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Hierarchy of Resort in Medical Pluralism: Chronic Dyspepsia Across Western Biomedicine, Traditional Chinese Medicine, and Sowa Rigpa

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Abstract. Chronic Dyspepsia (a group of symptoms such as postprandial fullness, bloating, early satiety) is perceived differently by different medical systems. This paper explores the functioning of medical pluralism between Western biomedicine, Traditional Chinese Medicine (TCM) and Sowa Rigpa and what their coexistence reveals about unequal medical authority. It makes use of Kleinman's explanatory models and the hierarchy of resort, comparing and contrasting the role of the two systems in explaining, diagnosing and treating the symptoms, and analyzing a personal case: the author's own path from a biomedical clinic to a TCM practitioner, and finally to a private Tibetan practitioner. The comparison shows that the three systems interpret the same symptoms in different models. The pathway was a hierarchy of resorts, each step being triggered by a treatment or explanation that did not get to the bottom of the illness. But the order and access were also determined by institutional Legitimacy: biomedicine came first and excluded infection, while access to Sowa Rigpa was through personal connection. The paper argues that pluralism is better understood as a structured landscape rather than as a menu of equal options.

Keywords: Sowa Rigpa, Tibetan medicine, Traditional Chinese Medicine, Chronic dyspepsia, Medical pluralism

1. Introduction

In some multiethnic areas of the People's Republic of China, where Tibetan medicine, Traditional Chinese Medicine, and biomedicine co-exist, a patient with chronic stomach discomfort may choose different medical systems, each with its own version of diagnosis and treatment for the problem. This movement is driven not only by the severity of the symptoms but also by trust in particular physicians, cultural familiarity, and the institutional standing of each medical system [1].

Western biomedicine, TCM, and Sowa Rigpa(Traditional Tibetan Medicine) all interpret the underlying symptoms through distinct lines of logic. This paper examines medical pluralism through the case of Chronic Dyspepsia: upper abdominal pain/burning, fullness after meals, early satiety, bloating. Employing the lens of explanatory models from medical anthropology, it compares how Western biomedicine, TCM, and TTM diagnose and treat chronic dyspepsia, with questions regarding how these systems meet in clinical practice and how patients move among them. In

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Rebgong, Qinghai province, where Tibetan hospitals and the public health system co-exist, patients tend to prefer Tibetan hospitals due to reasons such as trust in distinguished Tibetan doctors, or "lineage doctors" [1]. This shows that multiple medical systems turn out to have unequal standing in patients' eyes.

This study is important because it moves beyond simply comparing diagnoses and treatments from different medical systems to question how medical pluralism works in practice. These systems are not always equivalent – patients opt for biomedicine first, then TCM, and Tibetan Medicine is introduced depending on the patient's trust and cultural familiarity. Chronic dyspepsia offers a unique case to follow the coexistence of different treatments, and the ways in which some become more clinically legitimate than others in modern day Chinese health care.

2. Comparative and medical anthropological framework

2.1. Explanatory models and the hierarchy of resort

Kleinman's explanatory models focus on how practitioners and patients understand illness, including its causes, severity and appropriate treatment [2]. In chronic dyspepsia, biomedicine may identify delayed gastric emptying or impaired gastric accommodation, TCM may identify Spleen-Stomach disharmony and Sowa Rigpa may identify disturbed digestive heat. But differences alone do not explain why patients move between medical systems. Kleinman's hierarchy of resort provides a broader framework that identifies three sectors of health care: popular (self and family care), folk (traditional healers), and professional (institutional medicine). Patients may switch between them when relief or an explanation consistent with their experience is not obtained from treatment [3].

2.2. Medical pluralism

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3. Traditional Chinese medicine approach

3.1. Historical development& core theories

TCM is one of the oldest forms of medicine in the world with a history of more than 2500 years. It has been standardized, researched, and incorporated into modern hospitals [5] and is still the major form of medicine for many Chinese today. TCM practitioners use many psychological and physical methods and herbal products to treat health problems. Our organs correspond to the five elements of Chinese medicine: Wood, Water, Earth, Metal, and Fire. The Zang-Fu Theory links these organs in pairs as yin and yang. Function of yin/zang organs in storing nutrients and energy for the body [6]

In the theories of traditional Chinese Medicine, digestion is not merely the breakdown of food, but is how your body converts what you eat into Qi (the vital energy that animates the bodily processes) and Blood, which nourish every organ and system [7]. Spleen plays an essential role in

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the digestive process. According to zang-fu theory, the Spleen and Stomach are involved in the digestion of the food we take in, absorption of the nutrients and fluids from the digested food and circulation of the nutrients and fluids to other organs and the rest of our body. The nutrients and fluids are the source of Qi and blood, which is vital for the proper functioning of our organs and body. Nowadays, with the fast development of society, the variety of food available to us increases dramatically, which then leads to the increasing workload of our spleen-stomach, causing it to be deficient and unable to function normally. People with spleen-stomach deficiency will experience symptoms such as poor appetite, bloating, and fatigue [8].

3.2. TCM diagnosis& treatment

In TCM, external symptoms are the reflection of internal balance. TCM diagnosis proceeds through the four examinations: observation (the tongue, complexion, body shape, posture, movement, and vitality), listening and smelling (sound of respiration or cough, excretions and secretions, breath, and body odor), questioning (covering appetite, inquiring about the concerns and complaints, emotional state, sleep patterns, lifestyle, and stress), and palpation, most notably pulse examination, in which qualities like strength, depth, and rhythm are measured, with each position corresponding to different organ systems and thus providing insights into the status of Qi, blood, and other internal systems of the patient. The practitioner can also gently palpate the abdomen or back to find any tenderness, coldness or stagnation. The color, coating and texture of the tongue can give information about heat, cold, dampness, stagnation and digestive weakness [9].

TCM aims to restore the balance within your body. Treatments consist of modifying diet/lifestyle, acupuncture, moxibustion, and multi-herb formulas. To be more specific, acupuncture helps regulate digestive function by calming the nerve system, supporting gut motility, and easing stress, which greatly reduces bloating and improves overall digestive comfort. Key points that support gut health involve Zhongwan, Zusanli, and Sanyinjiao. Depending on the imbalance, practitioners may prescribe herbs to strengthen digestion, reduce internal dampness, and soothe the stress-related indigestion. Common Chinese herbs may include Bai Zhu et al. In TCM, taking care of digestion also means taking care of an individual's emotional state and mental well-being – maintaining a nutritious, balanced diet, limiting alcohol and smoking, managing stress, and keeping your abdomen warm [7].

4. Western biomedicine approach

4.1. Understanding of dyspepsia

Biomedicine defines dyspepsia as pain or discomfort in the upper abdomen, mainly in the midline. It can be divided into two groups: organic dyspepsia and functional dyspepsia [10]. Organic causes of dyspepsia are peptic ulcer, gastroesophageal reflux disease, gastric or esophageal cancer, pancreatic or biliary disorders, intolerance to food or drugs, and other infectious or systemic diseases. When symptoms are recurrent or chronic, but without an apparent structural cause after the diagnosis, it is often identified as functional dyspepsia. Pathophysiological mechanisms underlying Functional Dyspepsia are delayed gastric emptying, impaired gastric accommodation to a meal, hypersensitivity to gastric distension, altered duodenal sensitivity to lipids or acids, altered antroduodenojenunal motility and gastric electrical rhythm, unsuppressed postprandial phasic contractility in the proximal stomach, and autonomic nervous system-central nervous system dysregulation [10].

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4.2. Diagnosis&treatment

The diagnosis is considered when there is upper abdominal pain or discomfort of several weeks' duration with no evidence of underlying structural disease. The diagnosis starts with a detailed history and physical examination, which includes clinical evaluation, gastrointestinal endoscopy, blood tests, and further exclusion of other conditions [11]. People who are below 40 years old and who experience serious symptoms, such as repeated vomiting, unintentional weight loss, difficulty swallowing, or a low blood count, should have an upper endoscopy to examine the stomach lining and rule out gastritis, malignancy, or ulcers. People who are above 40 years old and who do not have serious symptoms are offered non-invasive testing to detect infection with H. pylori(e.g., stool or breath testing). Blood tests may be used to test for anemia and other potential diseases [12].

Treatments may differ when one is identified with differing causes. The treatments mainly focus on relieving symptoms, improving overall stomach function, and addressing contributing factors such as stress or dietary triggers. If H. pylori infection is found in one's stomach, medications such as H. Pylori eradication therapy will be applied to help the patient [12]. Lifestyle changes also play an important role in helping patients recover from chronic dyspepsia. Patients are recommended to eat at regular intervals, avoid late-night meals, try to have smaller, more frequent meals instead of one big meal per day, avoid triggering foods (spicy, fatty, highly processed foods), and get enough rest to reduce stress. Patients diagnosed with acid-related symptoms should take acid-suppression therapy to reduce upper abdominal burning. Medicines like Prokinetics can help improve gastric emptying to reduce early fullness and post-meal discomfort.

5. Sowa Rigpa approach

5.1. Cultural and historical context

Sowa Rigpa, also known as Traditional Tibetan Medicine, is one of the world's oldest known traditional medical approaches with a history of more than 3900 years. It was practiced across Tibetan regions, parts of Russia, northern India, Nepal, and parts of Mongolia. Over the past thousands of years, the Tibetan people have established a mature system for the Tibetan approach and obtained rich clinical experience [13]. The foundational medical text, known as the Four Treatises, guides all diagnoses and treatments. The Four Treatises illustrate the development of Sowa Rigpa in the Qinghai-Tibetan Plateau, Himalayan, and Mongolian regions, which not only manifested the highest level of medical care in ancient Tibet, but also reflected the tradition of studying humanities and history in the earlier period of Tibet [14].

5.2. Core principles

5.2.1. Three principles of function

Tibetan medicine employs many methods to diagnose illnesses and imbalances. The three humors, including rlung, mkhris pa, and bad kan, are responsible for humans' daily physiological activity. Rlung is a subtle flow of energy that helps with the movement of the body, exhalation and inhalation, and the function of speech and mind; in terms of digestion, rlung helps to separate the food in our stomach into nutrients and waste products. Bad kan refers to all the diseases associated with cold nature – it specifically sustains the bodily fluids, mixes food in the stomach, steadies the mind, and keeps our joints flexible. Mkhris pa is associated with heat and transformation, which

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supports the cooking or transformation of food. The theories of Tibetan Medicine say that these three elements will help our body to function smoothly if they are balanced, but the imbalance of these three elements leads to illnesses [15].

5.2.2. digestive heat

According to Sowa Rigpa's approach, digestion relies on me drod, translated as digestive heat. Digestive heat refers to the capacity to transform and separate the food into nutrients and waste products, and form the bodily fluids. It is regulated through the balance of three humors, particularly related to mkhris pa. According to Tibetan Medicine, stress and tension, excessive eating, and cold food contribute to the imbalance of the stomach. When the balance is disrupted, symptoms like poor appetite, burning, bloating, heaviness, and incomplete digestion may arise [16].

5.3. Diagnoses& treatments

Diagnosis of Sowa Rigpa involves visual observation, touch, and interrogation. Visual observation usually involves checking the patient's skin complexion, the color, the texture of his/her blood, nails, face, and other general conditions. Special attention is paid to examining the patient's urine and tongue. Urine examination, which assesses the color, odor, sediment, and pattern of bubbles, offers more insight into the patient's condition. Pulse reading is one of the most important touching method in Tibetan Medicine. After ensuring an important set of preconditions, the physician proceeds with a pulse diagnosis, which requires placing the three middle fingers at a patient's radial arteries. Practitioners will typically look at attributes such as speed, strength and rhythm to infer the state of the three humors and the condition of the digestive heat. Interrogation consists of three main components: to determine the causative factors, the site of illnesses, and to study the signs and symptoms [17].

Sowa Rigpa's procedure for treating stomach illnesses moves from less invasive to the most, as the illness demands. Food preference is selected based on whether it is hot or cold, light or heavy, in order to restore the inner balance of the patient's nyes pa. Behavioral adjustment is then performed, which involves sleep regulation, activity level and stress management, because it is known that irregularities in behavior directly affect the lung and therefore the digestive function. If diet and behavior are ineffective, then compound medicines are added, which the practitioner says are multi-ingredient herbal-mineral formulae specifically designed to correct the imbalance of the nyes identified by the practitioner to restore digestive heat. In bad/cold effect types, external treatment can be performed at specific points by moxibustion to directly stimulate the digestive function, as there will be a cold or a bad digestive type.

6. Comparative case study: a personal illness

This case illustrates how Kleinman's hierarchy of resort operates in the treatment of recurring stomach discomfort and how access to different medical systems shapes patients' treatment pathways [2].

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Table 1. Chronic dyspepsia across three medical systems

Comparison point	Western biomedicine	Traditional Chinese Medicine	Sowa Rigpa
Basic model	Anatomy, physiology, pathology, and gut-brain interaction	Qi, zang-fu functions, and pattern differentiation	Three nyes pa, digestive heat, and hot-cold qualities
Meaning of post-meal fullness	Impaired accommodation, delayed emptying, or hypersensitivity	Spleen qi deficiency or food stagnation	Weak digestive heat or bad kan involvement
Main cause emphasized	Infection, structural disease, or gut-brain dysregulation	Spleen-Stomach disharmony, aggravated by Liver qi	Diet and behavior disturbing digestive heat and the nyes pa
Diagnostic methods	History, blood and H. pylori testing, endoscopy when indicated	Four examinations, especially tongue and pulse	Observation, pulse, urine, and questioning
Treatment logic	Treat an identified cause and reduce symptoms	Correct the diagnosed pattern	Restore digestive heat and rebalance the nyes pa
Expected course	Symptom relief within a treatment course	Gradual correction of the pattern	Gradual rebalancing of the constitution
Successful outcome	Serious disease excluded or treated; symptoms reduced	Symptoms eased and pattern corrected	Digestive heat restored and nyes pa balanced
Institutional status	Professional sector; can exclude dangerous disease	Hospital-based; bills generally lower than at ethnic-medicine institutions [4]	Accredited in some settings, but insurance covers it only in part and many practitioners are licensed only as rural doctors [4]
Route of access in my case	Direct clinic visit; blood test	Direct clinic visit; advised a short fast	Friend's introduction to a private practitioner; diet-based explanation

The first seven rows show that the three systems answer the same questions in different ways(Table 1). Each has its own theory of the body and therefore its own definition of cause, diagnosis and cure. The last two rows show something the theories cannot: the systems are not equally accessible. Biomedicine and TCM were entered directly, and only biomedicine could exclude dangerous disease. Sowa Rigpa was entered through a personal connection and occupies a more uneven institutional position.

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7. Discussion

The meaning of chronic dyspepsia is different among medical systems. Biomedicine looks for possible causes, such as infection and gut–brain interactions, while TCM focuses on symptoms related to Spleen-Stomach disharmony. Sowa Rigpa explains the condition through the imbalances of digestive heat and the three nyes pa. Clinical studies can eliminate some pathologies, so people often seek help in biomedicine first. After treatment outcomes, personal trust and social networks, patients may then turn to TCM or Sowa Rigpa. Resort thus orders itself not only in the perceived efficacy of medical explanations, but also in institutional legitimacy and access. Medical pluralism can be beneficial to the patient, integrating biomedical investigation with traditional approaches to symptom management and dietary advice. But effective integration requires practitioners to communicate and to be aware of treatments that already exist. Hartzell's account highlights the added financial barriers that can be created by partial insurance coverage for ethnic medicine, limiting access to traditional care [4]. Fair medical pluralism is, therefore, more than the co-existence of different systems of healthcare. It also depends on treatment access, informed collaboration and acknowledgment of different medical traditions without compromising patient safety.

8. Conclusion

This paper investigates the medical pluralism between Western biomedicine, TCM and Sowa Rigpa in the treatment of chronic dyspepsia with particular attention to the unequal distribution of medical authority. Biomedicine looks for identifiable causes. TCM would explain the indigestion as disharmony between the Spleen and Stomach. Sowa Rigpa would explain it in terms of imbalance of digestive heat and the three nyes pa. The treatment path reflects Kleinman's idea of the "steps of resort," where patients resort to alternative therapies when their symptoms are unresolved. Biomedicine is the first step to exclude infection and access to Sowa Rigpa may be through personal connections. Thus, the selection of treatment is determined by medical authority and institutional arrangements, as is the order of consulting medical systems.

Medical pluralism can be beneficial for patients if practitioners communicate and coordinate treatments, particularly if biomedical assessment helps rule out serious underlying conditions. However, this analysis is restricted by the use of a single case and a non-peer-reviewed source, and the lack of systematic outcome data. More studies in varied patients and clinical settings are warranted.

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