

NEWS



Introduction of *Thruelkhor* Therapy at the Eastern Regional Referral Hospital, Bhutan, 2026

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INTRODUCTION

Thruelkhor, a classical *Sowa Rigpa* affusion therapy used to promote mental relaxation and restore mind-body balance, was introduced into outpatient services within the Department of Traditional Medicine at the Eastern Regional Referral Hospital (ERRH), Mongar, on 01 January 2026. The introduction is part of a broader effort to strengthen traditional medicine within Bhutan's healthcare system. The ERRH is one of the Bhutan's three tertiary hospitals, serving the population of seven eastern *dzongkhags*. Traditional Medicine and biomedical services are integrated within the same hospital infrastructure, allowing patients to access both systems of care under one roof.

The decision to offer *Thruelkhor* followed clinical observation of increasing outpatient presentations for anxiety, insomnia, occupational stress, mild mood disturbance, and a corresponding demand for safe, non-invasive treatment options that complement the existing biomedical care [1]. This local trend is consistent with national evidence, which increasingly identifies mental health as a public health priority in Bhutan. Community-based surveys and health system reviews have reported a growing burden of anxiety, depression, and stress-related disorders, alongside persistent gaps in access to mental health services, particularly outside the major urban centres [2]. In addition, the World Health Organisation's

Traditional Medicine Strategy encourages integration of such practices into national health systems, conditional on the generation of context-specific data on their safety and efficacy. Although *Thruelkhor* has been practiced in Bhutan for decades, systematic hospital-based documentation of its use, indications, and outcomes has been lacking. In this News, we report the introduction of *Thruelkhor* at ERRH.

HOW IS THE THERAPY DELIVERED?

Each patient undergoes a baseline clinical assessment by the attending *Drungtsho*, who reviews the presenting symptoms, medical history, and current biomedical treatment before considering the patient suitable for the therapy. Clinical indications for *Thruelkhor*, loosely translated, include anxiety (*Sem-duk*), insomnia (*Nyi-yerwa*), migraine (*Go-nad*), giddiness (*Go-zi-khorwa*), and stress-related disorders (*Sem-nygel*). Patients with acute infection, open scalp or forehead lesions, uncontrolled hypertension, or known sesame oil allergy are excluded, and those on concurrent biomedical treatment for their presenting condition are cross-referred between traditional and modern medicine practitioners to ensure coordinated care. The length and duration of the therapy are determined by the clinical condition and therapeutic response. The standard protocol in Bhutan is 45 minutes once daily over three to seven consecutive days. The standardised sequence of *Thruelkhor* includes oil preparation, patient positioning, therapy delivery, and post-care intended to ensure consistency, safety, and quality of care across sessions ([Figure 1](#)).

As shown in [Figure 2](#), the therapy involves continuous pouring of warm (37 °C) medicated sesame oil (*Tilnum*) over the glabellar region – the site is traditionally termed as the “third eye” – with the aim to pacify wind energy (*rLung*) and restoring psy-

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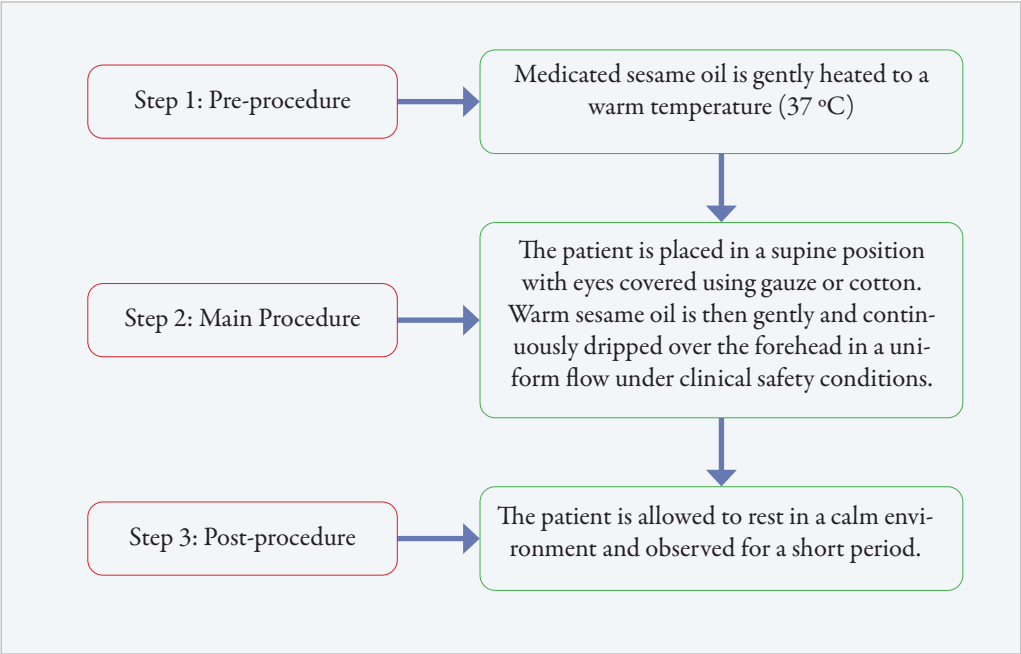


Figure 1. Standardised *Thruelkhor* therapy procedure at ERRH

cho-physiological balance. In *Sowa Rigpa* theory, *rLung* governs mental activity and nervous system function, and its imbalance results in stress-related and neurological complaints. Similar practice in Ayurveda, *Shirodhara*, has been associated with increased alpha electroencephalographic activity, reduced perceived stress, and improved sleep quality, potentially through parasympathetic activation, though the evidence base remains limited by small sample sizes and heterogeneous methodologies [3,4].

EARLY CLINICAL EXPERIENCE

Between 1 January and 30 April 2026, 40 patients – 11 males and 29 females – received *Thruelkhor* at ERRH. Migraine headache was the most common indication (20 patients), followed by giddiness (10), stress or tension headache (6), and insomnia (4). Patients received three to seven sessions depending on their condition (Table 1). Outcomes were assessed through an anonymous, self-administered questionnaire covering symptom severity, sleep quality, pain intensity, and the overall well-being, together with routine clinical observation during the treatment period. Independent and anonymous completion of the questionnaire was intended to limit courtesy and social desirability bias.

All 40 patients reported subjective improvement of their symptoms, including reduced symptoms severity, better sleep quality, lower intensity of headache, and greater relaxation and well-being. Outcomes

broadly matched the presenting indication. For example, patients with migraine and tension headache most often described reduced pain intensity and frequency, while patients with insomnia reported improved sleep onset and continuity. Likewise, patients presenting with giddiness reported fewer and less severe episodes in addition to overall relaxation.

INTERPRETING THE FINDINGS

The reported outcomes were not assessed using validated outcome measures or compared with a control group. Therefore, these findings should be interpreted as preliminary clinical observations rather than evidence of efficacy.

Yet, outcomes were consistent with the claims of

Table 1. Patient-reported symptom changes following *Thruelkhor* therapy, 1 January – 30 April 2026

Disease/ Health Problem	Sex		Session (s)	Patient's Reporting
	M	F		
Giddiness	3	7	3	Improvement in symptoms
Migraine headache	5	15	7	Improvement in symptoms
Insomnia	1	3	3	Improvement in sleep quality
Stress/tension headache	2	4	5	Improvement in symptoms
	11	29		



Figure 2. The administration of *Thruekhor* therapy, where the patient lies in a supine position while a continuous stream of warmed sesame oil is gently poured over the glabellar region, with the eyes protected using cotton pads. **Photo by** Jigme Thukten, National Traditional Medicine Hospital, Thimphu Bhutan

Sowa Rigpa that the *Thruekhor* has calming and restorative effects, concomitant to reported physiological effects of *Shirodhara* in Ayurveda [4]. The consistency of improvement across all four indication groups is notable. However, in the absence of a control arm, it cannot be determined whether the observed improvement reflects a specific therapeutic effect or the influence of expectation, practitioner attention, or the relaxing clinical environment in which the therapy is delivered.

The introduction of *Thruekhor* represents a continuous initiative to integrate a traditional medicine into structured, hospital-based care, and deliver a non-pharmacological and non-invasive option for patients with stress-related and neurological disorders. It also reflects Bhutan's continuous commitment to deliver free basic healthcare – both modern and traditional medicine – as mandated in the constitution.

Whether *Thruekhor* offers benefits beyond expectation or generalised relaxation is a question that will require a larger, controlled study with validated out-

come measures and longer follow-up. Meanwhile, the early experience at ERRH demonstrates the feasibility of delivering this traditional therapy within a tertiary hospital setting alongside biomedical care and provides an initial clinical record on which future studies can evaluate the efficacy of *Thruekhor*.

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Ethics approval and consent to participate

Not applicable

Consent for publication

Written informed consent sought from the therapy aide and the patient to use the image

Competing interests

The authors declare no competing interests.

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Availability of data materials

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Declaration of Artificial Intelligence Use

AI-based tools (such as Claude and ChatGPT) were solely used to improve language, grammar and readability of this article. All scientific content, data interpretation, and conclusions are the work of the authors.

Author contributions

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