



<https://doi.org/10.47811/bhj.82>

Are people aware of the Buddhist astrological recommendations on timing for surgery?

Dorji Gyeltshen¹, Thinley Dorji², Mongal Singh Gurung⁴, Tsheten⁵, Karma Tenzin⁶, Phub Tshering³, Sithar Dorjee⁶, Tashi Tenzin⁶

¹Department of Traditional Medicine Services, Ministry of Health, Thimphu, Bhutan

²Kidu Medical Unit, His Majesty's Peoples' Project, Thimphu, Bhutan

³Jigme Dorji Wangchuck National Referral Hospital, Thimphu, Bhutan

⁴Health Research and Epidemiology Unit, Ministry of Health, Thimphu, Bhutan

⁵Royal Centre for Disease Control, Thimphu, Bhutan

⁶Khesar Gyalpo University of Medical Sciences of Bhutan, Thimphu, Bhutan

ABSTRACT

Introduction: Adhering to the astrological recommendations on timing of invasive therapies are a standard practice in *gSo-wa Rig-pa* based Bhutanese Traditional Medicine. The day (for *La-dza*, *Sog-dza* and *Shey-dza*), lunar date (for *La-ney*) and time within the day of surgery (for *La-ney*), along with *Wang-thang* (field of power) and *Lung-ta* (Horse of fortune) are important astrological recommendations. However, there are no information about the patients' knowledge, attitude and practice on astrological recommendations for timing of surgery in an allopathic setting in Bhutan. The study was conducted to assess the knowledge, attitude and practice of considering Buddhist astrological recommendations among patients undergoing elective surgeries. **Methods:** A cross-sectional study with convenient sampling was conducted at the National Referral Hospital, Thimphu from April to May 2018. Data were collected using a pretested interviewer-administered questionnaire. Ethical clearance was obtained from the Research Ethics Board of Health, Bhutan. **Results:** From 420 participants (response rate 99.5%), 188 (44.8%) were aware that there are astrologically determined good timings to undergo elective surgeries. Only four persons (1.0%) were aware about *La-ney*. Among those who believed in such astrological recommendations, the attitude were more favourable towards the areas in which they had higher knowledge. **Conclusions:** The patients had very poor knowledge about the astrological recommendations to choose the timing for surgery. A well designed study on the effect of astrological recommendations on the surgical outcomes is recommended for generating evidence for further action.

Keywords: Astrology; Health behaviour; Holistic health; Psychosocial support system; Social determinants of health.

INTRODUCTION

Bhutanese especially the Buddhists rely on astrology for any major activity such as ground-breaking ceremony for construction, appointment to new post, starting a journey, wedding, major business, and other important activities. Similarly, the astrological recommendations are sought for most of the decisions in life starting from as simple as cutting hair to major decision such as choosing and/or changing profession. However, are people aware of the existence of the astrological recommendations on timing for invasive therapy such as surgery?

According to *gSo-wa Rig-pa* various factors effects the outcome of the invasive therapies such as bloodletting therapy, golden needle therapy, acupuncture, and surgery. Besides the expertise of the healthcare providers and quality control measures there are several astrological considerations which may

affect the outcome. The main and mostly followed astrological considerations are *La-ney*; *La-dza*, *Sog-dza* and *Shey-dza*; *Wang-thang*; and *Lung-ta*.

La-ney is a subtle energy that resides at different anatomical sites of the bodies depending on the dates of a lunar month, days of a week, and time of the day (Figure 1). Firstly, depending on dates of a lunar month, it revolves anticlockwise beginning from the big left toe in males and clockwise beginning from the big right toe in females. The *La-ney* movement begins from a big toe and move towards head and then downwards through opposite side of the body and ends at the other big toe. During the auspicious 8th, 10th, 15th, 30th day of the lunar month the *La-ney* covers entire body. Secondly, depending on the days of the week, the *La-ney* reside at a specific anatomical sites of the body. Similarly, during different hours of the day (divided into 12 different intervals), the *La-ney* reside at a specific part of the body. Thus the *La-ney* at a specific surgical sites should be ruled out based on these three timings. Firstly, the *La-ney* at the surgical site based on dates of a lunar month is ruled out, then it

Corresponding author:

Dorji Gyeltshen
drungtsho.dorji@gmail.com

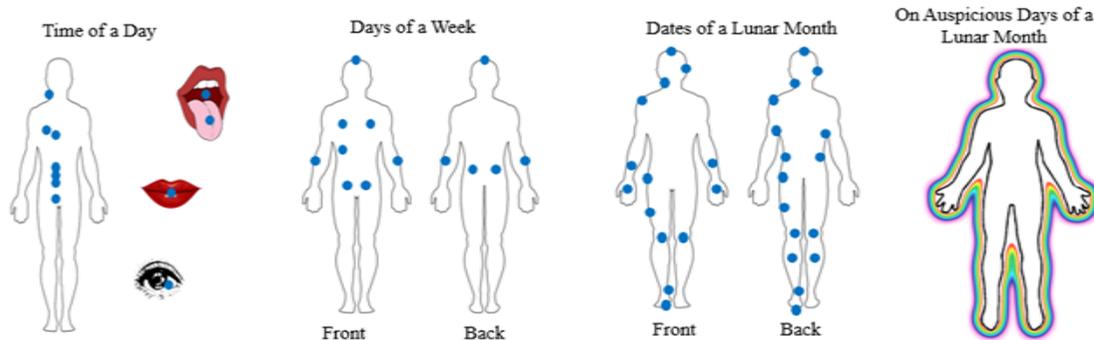


Figure 1. Location of La Ney at different anatomical sites of the bodies depending time of a day, days of a week and dates of a lunar month

is ruled out based on days of a week, and time of the day. The *La-ney* doesn't depend on the birth sign and/or age of a person unlike many other astrological considerations.

According to Chede by Dilmar Geshe Tenzin Phuntsho there are at least five different systems on identifying the location of *La-ney* in a body. These are Kalachakra tradition, Zukhar tradition, Vedic literature, Archetypal bon tradition, and Chinese astrology. The practitioners of *gSo-wa Rig-pa* follow the Kalachakra tradition system.

As per *gSo-wa Rig-pa*, it is recommended not to perform any therapeutic procedure while the *La-ney* is determined to be residing in any specific body parts. It is believed that noncompliance would disturb the *La-ney*. As a result it will negatively affect the surgical outcome which may include failure, complications, and even death. However, if one's *Wang-thang* and *Lung-ta* is favourable then negative effects of the unfavourable *La-ney* either gets minimized or negated, thereby, not having any unfavourable effect (Box 1). Some other important astrological recommendation includes not to do surgeries on *Shey-dza*, when one is likely to have more ill luck. However, it is good to undertake surgeries on *La-dza* and okay on *Sog-dza*. These are predicted based on one's astrological zodiac sign (Box 1).

Therefore, the therapies in traditional medicine such as bloodletting and golden-needle therapy are mostly performed on astrologically favourable time and date. However, the astrological considerations are generally not considered for surgical procedures at allopathic medicine. To the knowledge of the researcher, most of the patients does not know about *La-ney* and consider only *La-dza*, *Shey-dza* and *Sog-dza*.

On the other hand, the modern surgical services in Bhutan started in the 1950s¹ and surgeries are now performed in several hospitals across the country². Therefore, this study was conducted to assess the knowledge, attitude and practice (KAP) of Buddhist astrological recommendations among patients undergoing elective surgeries at JDWNRH. Besides shedding lights on KAP the paper also provides important insights for integration of *gSo-wa Rig-pa* principles into the healthcare system of Bhutan for delivery of culturally responsive healthcare services.

METHODS

Study design

The cross-sectional survey conducted between April and May 2018 among patients undergoing elective surgeries at JDWNRH. The ethical approval (Ref. No. REBH/Approval/2018/007 dated 21st March, 2018) and administrative approval were sought from the Ministry of Health and the JDWNRH administration. A prior written informed consent was obtained from all participants and all information are anonymized in this paper.

Study Setting

The JDWNRH is the apex referral hospital for general and specialised surgical cases. The JDWNRH registered 13,188 outpatients at the Surgery Clinic and performed 3,261 surgeries in 2017. It has more than twenty surgeons that operate on operation days scheduled to optimise the usage of the operation theatre and the anaesthetic staff³. While patients are given some degree of freedom to choose their operation days, the current trend is that the operation days are decided by the hospital's operation schedule.

Study population and sample size

The study population comprised patients undergoing elective surgeries at the JDWNRH, Thimphu. Assuming that 50% of the patients will have good knowledge regarding astrological recommendations, with a confidence level of 95%, absolute precision of 5% and non-response rate of 10%, sample size was calculated at 422. However, for data collection convenience a census of all eligible participants from April to May 2018 was carried out at the Surgical and Maternity Ward. Buddhist patients aged ≥ 18 years were included. Six people with hearing, speech and cognitive impairment were excluded from the study.

Data variables and data source

The structured questionnaire developed by the study team was reviewed by two experts. The content validity index for sales (S-CVI) was computed to be 1.0. The questionnaire, validated by experts, was pre-tested at the same hospital with 20 patients.

Box 1. Buddhist astrological recommendations for patients while undergoing surgical treatments

Astrological recommendations followed in gSo-wa Rig-pa

1. In Buddhist astrology, *La-dza*, *Sog-dza* and *Shey-dza* are identified from the seven days of a week based on a person’s birth year animal.
 - 1.1. *Shey-dza*: Persons will have ill luck on a *Shey-dza* and surgeries are not recommended to undergo surgeries.
 - 1.2. *La-dza*: Persons will have good luck on *La-dza* and can undergo surgeries.
 - 1.3. *Sog dza*: Persons will have medium luck on *Sog-dza* and can undergo surgeries based on urgency.

Good and bad days by birth sign (animal)			
Birth Sign	Laza (good)	Sogza (good)	She’za (bad)
Rat	Tuesday	Monday	Friday
Ox	Friday	Tuesday	Wednesday
Tiger	Wednesday	Friday	Thursday
Rabbit	Thursday	Friday	Thursday
Dragon	Saturday	Tuesday	Wednesday
Snake	Monday	Thursday	Tuesday
Horse	Monday	Thursday	Tuesday
Sheep	Thursday	Sunday	Wednesday
Monkey	Thursday	Wednesday	Monday
Rooster	Thursday	Wednesday	Monday
Dog	Sunday	Tuesday	Wednesday
Hog	Tuesday	Monday	Friday

Avoid doing important work on bad days corresponding to your birth sign.
 (Source: Druk Zakar Mobile App by Dratshang Lhentsho, Bhutan)

2. Wang-thang (དབང་ཐང་ dbang thang) and Lung-ta (རླུང་རྩ་ rlung rta)
 - 2.1. *Wang-thang* which literally means a “field of power”. *Wang* means power, power that magnetizes; and *thang* means field. However, since this term refers to a human quality, *Wang-thang* has been loosely translated as “authentic presence” by Chögyam Trungpa Rinpoche. The basic idea of authentic presence is that, because you achieve some merit or virtue, therefore that virtue begins to be reflected in your being, your presence. So authentic presence is based on cause and effect. The cause of authentic presence is the merit you accumulate, and the effect is the authentic presence itself. When we talk of someone’s *Wang-thang*, we mean genuine love, respect, trust and confidence one commands in awe of one’s presence. This is not just charisma. In the magnetizing field of one’s *Wang*, all else is bound to fall in order, all around will enjoy the grandeur and elegance of one’s authentic presence. *Ziji* (magnificence, or majesty) is the radiance of *Wang-tang*; they are inseparable.
 - 2.2. *Lung-ta* (རླུང་རྩ་ rlung rta) literally means a ‘wind horse’ and it is a mythical Tibetan creature symbolizing the inner air or wind of the body. When one’s *Lung-ta* is running high, one is healthy, lucky, successful and prosperous. When one’s *Lung-ta* is low or diminished, one is prone to problems and misfortunes.

According to the *gSo-wa Rig-pa* practice the surgical outcome will be good if the “field of power” and “wind horse” are high, even if other considerations are unfavourable.

(Source: <https://www.rigpawiki.org/index.php?title=Lungta> and https://www.rigpawiki.org/index.php?title=Wang_tang)

Table 1. Characteristics of the participants of the knowledge, attitude and practice (KAP) study on astrological recommendations among patients undergoing elective surgery at the Jigme Dorji Wangchuck National Referral Hospital, April-May 2018 (n=420)

Characteristics of participants	Frequency of participant n (%)
Sex	
Male	250 (59.5)
Female	170 (40.5)
Marital status	
Single	020 (04.8)
Married	290 (69.0)
Separated/Widow	110 (26.2)
Level of education	
Degree and above	009 (02.1)
Up to higher secondary school	120 (28.6)
Monastic education	017 (04.0)
Non-Formal Education	004 (01.0)
No education	270 (64.3)
Ethnicity	
Ngalong	146 (34.8)
Sharchop	258 (61.4)
Lhotsham	16 (3.8)
Occupation	
Farmer	222 (52.9)
Home maker	97 (23.1)
Construction worker	36 (8.6)
Civil servant	32 (7.6)
Monk, gomchen ¹ and nun	12 (2.8)
Corporate worker	10 (2.4)
Student	6 (1.4)
Others	5 (1.2)
Type of surgery	
Minor	182 (43.3)
Major	238 (56.7)

The questionnaire collected information on the basic socio-demographic details and their knowledge, attitude and practice. Data collection was done by one trained data collector. The data collection was done after the surgery when the nurse on duty determined that the participant is fit for interview.

Data entry and analysis

The data was entered into EpiData Entry (version 3.1, EpiData Association, Odense, Denmark) and analyzed using STATA version 15.1. The socio-demographic profile and their knowledge, attitude and practice are described as proportion.

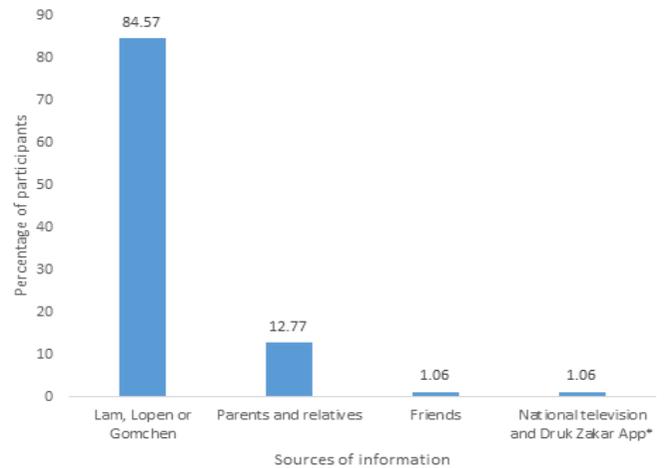


Figure 2. Primary source of information for the participants who said that they were aware that there are astrological recommendation on timing of surgery (n=188)

RESULTS

There were 410 valid questionnaires collected (response rate 97.2%). The mean age of the participants was 49.9 (±14.8) years. A majority (52.9%) of the participants were farmers and 56.7% had undergone major surgery (Table 1).

Knowledge

In terms of knowledge, 44.8% of the participants knew that there are astrological recommendations to choose the timing for surgery. Four persons (1.0%) were aware about *La-ney*, 38.1% were aware about *La-dza*, *Sog-dza* and *Shey-dza*, and 43.3% were aware about *wang-thang* and *lung-ta* (Table 2). Almost one-third (33.1%) of participants knew that it is bad to perform surgeries on auspicious dates (8th, 15th and 30th of lunar calendar). *Lam*, *Lopen* or *Gomchen* were the source of information for 84.6% of those who knew that there are astrological recommendations to choose the timing for surgery (Figure 2).

Attitude

The participants held positive attitude towards *La-dza*, *Sog-dza* and *Shey-dza* and *Wang-thang* and *Lung-ta* (Table 3).

Practice

The surgeons predominantly scheduled the dates for surgeries for the patients; only three patients scheduled by themselves in consultation with the astrologers.

DISCUSSION

The participants had very poor knowledge about *La-ney*, the principal determinant of surgical outcome. The knowledge on the domains of *La-dza*, *Sog-dza* and *Shey-dza*, and *Wang-thang* and *Lung-ta* were comparatively higher. However, majority of the participants didn't have knowledge in these areas too.

Table 2. Self-reported knowledge and practice on astrological recommendations for surgeries among patients interviewed at the Jigme Dorji Wangchuck National Referral Hospital, April-May 2018 (n=420)

Frequency of participants who said that they ...	n (%)
Were aware there are astrological recommendations on timing for surgery	188 (44.76)
Were aware about <i>La-dza</i> , <i>Sog-dza</i> and <i>Shey-dza</i>	160 (38.1)
Knew that <i>Shey-dza</i> is bad day to undergo surgery	99 (23.57)
Were aware about <i>La-ney</i>	4 (0.95)
Knew the meaning of <i>La-ney</i>	1 (0.24)
Knew that it is bad to perform surgeries on auspicious dates (8 th , 15 th and 30 th of lunar calendar)	139 (33.1)
Were aware about <i>wang-thang</i> and <i>lung-ta</i>	182 (43.33)
Frequency of participants who consider astrological recommendations to choose timing of surgery ...	n (%)
Always	17 (4.05)
Sometimes	148 (35.24)
Never	255 (60.71)

Participants who said they know that there are astrological recommendations to choose the timing for surgery, irrespective of whether they have true knowledge or not, were considered to be aware in this study.

Table 3. Attitude on astrological recommendations for surgeries among patients interviewed for the KAP study at the Jigme Dorji Wangchuck National Referral Hospital, April-May 2018 (n=188)*

Attitude parameters	Frequency of participants n (%) who		
	Agree	were Neutral	Disagree
Think astrological recommendations must be considered to determine the timing of surgery	90 (48.4)	66 (35.5)	30 (16.1)
Think <i>La-dza</i> , <i>Sog-dza</i> and <i>Shey-dza</i> influences the outcome of surgery	133 (78.2)	29 (17.1)	8 (4.7)
Think <i>La-ney</i> would affect the outcome of surgery	13 (18.6)	56 (80.0)	1 (1.4)
Think that auspicious dates (8 th , 15 th and 30 th of lunar calendar) would influence the outcome of surgery ⁴	51 (27.4)	104 (55.9)	31 (16.7)
Think that the level of <i>wang-thang</i> and <i>lung-ta</i> influences the outcome of surgery	169 (91.9)	12 (6.5)	3 (1.6)

* Attitude was assessed only among the participants who were aware about the astrological recommendations on timing for surgeries

This paper sheds light on Buddhist medical astrology and its potential role in delivery of culturally responsive healthcare services to the people. This is the first assessment of KAP on Buddhist astrology on selection of timing of surgeries among patients undergoing surgeries in allopathic centres.

Almost half of the participants had knowledge about *Wang-thang* and *Lung-ta*. This corroborates with the common practice of hoisting prayer flags on hills and bridges, mostly for enhancing *Wang-thang* and *Lung-ta*.

Among those who believed in such astrological recommendations, the attitude were more favourable towards the areas in which they had higher knowledge.

The major source of information on astrological recommendations were religious figures. This demonstrates the position of religious figures in health perception and health behaviour even in the arena of seeking allopathic services. The uptake of astrology information from books, internet and mobile

phone applications was low. This might have been because of the scanty content of information related to health and relative difficulty in interpreting such astrological concepts even by participants who had higher education.

The need to take into consideration such astrological recommendation comes at a time of increased focus on comprehensive care of patients to improve their autonomy and overall wellbeing. There is strong indication that giving more knowledge and awareness on such astrological recommendations will cater to the psychological and cultural needs of both the patient and the family in times of stressful situations⁵ Given that Bhutan is steeped in Buddhist values and the principles of Gross National Happiness⁶, recognition of this sociocultural factor will be of immense help in improving patient care.

With Bhutan's healthcare system promoting both allopathic medicine and Bhutanese Traditional Medicine⁷, the outcomes of the strict use of astrological recommendations during

surgeries need to be observed. This area requires collaboration between the two sectors as outlined in the Constitution and the National Health Policy.

There is a simple yet very effective Buddhist practice for overpowering the effect of the *La-ney*. However, the practice can be used only after receiving initiation from a genuine master with unbroken lineage. Therefore, healthcare providers working in Bhutan specially the ones who perform invasive therapies including those who provides injection could be provided with the empowerment or initiation so that they could use it to provide culturally responsive healthcare services. This approach of addressing the issue of *La-ney* could be advisable in allopathic setting because usually there would be no expertise on determining *La-ney* and many lifesaving emergency surgeries have to be carried out. Moreover, adjustment of surgery timing based on *La-ney* could lead into disruption in service delivery.

CONCLUSIONS

The patients had very poor knowledge about the astrological recommendations to choose the timing for surgery. A well designed study on the effect of astrological recommendations on the surgical outcomes is recommended for generating evidence for further action.

REFERENCES

1. Dorji T, Melgaard B. Medical history of Bhutan: a chronicle of health and disease from Bon times to today. 2nd ed. Thimphu: Centre for Research Initiatives; Aug 17 2018. 383 p.
2. Ministry of Health. Annual Health Bulletin 2018. Thimphu: Ministry of Health, Royal Government of Bhutan; 2018.
3. Jigme Dorji Wangchuck National Referral Hospital. Annual Report, 2017. Thimphu: Jigme Dorji Wangchuck National Referral Hospital; 2018.
4. Shorofi SA, Jannati Y, Moghaddam HR, Yazdani-Charati J. Psychosocial needs of families of intensive care patients: perceptions of nurses and families. Niger Med J. 2016;57(1):8-10. [[PubMed](#) | [Full Text](#) | [DOI](#)]
5. Tobgay T, Dophu U, Torres CE, Na-Bangchang K. Health and Gross National Happiness: review of current status in Bhutan. J Multidiscip Healthc. 2011;4:293–8. [[PubMed](#) | [Full Text](#) | [DOI](#)]
6. Thinley S, Tshering P, Wangmo K, Wangchuk N, Dorji T, Tobgay T, et al. The kingdom of Bhutan health system review. Health Syst Transit. 2017;7(2). [[Full Text](#)]
7. National Traditional Medicine Hospital. Therapy guideline for Bhutanese Traditional Medicine practitioners. Thimphu (Bhutan): National Traditional Medicine Hospital; 2008.

AUTHORS CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

DG: Concept, design, data collection and analysis, manuscript writing and review.

TD: Design, data collection and analysis, manuscript writing and review

MSG: Design, data collection and analysis, manuscript writing and review

SP: Design, data collection and analysis, manuscript writing and review

T: Design, data collection and analysis, manuscript writing and review

KT: Design, data collection and analysis, manuscript writing and review

PT: Design, data collection and analysis, manuscript writing and review

SD: Design, data collection and analysis, manuscript writing and review

TT: Design, data collection and analysis, manuscript writing and review

Author agree to be accountable for all respects of the work in ensuring that questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved.

CONFLICT OF INTEREST

None

GRANT SUPPORT AND FINANCIAL DISCLOSURE

Ministry of Health, Thimphu, Bhutan