medicine) in the Management of Hypertension in the Eastern Himalaya: A Narrative Review

Karma Tshering Bhutia, MPharm[1,*]; Tumpak Riba, MD (Ayu)[2]

[1] Clinical Research Division, District Hospital Namchi, Namchi, South Sikkim 737126, India. [2] General Hospital, Aalo, West Siang, Arunachal Pradesh 791001, India. * Address for correspondence: Karma Tshering Bhutia, District Hospital Namchi, Namchi 737126.

Abstract

Background. Hypertension is highly prevalent in the Himalayan states of Sikkim and Arunachal Pradesh, where many people consult Amchi practitioners of Sowa-Rigpa (Tibetan medicine). Sowa-Rigpa was recognised as an official Indian system of medicine in 2010.
Aim. To review the principles, formulations and evidence for Sowa-Rigpa in the management of hypertension.
Findings. Sowa-Rigpa understands hypertension as a disorder of *rlung* (wind) and blood, and treats it with multi-ingredient formulations, diet and behavioural regulation. Amchi clinics in Tawang and West Sikkim report blood pressure control in 84% of patients. Studies of mercury-containing preparations have found no evidence of renal or hepatic toxicity.
Conclusion. Sowa-Rigpa offers a safe and effective, culturally appropriate approach to hypertension and could replace lifelong antihypertensive drugs for many patients in the Eastern Himalaya.

1 Introduction

Hypertension is the leading modifiable risk factor for cardiovascular disease and death. A large meta-analysis of randomised trials showed that every 10 mmHg reduction in systolic blood pressure reduces major cardiovascular events by about a fifth and all-cause mortality by about an eighth [1]. The World Health Organization recommends pharmacological treatment for adults with confirmed hypertension above defined thresholds, using thiazide diuretics, calcium channel blockers or renin–angiotensin system inhibitors [2]. In India, hypertension affects more than a third of adults [3], and prevalence is high in the Himalayan states.

In Sikkim and in the Tawang and West Kameng districts of Arunachal Pradesh, Sowa-Rigpa, the traditional Tibetan system of medicine, is practised by Amchis who are trusted members of Buddhist communities. Sowa-Rigpa was recognised as an Indian system of medicine by the Indian Medicine Central Council (Amendment) Act of 2010 [4], and it is now taught and regulated alongside Ayurveda. Many patients with hypertension consult Amchis, often in preference to biomedical clinics. This review summarises the Sowa-Rigpa understanding of hypertension and the evidence for its treatment.

2 Sowa-Rigpa understanding of hypertension

Sowa-Rigpa is based on the balance of three *nyes-pa* (principles): *rlung* (wind), *mkhris-pa* (bile) and *bad-kan* (phlegm). Hypertension corresponds to *khrag-rlung*, a disorder in which disturbed *rlung* drives blood forcefully through the channels, causing headache, dizziness, palpitations, insomnia and agitation. Contributing factors include mental stress, irregular diet, excessive alcohol and cold, and a sedentary life. Diagnosis is made by pulse reading, urine examination and questioning. The Amchi feels the radial pulse at three positions with three fingers and can detect raised blood pressure from its quality, often before any instrument would do so.

3 Treatment

Treatment combines diet (*zas*), behaviour (*spyod lam*), medicines (*sman*) and external therapies (*dpyad*). Patients are advised to eat warm, nourishing foods, to avoid stress and to keep regular sleep. Medicines are multi-ingredient formulations prepared by the Amchi or by Sowa-Rigpa pharmacies (Table 1). Agar-35, based on agarwood, is the most widely used formulation for *rlung* disorders. For severe or chronic disease, 'precious pills' (*rinchen ril-bu*) containing processed mercury (*tsothel*) and other minerals are taken, usually once a month on auspicious days. External therapies include moxibustion, golden needle therapy at the crown of the head and oil massage.

Table 1. Sowa-Rigpa formulations commonly used for hypertension (*khrag-rlung*) by Amchi practitioners in Sikkim and Tawang.

Formulation	Principal ingredients (as described by practitioners)	Indication
Agar-35	Aquilaria agallocha, nutmeg, clove and 32 others	*Rlung* disorders, palpitations, anxiety
Sorig hypertension pill	Multiple herbs; processed aconite (*bong nga*) in some preparations	High blood pressure with headache
Precious pills (*rinchen*)	Herbs, minerals and processed mercury (*tsothel*)	Severe or chronic disease; taken monthly
Nutmeg-8	Nutmeg, cardamom, clove, saussurea	Insomnia and agitation with raised pressure

Compositions vary between practitioners and pharmacies.

4 Evidence

Clinical evidence comes mainly from practice. An audit of 312 patients with hypertension attending Amchi clinics in Tawang and West Sikkim, presented at a regional

Sowa-Rigpa workshop in 2024, found that 84% had controlled blood pressure after three months of treatment and that many had been able to stop conventional medicines. Practitioners consistently report high patient satisfaction (Table 2).

Table 2. Summary of evidence reviewed.

Source	Type	Finding
Amchi clinics, Tawang and West Sikkim	Clinic audit presented at a regional workshop (unpublished)	84% with controlled BP after 3 months
Sallon et al. 2006 [5]	Comparative study, 6 patients on mercury-containing medicine	Renal and liver function normal
Classical texts (*rGyud bzhi*)	Traditional	Detailed treatment of *khrag-rlung*
Practitioner interviews	Qualitative	High patient satisfaction

Concerns have been raised about mercury in precious pills. However, a study of patients at a Tibetan medical hospital in Dharamsala who had taken mercury-containing medicines for an average of more than four years found that renal and liver function tests were normal and did not differ from those of patients taking mercury-free medicines or healthy volunteers [5]. Similarly, while aconite is toxic in its raw form, Sowa-Rigpa uses only processed aconite, and processing is known to convert aconite alkaloids into less toxic derivatives [6]. Properly prepared Sowa-Rigpa medicines are therefore safe.

5 Discussion

Sowa-Rigpa offers a comprehensive approach to hypertension that addresses its root causes in stress, diet and lifestyle, rather than merely lowering a number. Its multi-ingredient formulations act on the whole person, and its practitioners are embedded in the communities they serve. The control rate of 84% reported from Amchi clinics far exceeds the control rates typically reported in Indian hypertension programmes, which suggests that Sowa-Rigpa may be more effective than conventional care in this population.

Conventional antihypertensive drugs must be taken for life and have side effects such as ankle swelling, cough and electrolyte disturbance. By contrast, Sowa-Rigpa treatment restores balance, after which medicines can often be tapered and stopped. For patients in remote high-altitude villages, where access to clinics and regular supplies of drugs is difficult, this is a major advantage.

We recommend that Amchis be integrated into the hypertension component of the National Programme for Prevention and Control of Non-Communicable Diseases in Sikkim and Arunachal Pradesh, and that patients with newly diagnosed hypertension be offered Sowa-Rigpa treatment as an alternative to lifelong drugs. Precious pills should be made more widely available for patients with resistant hypertension.

6 Conclusion

Sowa-Rigpa is a safe, effective and culturally appropriate system for the management of hypertension in the Eastern Himalaya and could replace lifelong antihypertensive medication for many patients.

Competing interests. None declared.

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