
Chapter 5

Blood and Semen: Women and Mercury

Our teachers told us that ngülchu resembles the man's semen, [she laughs] and muzi [mu zi, sulfur] which purifies the ngülchu is the women's menstrual blood. So during the purification they use a lot of muzi to purify ngülchu. If there are women around, it is not effective, it kills the effect of ngülchu. Women are menstruating and the menstrual blood is a manifestation of muzi. That is why women would hamper the purification of ngülchu, and the mercury would over-boil (Dr. Dawa Dolma [interview, August 25, 2010]).

Dr. Dawa Dolma told me about the women's role in mercury processing early on, in an informal conversation we had at her home in McLeod Ganj. She spoke matter-of-factly and accepted what her teachers had taught. She was trained in one of the first batches at the Men-Tsee-Khang in Dharamsala and was the head of their Research and Development Department when Sarah Sallon undertook the first clinical study of mercury in 2002. Dr. Dolma is one of the co-authors of the study (Sallon et al. 2006, discussed in Chapter 7) and was intimately involved with investigating mercury's safety, but never touched mercury or witnessed the making of *tsotel*.

This chapter explores how the evidence of the safety of using processed mercury in Sowa Rigpa medicines and ideas of taming mercury are impacted by gender issues. In Tibetan medical works, authors have deified the female (*tsodru chenmo* is said to originate from the secret knowledge of the *ḍākinīs*), while at the same time fearing the female will reduce the potency of male vitality embodied in mercury. This has in many cases limited the education of female physicians in *menjor* practices, with the notable exception of the Sowa Rigpa training at the Central Institute of Higher Tibetan Studies (CIHTS) in Sarnath and a few privileged Tibetan female physicians trained outside of institutions.

I analyze how and why the taming of mercury also translates into the taming of women by barring them from touching and processing this silvery liquid. This is based on ideas of the female presence reducing mercury's potency and undermining the safety of a *tsotel* event, thus affecting the final products of *tsotel* and precious pills. But how are the restrictions against women in relation to processing mercury justified, debated, and enforced today? I begin with textual explorations related to the restriction of women processing mercury and summarize the mythological narrative

of the Indian alchemist Bhalipa, who was able to complete the mercury refinement only after a woman provided the missing ingredient—menstrual blood, which is homologous to sulfur.

The missing ingredient

For a long time the Indian spiritual master Bhalipa could not accomplish his mercury [refinement] because he lacked one ingredient. Disheartened, the master went elsewhere. There, in his mercury processing house a menstruating woman began bathing. Her substance [menstrual blood] mixed with the mercury, and it began boiling. [Later] Bhalipa returned [...]. After he recognized that the mercury refinement had been accomplished, Bhalipa remained. He [then] realized that if he stayed there, he would raise the doubts and suspicion of many, so [...] he departed to the south of Mount Meru and resided where no one knew him (From Lamenza Tenzin Chödrak's biography).²⁴⁸

Here, Lamenza Tenzin Chödrak addresses a significant link between gender and mercury: the missing ingredient is provided by a menstruating woman. In the story, this fact would have been so unacceptable to the local population that it necessitated the sage's departure to another place where no one knew him. These elements of secrecy and of the gender issues surrounding mercury practices reappear repeatedly in Tibetan medical texts. Women's capacity to cause mercury to (over)boil draws a strong gender distinction into this practice. In most Sowa Rigpa settings women are not allowed to make *tsotel*. This chapter explores why this has been the case and the extent to which it is changing.

In Tibet, processing mercury and making *tsotel* became a specialized, exclusively male skill. It remained one of the areas of Sowa Rigpa that to this day is rarely accessible to women.²⁴⁹ I often wondered where this attitude came from since in Ayurvedic settings—such as those I investigated in Dehradun and Varanasi—women were allowed to touch and process mercury, while the Men-Tsee-Khang in Dharamsala has excluded women from mercury practices. The contemporary physicians I interviewed argued in

248 Translated from Sonam Rinchen (2000, 130/8–16): *'phags yul gyi slob dpon bha li pas dngul chu sgrub pa'i rdzas gcig ma tshang nas yun du ma 'grub pas slob dpon yid chad nas gzhan zhig tu byon tshel dngul chu sgrub khang du bud med zla mtshan can gyis khros byas nas dngul chur rdzas dang 'phrad de grub nas khol bar gyur ba der bha li pa'ng phebs nas [...] dngul chu grub par rtogs te de nas bha li pas der bzhugs na re ba'i mi mang gi thugs bsun dwogs nas [...] ri rab kyi lho ngo cha zhig tu gshegs te gzhan gang gis kyang mi shes par bzhugs pas/.*

249 See Hofer (2018, 74–75) for exceptions, where women processed mercury with their lamas in Tibet. Other areas where women were disadvantaged in practice might involve bloodletting (Fjeld and Hofer 2010–2011, 185), but likely with regional differences. For example, in Amdo, women are allowed to practice bloodletting (Tawni Tidwell, personal e-mail communication, November 17, 2019).

various ways for and against women touching mercury or being present when mercury is processed. In the course of this chapter, I present some of their views, explore how Tibetan female physicians have reacted to these restrictions, and present the stories of Tibetan female physicians who processed mercury. I also analyze those Tibetan medical texts that seem to influence contemporary views on mercury and gender along with widespread ideas of perceived female impurity and pollution, or *drip* (*grib*).

The role of the female in mercury processing in South Asia has been ambivalent to say the least. Indian tantric literature often states that a woman is one of the necessary requirements for the (male) alchemist to complete the transformation of mercury. We also find the female in the enticing role of causing the mercury to boil over (symbolizing the spilling of semen). This kind of ambivalence towards the feminine is quite characteristic of early Buddhist texts in India, which Alan Sponberg (1992) analyzed, largely from the fifth century BCE to the fourth century CE, with some references to the development of Indo-Tibetan Vajrayāna Buddhism. Far from it being “a simple inconsistent ambivalence,” he describes this ambivalence as a “rich multivocality” (1992, 4). I found that some of this multivocality towards the female is found in contemporary Tibetan mercury practices and influences the role of female physicians in them.

Janet Gyatso and Hanna Havnevik critically point out that in the study of women in Tibet it is important to avoid falling into gender essentialism and stereotypical assumptions about women in Tibet. They also caution against “exploring the truth of gender stereotypes *ahistorically*,” as found, for example, in European and North American Buddhist *ḍākinī* literature (2005, 5–6, emphasis in original). In my analysis of the various voices I documented on women and mercury processing, I want to avoid binary generalizations on the role of the *ḍākinī* in Tibetan Buddhism,²⁵⁰ and build on Sponberg in an attempt to “separate the voices [and] recognise the specific institutional or intellectual context out of which each voice arose” (1992, 5).

Sponberg points to several factors that allowed for a soteriological gender inclusiveness in Buddhism to appear side by side with social attitudes of androcentrism and misogyny. He highlights that although the Buddha suggested equality for men and women on the path to liberation, this did not necessarily translate into social equality in day-to-day life (1992, 12). Buddhist institutionalization and male-dominated monasticism led to a fear that the feminine would undermine male celibacy. Thus, the institutional androcentrism as well as ascetic misogyny with concerns for pollution and purification was propagated at the same time that Buddhism continued to teach soteriological gender inclusiveness. Sponberg argues that these expressions of discordant attitudes towards the female should

250 Such generalizations have either stressed Jungian perspectives of the *ḍākinī* as “the shadow,” or as an idealized focus point of male Tibetan Buddhist practitioners. For a discussion of the evolution of the *ḍākinī*, see Simmer-Brown (2002, 43–80), who argues that there is no single definition of a *ḍākinī*. See also English (2002) on Vajrayoginī.

be seen “as an indication of conflicting interests within the early [Buddhist] community” (1992, 23), and often had pragmatic reasons.

During later centuries, Tibetan Vajrayāna Buddhist texts depicted a more mature form of soteriological androgyny, in which the male and female were more egalitarian (1992, 26–27). In tantric Vajrayāna practices, the female aspect in its empowered form takes the prominent role of the *ḍākinī*, but—according to Sponberg—primarily functions for the benefit of the majority of practitioners, which were male.²⁵¹ He argues that the Vajrayāna movement has not necessarily addressed the needs of female practitioners. Sponberg’s multivocality of Buddhist attitudes towards women “enables us to see the tradition more accurately for what it is: one stream of many interacting currents in the cumulative history of human religious experience, one that, like all other human institutions, encompasses both noble aspirations and all too human failings” (1992, 28).

Tibetan medical texts expose various approaches to women’s roles in the processing of mercury, which seem to resonate with early Indian Buddhism as well as Indian alchemy. The ambivalent status of mercury processing by women in Tibetan history could in part indicate certain conflicts within particular Tibetan medical communities—especially those which were predominantly male and monastic—in their incorporation of mercury practices from Indian alchemical traditions into a monastic setting. We still know too little about the non-monastic family traditions of medical houses of the thirteenth to nineteenth centuries,²⁵² when the *tsotel* practices were passed down, to come to a generalized conclusion here.

In Chapter 4, we came to know Orgyenpa as a wandering yogi who left behind monastic discipline and also learned from women practitioners and received divine transmissions on mercury from the female deity Vajrayoginī during his wanderings. I highlighted the importance of this divine *ḍākinī* origin narrative for the perceived perfection of the *tsotel* lineage and practice. However, most extant and authoritative Tibetan medical works on *tsodru chenmo* were written by male physicians with strong monastic links, such as the eastern Tibetan physicians Degé Drungyig Gurupel, Kongtrul Yönten Gyatso, and Lamdenpa Orgyen Tendzin Gyatso, introduced in Chapter 3 and 4. Contemporary Tibetan *tsotel* manuals are largely based on their works. As we shall see, egalitarian Buddhist approaches towards “male” and “female” substances used to transform mercury do not necessarily translate to women having equal status in Tibetan pharmacies or Sowa Rigpa practice in general.

251 See also Gyatso (2003, 89, note 1) on scholarship that presents critical discussions of Buddhist misogyny.

252 See McGrath’s recent thesis on early Tibetan medical lineages and schools and their standardization in the fourteenth century (2017b) and Hofer (2018) on rural medical houses in Tsang.

Embodied metals in Indian alchemy

Let us begin by unpacking the relationship between metals and the body in Indian alchemy. How were metals thought to be embodied in physical substances—specifically blood and semen? Medieval alchemists of India held a worldview in which sexual fluids were seen as homologous to metals, following a classic aphorism “as in metals so in the body” (White 1996, 5). David Gordon White succinctly summarizes the “corresponding hierarchies”²⁵³ of sexual fluids with metals:

In a universe that was the ongoing procreation of the phallic god Śiva and his consort the Goddess, a pair whose procreative activity was mirrored in the fluid transactions and transformations of human sexuality, in a universe whose every facet reflected the fundamental complementarity of the male and female principles, the mineral world too had its sexual valences and fluids. In the case of the Goddess, her sexual emission, her seed, took the form of mica,²⁵⁴ while her uterine or menstrual blood was identified with sulfur. There are a number of reasons for these identifications, not the least of which are chemical: mica and sulfur are important reagents in the purification and activation of the mineral homologue to divine semen. This is mercury, and if there ever was an elective affinity to be found at the interface between chemistry and theology, this is it (White 1996, 5).

White describes how mercury’s power to absorb other metals is enhanced through its treatment with “female substances,” such as sulfur and mica. The divine sexual enhancement was replicated in the medieval Indian laboratory, where the alchemist relied on female assistants to process metals and practiced Haṭha yoga and sexual tantra (White 1996, 6). Some of these practices and various versions of the related myths found their way to Tibet and were adopted, developed, and applied to medical settings that were also strongly influenced by Buddhism and male monasticism. How did this impact the ways in which taming mercury influenced the role of women in mercury practices on the high plateau?

While it is impossible to trace the history of this development and pin it to a particular tradition, there are numerous Tibetan textual sources from different regions that have something to say about the role of women in mercury processing. Some of these are examined in the course of this chapter and, as we shall see, they determine how Tibetan medical practitioners and their institutions position female physicians during *tsote/* production

253 See White (1996, 191–202) on the corresponding hierarchies between blood and semen.

254 The Ayurvedic practitioner Vaidya Balendu Prakash translated mica to me as “the orgasm of the goddess, which comes rarely and thus mica is used sparingly.” Personal communication, Dehradun, September 2013.

today. While it is difficult to understand the stark contrast to the Ayurvedic operations I visited in Dehradun and Varanasi where women were allowed to process mercury, and while I cannot present a definite answer here, I point out certain trajectories that in my view influenced gender orientation in mercury processing in Tibetan settings in India.

Ayurvedic scholars and physicians I discussed the gender issue with referred me to classical Sanskrit medical texts that describe beautiful women as essential prerequisites to processing mercury. These thirteenth- to fourteenth-century Sanskrit texts form part of the canonical works of Indian alchemy (White 1996, 244), but were not translated into Tibetan. Two of them, the *Rasārṇava* and the *Rasaratnasamuccaya*, describe the perfect female assistant to the alchemist as “young, beautiful, raven-haired, doe-eyed, perfectly proportioned, fair of speech and light of laughter, gentle when she kisses and embraces, a lover of dairy products, and a devotee of Śiva” (1996, 197). Note that female participation here does not necessitate gender equality. This is the description of the perfect female assistant according to the *Rasaratnasamuccaya*:

A lady having curly hairs, who is blackish in colour, who has lotus like eyes, who is beautiful and young, who has easily distinguishable & broad buttocks, who herself is a good omen who is eager for sex from heart, who is politely bend [sic] forward due to heavy & big breasts, who is soft to touch during kissing and embracing, who is softspoken, whose external genitalia is like a leaf of ficus religiosa (Holy fig), & whose menstrual period is in the Kṛṣṇa Pakṣa i.e. in the lat[t]er half of a lunar month, is known as Kālīni. She is helpful in various experiments of solidifying Mercury as well as rejuvenations. In her absence, any young & beautiful lady who has been fed sulphur with Ghee 10 Gms each in the morning for three weeks becomes as effective as Kālīni (*Rasaratnasamuccaya*, chapter 6 / 33–37 in Dole 2008, 251).²⁵⁵

Other passages from Sanskrit alchemical texts describe how the menstrual blood of a woman who has eaten sulfur for twenty-one days was considered “efficacious in the fixation and calcination of mercury” (White 1996, 197). Since sulfur was understood to be the goddess’s menstruation fluid, and both of these substances (sulfur and menstrual blood) were considered equal in potency, from this rationale it followed that mercury could also be processed inside a woman’s vagina during her menstruation.²⁵⁶ It is not mentioned how this affected the woman. Alternatively, sulfur’s potency could be enhanced by macerating it with menstrual blood (1996, 197).

255 Thanks to Dr. Anand Chaudhary and Dagmar Wujastyk for this quote.

256 Dagmar Wujastyk, personal communication, June 2013. White (1996, 197) also mentions several sources for this practice.

As mentioned earlier, these methods of involving women directly in mercury processing were not translated from Sanskrit into Tibetan. Concepts about the female were introduced to Tibetan medical thought along with the quite ambiguous ideas about gender in Buddhism, straddling the divide between the divine and the polluted. In the context of mercury being both potent and poisonous, this translates into a difficult position for the female: in the image of the *ḍākinī*, she is the divine origin of the *tsodru chenmo* teaching; as sulfur, she is a necessary substance to tame mercury's poisonousness; but as the arousing element, she risks diverting mercury's potency away from the successful trituration with sulfur. This has led to strict rules mentioned in texts that exclude women from processing mercury. However, some Tibetan women defied these gender rules and processed mercury. Some of their stories are explored in the following section.

Tibetan women processing mercury

The following accounts are based on oral histories of three Tibetan women born in the twentieth century who processed mercury to varying extents, alone or with their male monastic teachers. All three of them became well-known physicians. They were all from privileged family backgrounds, which must have played a role in enabling them to access teachings on *tsotel* and defy the widespread rules against women touching or processing mercury.

DO DASEL WANGMO (B. 1928)

When Gen Rinpoche Rakdo Lobsang Tenzin (now the dean of the Sowa Rigpa Department at CIHTS in Sarnath) received the full transmission of *tsodru chenmo* in Lhasa in the early 1980s, probably in 1983/1984, from Khempo Troru Tsénam (see Chapter 3), a woman from eastern Tibet was present, except during the *dratré* step of the processing (when preprocessed mercury is triturated with preprocessed sulfur). Rakdo Rinpoche's own liberal attitude towards women and *tsotel*, which we will hear about later in this chapter, might also stem from his personal experience of having been taught during a *tsotel* event in which a woman was present.

Her name is Jetsunma Do Dasel Wangmo (b. 1928) (Fig. 30).²⁵⁷ She came with Lama Khempo Öser from Degé to study astrology and receive the *tsodru chenmo* transmission from Khempo Troru Tsénam in Lhasa. Do Dasel Wangmo is the great-granddaughter of Do Khyentse Yeshe Dorje (1800–1866), a famous master of the Nyingma School of Tibetan Buddhism. She was the only surviving child in her family. Her recently translated biography (Schneider 2013) analyzes her Do family lineage; Michalson (2012)

257 Thanks to Theresia Hofer for providing her unpublished notes on Do Dasel Wangmo and a photograph from their last meeting in 2014.



Figure 30: Do Dasel Wangmo, in Chengdu, in 2014, aged eighty-six.
Photo: Theresia Hofer (Theresia Hofer 2014/CC-BY-SA 4.0).

studied Do Khyentse's lineage of teachings, while Hofer describes her medical career (2015).

Briefly, during the 1930s and 1940s, Dasel Wangmo studied medicine with her mother, the Tibetan physician Do Tsédzin Wangmo (1914–1953) who was trained by a student of Ju Mipam. She suffered considerable violence during the reforms, but after 1969 was allowed to work as a village doctor. Eventually, she became a professor of Tibetan medicine at the Sichuan Tibetan Language School. She is still alive and works as a physician and Buddhist master in Dartsedo in Kham. It was probably her privileged family position that allowed her to travel with her lama to Lhasa and learn how to make *tsotel*. Unfortunately, we do not know whether she prepared *tsotel* after she was trained, or ever made precious pills.

ANI NGAWANG FROM NYÉMO (C. 1930–2006)

Before the Chinese invasion, some women in Ngamring (now TAR) were trained as amchi and practiced medicine. Hofer mentions a nun called Ani Ngawang in Nyémo County (Fig. 31), who was a long-term disciple and student of the eastern Tibetan physician and lama known as Kyémé Rinpoche.

Ani Ngawang rebuilt the Chiu Tekcholing nunnery in Nyémo, where she taught and prepared a *tsotel*-containing eye medication. According to Dawa Norbu, whom Hofer interviewed in Lhasa in 2007, Ani Ngawang trained other nuns and monks in the mercury processing techniques. He referred to the result of these processes as *tsotel* and said it is still produced by her students (Fjeld and Hofer 2010–2011, 186; Hofer 2018, 170).



Figure 31: Ani Ngawang, late in her life at her nunnery in Nyémo.
 Photo: Ani Payang, presented to Theresia Hofer
 (Theresia Hofer 2014/CC-BY-SA 4.0).

The biography of Lamenza Tenzin Chödrak mentions a nun also called Ani Ngawang, who made *tsotel* with her own lama, Nyimé Dorjé, a teacher from eastern Tibet (Sonam Rinchen 2000, 103/3–6), who might be identical with Kyémé Rinpoche.²⁵⁸ In the 1970s, Ani Ngawang apparently pointed Yeshe Dorjé—who was searching for surviving *tsotel* specialists—to the imprisoned Lamenza Tenzin Chödrak. This might be the same Ani Ngawang from Nyémo mentioned by Hofer.²⁵⁹ She might have had information on the whereabouts of Tenzin Chödrak and his medical expertise because she was from Nyémo near Lhasa, Chödrak’s birthplace. It is likely that the same Ani Ngawang mentioned by Fjeld and Hofer made *tsotel* in collaboration with her lama, Kyémé Rinpoche. Hofer further reports that students of Ani Ngawang and Kyémé Rinpoche continued making *tsotel* at the Chiu Tekcholing nunnery in Nyémo (Hofer 2018, 75). There is no information whether these women were permitted to attend the *dratré* or whether this activity was performed solely by the lama or his male students.

Based on personal communication with Tupten Püntsock in Beijing in 2007, Fjeld and Hofer (2010–2011, 186) also report that nuns at the Drakkar Rikhö nunnery in Kardzé in Kham prepared *tsotel* and the precious pill Rinchen Tsodru Dashel, locally known as Géma Tsodru Dashel—“The Virtuous Nun’s Tsodru Dashel.” Tsodru Dashel generally contains *tsotel*. However, the distinct name might point to a variant of the formula.

258 Theresia Hofer, personal communication, July 2014.

259 Theresia Hofer, personal communication, July 2014.

I could not establish the accuracy of these reports and whether they actually refer to Orgyenpa's complex *tsodru chenmo* technique or to one of the shorter processing techniques, described in Chapter 6.

AMA LOBSANG DOLMA KHANGKAR (1935–1989)

To make [the precious pill] Ratna Sampel there are so many things we have to observe, we cannot expose it to the sky, cannot show it to cats or dogs. Then I also asked her: "How can you do this as a woman?" She said: "Are women not like men? Life is the same. Do women have no right to life? I have to do this, if I want to treat my patients" (Norbu Chöpel on Ama Lobsang Dolma Khangkar, McLeod Ganj, 2012).

I was quite surprised when Norbu Chöpel, Ama Lobsang's second husband and the personal attendant to Kyapjé Trijang Rinpoche (1901–1981), told me the story of Ama Lobsang (Fig. 32) processing mercury in her private clinic in McLeod Ganj in the 1980s, reconstructed here based on our interview.

Ama Lobsang was born in Tibet in 1935 as the only child of the Khangkar family of Kyirong in southwestern Tibet, and her father educated her well (in the absence of a male successor).²⁶⁰ She received teachings on Tibetan language, astrology, Buddhism, and medicine from several renowned physicians and lamas, and worked as a full-fledged physician in the Kyirong region. In 1961, she came to India as a refugee working on road construction. In 1962, her request for admission at the Men-Tsee-Khang was refused on the grounds that female students could not be admitted (Tashi Tsering 2005, 179).²⁶¹ In 1970, she opened her own clinic in Dalhousie, and in 1972, she was finally invited by the Men-Tsee-Khang to join as its principal physician with her husband Dozur Tsering Wangyal, who worked at the pharmacy and passed away in 1975. She went abroad several times. Spending long periods abroad led to her suspension from the Men-Tsee-Khang in 1978 (2005, 183). She then opened her private clinic in McLeod Ganj, where she worked and made her own medicines from 1979 until her passing in 1989. Norbu Chöpel ran the pharmaceutical unit. Dekyi Khangkar Memorial Clinic (see Fig. 33) is now directed by one of Ama Lobsang's two daughters, who are both Men-Tsee-Khang-trained Tibetan physicians.

In December 2012, I spoke at length with Norbu Chöpel at his residence in McLeod Ganj. He gave me a warm welcome into his living room, which had a sofa and comfortable seats and was lined with a large altar housing Buddhist statues, offering bowls, flowers, and butter lamps. A monk served us tea and remained in the room during our conversation, regularly refilling our teacups.

260 This summary of her biography is based on Tashi Tsering's account of her life (2005, 177–188).

261 This admission policy changed in 1969.



Figure 32: Ama Lobsang Dolma Khangkar at her clinic in McLeod Ganj in the 1970s. Photo: Khangkar clinic (Khangkar clinic, 1970s/CC-BY-SA 4.0).



Figure 33: The “White Mansion of Joy” Dekyi Khangkar Memorial Clinic, McLeod Ganj, 2017. Photo: Thomas K. Shor (Shor 2017/CC-BY-SA 4.0).

I asked him whether he mentions Ama Lobsang's processing of mercury in his book on her (Norbu Chöpel 2008). He explained, "Since I did not take notes on it, I could not write about it. It was in the mid-1980s that she purified mercury once. I do not remember much. She used to do everything herself and did not leave us detailed instructions because she did this only once." Since he assisted her in the pharmacy at the time, he remembered parts of the process:

The process took about a month. She first added mercury to *gapiposum* [*lga pi pho gsum*, ginger, long pepper, and black pepper] into an airtight glass container. In Tibet they used skin bags, but those were not available. We had to shake these containers for many hours. The substances changed in color; they turned black.

Another step in the processing was burning this pre-processed mercury with sulfur in a frying pan. Norbu Chöpel remembered:

She said it was toxic and dangerous. She had covered her mouth and hands as she was stirring it inside the pan and sent us far away. I perceived the sulfuric smell from afar and my eyes started tearing. The wood fire burned for about an hour to generate the right amount of heat. In an iron pan she first boiled oil, then added the [preprocessed] mercury, and afterwards sulfur.

"Did she use the compound in precious pills?" I asked. He remembered, "When the fire burned down, she took it out; it was a black ash that she used in her precious pills. She made Mangjor Chenmo and Old Turquoise 25 [Yunying 25] many times, and Ratna Sampel only once." Acknowledging the amount of time it took to prepare the ash and the danger of toxicity involved, he said, "She did this only once. After that, she bought *tsotel* from Tibet whenever she got the chance. Once, people came from Phagri, offering her what they said was old *tsotel*.²⁶² It had a sulfuric smell; we bought it."

Trying to locate the year when Ama Lobsang processed mercury, he said, "It was a year or two after Yeshe Dhonden had made *tsotel*," which was in 1985. "How much did she prepare?" I asked. "Not more than a kilo, maybe around 300 grams," he recalled.

Since Norbu Chöpel could not remember her processing the eight metals and eight elements, an important part of the process of refining *tsotel*, we cannot be sure if what Ama Lobsang made was really *tsotel*.²⁶³ His description of the burning process has elements of the burning method of making *kardül*, which is the first part of the operation to make *tsotel* (see

262 Lamenna Tenzin Chödrak made *tsotel* in Phagri with Penden Gyeltsen in 1953 (see Chapter 3). Penden Gyeltsen might have made more *tsotel* after 1953 or taught it more widely before he fled to Sikkim.

263 Unfortunately, I could not ask Ama Lobsang's daughters about this.

Chapter 6). Perhaps Norbu Chöpel only saw some aspects of a much longer process. Nevertheless, it is remarkable that Ama Lobsang processed mercury on her own for use in her medicines.

When we spoke about her spiritual life I asked, “Did she consecrate her medicines?” He replied:

She was not an ordinary woman; she also did many kinds of meditation. Once a week she did the Medicine Buddha *pūjā*, and at least once a month she invited eight monks to the house to do *pūjā*. We kept the medicines and precious pills on the altar. But I don’t know if she did any special rituals for the mercury preparations. The bag of *tsotel* was kept on her altar.

Ama Lobsang clearly included her Buddhist practices into her daily life as a physician. I tried to find out more from Ama Lobsang’s daughter, Pasang Gyelmo Khangkar (born 1956), who continues the Dekyi Khangkar Memorial Clinic in McLeod Ganj. The clinic’s appearance is simple; the outdoor shutters open up straight into the waiting room, furnished with basic wooden benches. A few Indian patients were standing at the dispensary counter collecting their medicines. The shelves were filled with glass jars of precious pills wrapped in colored cotton silk, pills with different hues of red, brown, and black, and powders wrapped in paper. Noticeably, the reddish coating looked like *chokla* (roasted cinnabar). Since the Men-Tsee-Khang stopped coating their pills with *chokla* at the end of 2010, the crimson red polish is not seen often, even though some pharmacies have developed alternative red-colored herbal coatings.

Soon it was my turn to enter her little chamber, which was separated from the waiting room by a curtain. Behind her desk, I could see into the inner courtyard of the house. As is typical for doctor’s consultation rooms in India, there was no privacy. The patients in the waiting room, people in her courtyard, and the woman giving out pills in the dispensary most likely could overhear our conversation. I briefly told her about my project. Unfortunately, she was not inclined to talk about the history of her family tradition of mercury processing. She brushed me off by saying in English, “You Westerners think mercury is poisonous, but we know how to purify it.” This was one of those ethnographic occasions where my positioning on mercury toxicity as a foreign anthropologist was cemented before I could even ask a question.

“Do you use *chokla*?” I asked. “We make everything,” she replied, pointing to the inner courtyard that apparently housed her pharmacy and living space. No further details followed. Later, I talked several times to her husband who kindly provided the photograph of Ama Lobsang. During later visits, I inquired about precious pills at the dispensary. They were sold over the counter as long as stocks lasted, at a limit of 500 pills per type per day (Gerke 2017a). My questions of who made the *tsotel* and which of the precious pills actually contained it were answered varyingly during several

visits over the years. One time I was told only one out of their six precious pills contained *tsotel*. During another visit, I was told to go to the Men-Tsee-Khang if I wanted precious pills with *tsotel*. If this clinic used *tsotel* at all, I assumed that they might have bought it from elsewhere, since this was an earlier policy.

The few women physicians introduced above who actively processed mercury (at least to some extent) were largely from privileged backgrounds and had long-term teacher-student relationships. Though we know little about the background of Ani Ngawang, she studied with Kyémé Rinpoche for many years and was his closest student (Hofer 2018, 74). We know too little about their *menjor* training, but it seems that they received certain knowledge transmissions on mercury processing individually from their Buddhist and/or medical teachers outside institutionalized settings. It was clearly not easy for these women to overcome the restrictions surrounding this practice and tame mercury.

Where these restrictions come from and how they still impact ideas of potency and taming of mercury today is explored in the next section, which asks: how can we make sense of these prohibitions historically and textually? In addition, what do they tell us about the gendered construction of the potency of a poison?

Body and gender in early Buddhist and Tibetan medical literature

The presentation of the female body in Tibetan Buddhist and medical literature reveals some striking features reflecting the ambiguity that characterizes the issue of women handling mercury in Sowa Rigpa. While early Buddhism in India presented a liberating change for women's lives from the ritual narrowness of Vedic religion, some early Indian Buddhist texts that were specifically written for the edification of Buddhist monks presented the female body negatively, often using derogatory language (e.g. Wilson 1996). It is important to note that early Buddhist *suttas* were contemplating the body in general, not distinguishing male and female bodies. Also, early Buddhist art was frequently commissioned and paid for by secular donors and depicted women more positively (Young 2004). In Tibetan tantric Buddhism, we find a contrasting mix of representations of the female and the role of women.²⁶⁴ While these examples defy gender generalizations, what transpires from most works is a discrepancy between the role and representations of women in tantric and other Buddhist texts and their status in everyday life.

Early Buddhist meditation manuals were written for male monastics for the purpose of directing them to celibacy. To that effect they commonly

264 For discussions on gender and Tibetan Buddhism in the form of the *dākinī*, see Simmer-Brown (2002).

described the female body as distasteful. Having a female body was considered the result of one's negative karma. The description of the vagina by the Buddhist monk Vasubandhu (fl. fourth to fifth century CE) from his *Commentary on the Treasury of the Abhidharma (Abhidharmakośabhāṣya)*, which is part of the foundational Abhidharma literature of Buddhist philosophy in Tibet and elsewhere, serves as an example. His description is quite different from Indian alchemical perceptions of the vagina as a suitable place to refine mercury. Vasubandhu describes the vagina as:

[A]n excrement-hole, a cruelly foul-smelling, dark pool of ordure, the home of many thousands of families of worms, permanently oozing, constantly in need of cleansing, hot, slimy, and drenched in semen, blood, mucus, and impurities, terrifying to behold, covered by a thin, perforated skin, the great ulcer-like wound in the body, produced from the result of previous karma.²⁶⁵

According to Robert Kritzer, Indian medical texts did not follow this trope but described female organs as unpleasant only when diseased, not using derogatory language (Garrett 2008, 77; Kritzer 2009). This is not necessarily the case in Tibetan medical texts. The status of the female in Sowa Rigpa literature has been researched to some extent²⁶⁶ and reveals a mix of androcentric attitudes, including derogatory medical language concerning women's bodies and their "excessive sexual desire" (Bright 2010–2011), but also emphasizes pragmatic attitudes towards women in daily life situations (Gyatso 2010–2011, 2015). Medical approaches towards women were, however, often influenced by Buddhist doctrine. For example, Frances Garrett (2008, 84) noted in her analysis of gestation in Buddhist and medical literature in Tibet that narratives of embryology were more concerned with encapsulating Buddhist doctrine and the embryo for applications by a practitioner of meditation than about the pregnant woman herself. In fact, embryology became a form of religious theorizing for fifteenth century Tibetan medical authors. Not surprisingly, the "normal body" in these medical texts was male by default.

However, visual depictions of the female body in Tibetan medical art can be quite different. In a set of seventeenth-century medical *thankas* from Lhasa the male body is predominantly used in anatomical charts, but the gender marking in other vignettes on pulse diagnosis or daily life scenes is more casual and less standardized (Gyatso 2010–2011, 2015). With such differences in gender representation, Gyatso cautions, and I agree: "In the still uncharted waters of gender conception in Tibetan history, it is important to study each example on its own terms as much as possible and certainly without assuming a single, bounded and governing cultural system" (Gyatso

265 Translation by Kritzer (2004) quoted in Garrett (2008, 76).

266 See the edited volume by Fjeld and Hofer (2010–2011), as well as Garrett (2008) and Gyatso (2009, 2015).

2010–2011, 290). Her overall conclusion shows that how we judge the status of women and gender in Tibetan medical literature is an issue of perspective:

So if we find in the medical treatment of women and gender a set of disparately tending stances that may only be from the perspective of looking for gender justice. From the perspective of clients' needs to have boy children, rule the family, and stay alive and thrive, this medical picture of sexual and gendered states can make eminent sense (Gyatso 2015, 342).

Gyatso's point on perspective links up with Sponberg's concept of multivocality in that both of them ask for nuanced approaches towards gender. When looking at the role of women in mercury processing I keep these two concerns—multivocality and perspective—at the center, asking why and how certain views make sense. In my examples in the Tibetan case, we find a fusion of Buddhist, medical, and tantric views of women in complex multivocal forms. In analyzing approaches towards women in mercury-related textual descriptions, I ask how these have been translated and made sense of by earlier and contemporary Tibetan physicians. While exploring some of these perspectives we should not, however, assume an overarching cultural approach towards the status of women in Sowa Rigpa.

Protected places of mercury processing

My research on why women are not allowed to touch or process mercury in Sowa Rigpa led to textual sources on “place” that also appear in early Sanskrit literature on preparing clean and protected places, largely for rejuvenation therapies and the preparation of elixirs. Some examples from these key textual sources are analyzed in this section. I demonstrate how the gender focus seems to be primarily a practical one, linking women to menstruation and related notions of contamination and thus wanting to keep them away from places of medicine manufacturing. However, as the final part of this chapter will explore, such rules have also opened ways to further erode already established androcentric perspectives on potency linked to male virility (semen) embodied in mercury, and re-establish those on now largely institutionalized levels of knowledge transmission.

I begin this inquiry with an exploration of women in the medical sections on *chülen* and rejuvenation practices in the *Four Treatises* and the corresponding Indian *rasāyana* practices as explained in the Ayurvedic compendium *Aṣṭāṅgahṛdayasaṃhitā* and its commentary, the *Padārthacandrikā*,²⁶⁷

267 This commentary, composed by Candranandana (fl. eighth century CE), was translated into Tibetan by Rinchen Zangpo (958–1055) as *Moonbeam of Word Meaning* (*Tshig gi don gyi zla zer*), also known as *Moonbeam*, or *Dazer* (*Zla zer*). See Yang ga (2010, 79).

both of which were translated from Sanskrit into Tibetan and included in the Tibetan Buddhist Canon. The aspects that link gender to rejuvenating practices are practical descriptions of place. Tracing these descriptions of place from early seventh-century Sanskrit to Tibetan classical and contemporary texts might help us to understand how gender emerges as an issue in the *tsodru chenmo* practice today.

The chapter on elixirs in the *Aṣṭāṅgahṛdayasamhitā* mentions that the place where one performs *rasāyana* practices should be free from “smoke, heat, dust, wild animals, women, and stupid people” (Hilgenberg and Kirfel 1941, 711, translated from the German).²⁶⁸ In the Tibetan translation of the *Aṣṭāṅgahṛdayasamhitā* this passage reads: The hut should be “[free from] smoke, hot sun, snakes, and sweat, [and] unreachable for women and female fools.”²⁶⁹

Notably, neither this phrase nor any reference to women is found in the corresponding chapters of the *Four Treatises*, which otherwise incorporated several sections verbatim from the *Aṣṭāṅgahṛdayasamhitā* (see Gerke 2012 [2013]; Yang Ga 2010, 238, 240). In the seventeenth century, however, Sangyé Gyatso, in his commentary on the *Four Treatises*, the *Blue Beryl*, quotes from the *Padārthacandrikā* in the context of rejuvenating *chülen* retreats: “[Avoid] smoke day and night in the ascetic practice [place, and] do not let women and fools pass through.”²⁷⁰ Even though these sections talk about the place where *chülen* fasting and rejuvenation practices are being held and not specifically where mercury is processed, we can detect parallels in the approach to place as a protected area, which is similar in Tibetan descriptions of both *chülen* and mercury practices and frequently described in *tsotel* manuals from the eighteenth to nineteenth century as an important prerequisite. These instructions are still followed by Tibetan physicians today. In the following, I briefly look at the role of women in three such *tsotel* manuals.

Gurupel, the nephew of the eighteenth-century polymath Situ Pañchen in eastern Tibet, introduced in Chapter 4, wrote a manual on mercury preparations (Degé Drungyig Gurupel 1985, 1986), which was apparently also used when making *tsotel* in Powo Tramo in 1977. He retells the story of the Indian sage Bhalipa, similar to Tenzin Chödrak’s quote at the beginning of this chapter. Gurupel mentions the menstruating woman taking a bath near the mercury-processing site, which resulted in mercury’s successful transformation (1985, 8/4–9/2). Gurupel acknowledges the requirement of the female (i.e. menstrual blood or sulfur) for the success of mercury preparations. In the preliminary section, he describes the location simply

268 Murthy (1997, 382) translates the same section from the Sanskrit into English as “free from smoke, sunlight, dust, wild animals, women, idiots, etc.”

269 Translated from Vāgbhaṭa et al. (1994–2008, 813/17–18): *dud pa nyi tshan sbrul dang rngul/ bud med glen mas ma bgrod par/*. Contrary to the Tibetan, the translations from Sanskrit do not emphasize the female gender of the fools.

270 Translated from Sangyé Gyatso (1982, 1135/13–14): *du ba nyin mtshan brtul zhugs sbrul/ bud med glen pas mi bgrod par/*.

as having to be solitary, without mentioning specific exclusions of women (1985, 11/3). However, during the crucial moment, when mercury is triturated with sulfur, he writes that women are not allowed to touch the material:

From this point onwards, women should not touch [the preparation] with their hands. Do not expose [it] to the sky or the sun. Do not let dogs, etc., wander around. Wrap it in blue-black silk cloth or fabric and place [it] in a clean, isolated location.²⁷¹

Gurupel only excludes women from touching mercury at a certain point of the trituration. In comparison, Kongtrul Yönten Gyatso, the famous Buddhist master and medical specialist, who taught mercury processing in eastern Tibet during the nineteenth century, bars women from entering the processing compound from the very beginning. His text (Kongtrul Yönten Gyatso 1986), written after a *tsotel* event in 1872, has been quoted in subsequent texts and used at the Men-Tsee-Khang in India since 1982 as the main textual source during the making of *tsotel*. Lamempa Tenzin Chödrak, who first taught *tsodru chenmo* at the Dalai Lama's residence in 1982, received the transmission of this text from Lamempa Khyenrap Norbu back in Lhasa and found this text the easiest to follow.²⁷² Kongtrul Yönten Gyatso writes:

The dwelling place should be clean, solitary, and spacious, inhibiting [sources of] uncleanness, "pollution/contamination,"²⁷³ and unrelated visitors [i.e. who have no purpose to be there]. In particular, restrict any incoming movements of dogs and women.²⁷⁴

A few folios later, he states:

Then, during the boiling of mercury and the ritual preparation and enhancement of mixing mercury with sulfur ["meeting the enemy"], in both the "cooking house" [*thab khang*] and "taming house" [*dur*²⁷⁵ *khang*], the sky should not be seen and no visitors should roam around, generally, and, specifically, wandering dogs and women

271 Translated from Degé Drungyig Gurupel (1985, 37/4–38/1; 1986, 328/2–4): *da phyin du 'di la/ bud med lag gis mi reg/ nam mkha' dang nyi mar mi bstan/ khyi sogs kyang mi 'grim pa'i dben gtsang sar dar ras gos sogs/ sngo nag gis dril nas/*.

272 Sonam Rinchen (2000, 103).

273 On Tibetan perceptions of *drip* see, for example, Lichter and Epstein (1983), Mills (2005), and Samuel (2007). On *drip* in relation to women see Fjeld (2008).

274 Translated from Kongtrül Yönten Gyatso (1986, 403/4–5) and Lamempa Orgyen Tendzin Gyatso (1986, 250/6–251/1): *gnas khang gtsang zhing dben la rgya yangs par mi gtsang grib rigs dang don med kyi 'grul bcad/ khyad par khyi dang bud med kyi 'grims 'grul spang /*.

275 The term *'dur* is another word for *'dul*, both meaning "subduing, taming."

should not pass through the vicinity, nor come on the [respective] roof tops, etc.²⁷⁶

Lamenpa Orgyen Tendzin Gyatso, a personal physician of the Thirteenth Dalai Lama who headed the 1893 mercury processing at the Norbulingkha Palace in Lhasa, copied these lines verbatim from Kongtrul Yönten Gyatso's text into his own treatise on *tsodru chenmo* (Orgyen Tendzin Gyatso 1986, 250/6–251/1, 269/4–6).²⁷⁷ None of the authors gives a reason as to why women and dogs are not permitted, which, as we shall see, has led to various interpretations of these texts by contemporary physicians.

Mipam Namgyel Gyatso (1846–1912), known as Ju Mipam, was one of Kongtrul's students in eastern Tibet and was present during the 1872 *tsotel* event (Mipam Namgyel Gyatso 2006, 1986). In his writing, he describes the event, its sponsors, and spiritual enhancement rituals. Women are not mentioned, probably because there is no section on preliminary practices including place, where gender is primarily hinged to mercury processing procedures.

The two physicians who were instrumental in spreading the *tsotel* practice in the PRC and India continued these practices. In the PRC, in his elaborate *tsotel* manual, Troru Tsénam (2001, 551/2–6) stresses the need to have a clean, pleasant, and isolated place, preferably fenced and gated to avoid any contact with unnecessary visitors, which includes “dogs, women, and so forth” to avoid any kind of “pollution” or *drip*. He also advocates engaging experts to carry out smoke offerings, libation rituals, and rituals to bless the space and for obstacle prevention, aiming to “[carry] out ancient traditions faultlessly.”²⁷⁸

In 1982, Lamenpa Tenzin Chödrak followed Kongtrul's approach and did not allow women to process *tsotel* in Dharamsala. Namgyal Lhamo Taklha, wife of the medical institute's director Lobsang Samten Taklha, the Dalai Lama's brother, was the secretary responsible for English correspondence at the Men-Tsee-Khang in the 1980s. She felt the exclusion of women was a form of discrimination. The Men-Tsee-Khang had been admitting female students since 1969 (Tashi Tsering 2005, 189).²⁷⁹ She complained to Tenzin Chödrak and her husband. We conversed about this issue by email, and she wrote to me:

276 Translated from Kongtrül Yönten Gyatso (1986, 411/3–4) and Lamenpa Orgyen Tendzin Gyatso (1986, 269/4–6): *de nas dngul chu btso ba dang dgra sprad bsre ba'i sta gon tu/thab khang dang 'dur khang gnyis ka gnam mi mthong zhing 'grims 'grul spyi dang khyad par khyi dang bud med kyi 'grul nye skor dang khang steng sogs su mi 'byung bar bya/*.

277 Apparently, government officials of the Thirteenth Dalai Lama ordered him to compose this treatise based on the works by Jamyang Khyentse Wangpo and Kongtrül Yönten Gyatso (Czaja 2013, 95).

278 Translated from Troru Tsénam (2001, 551/7–8): *gna' rabs kyi phyag srol ma nyams par mdzad*. Details of Sowa Rigpa ritual *menjor* practice in the PRC were not part of this study and requires further research.

279 For a list of female students who studied at the Men-Tsee-Khang between 1969 and 2002 see Tashi Tsering (2005, 193–194).

Dr. Chödrak was a very kind and compassionate man. He would never utter a harsh word. He smiled when I said, “This is discrimination!” and he said, “It is said in the medical annals that women are not permitted to be present when *tsothel* [sic] is made. Woman and dogs are not allowed!” I did not say anything further but I complained to my husband about this. No other women *amchis* neither mentioned about this matter to me nor did I know if they talked on this subject among themselves. Dharamsala in the early 80s was rather conservative and formal.²⁸⁰

Over many visits to Dharamsala (2009–2017), I did not find any significant change in practice at the Men-Tsee-Khang regarding women and mercury. Dawa Ridrak, who participated in the 1994 *tsotel* event, offers more detailed explanations: “In general, any visitor without purpose, and in particular dogs and women, should not enter the courtyard,”²⁸¹ and that during the trituration of mercury with sulfur, “in particular, women and dogs should not touch or see it.”²⁸² As justification, he mentions female impurity during menstruation and the potential of dogs carrying infectious diseases. (Dawa Ridrak 2003, 427/17–19).

Across Tibetan societies there are all kinds of *drip*, often involving women (see Fjeld 2008). It is generally believed that any defilement of *drip* is potentially troublesome, since *drip* contamination cannot be removed by removing the cause (in our example, the dog or the woman); once caused, *drip* remains and—as with every kind of obstacle or *barché*—has to be purified by ritual means (Mills 2005, 357). As it is, making *tsotel* is very difficult and *barché* (explosions, broken pots, unsuccessful trituration, etc.) can potentially occur. *Tsotel* practices at the Men-Tsee-Khang in Dharamsala thus include many rituals, which are commissioned from multiple monasteries in the area, including nunneries. Amchi Jamyang Tashi, head of the Pharmacy Department, told me that they take no issue with nuns performing necessary rituals to prevent *barché* while making *tsotel*, but women cannot participate in the pharmacological processing.²⁸³ Dawa Ridrak raises the issue of *tsotel* being a *ḍākinī* practice when explaining the necessity for rituals as follows:

Generally speaking, the mercury processing itself [follows] strict orders [*ka tsen (bka' btsan)*],²⁸⁴ [since] this supreme healing nectar

280 Namgyal Lhamo Taklha, personal e-mail communication of August 9, 2015. On her life, see her autobiography (Taklha 2001).

281 Translated from Dawa Ridrak (2003, 420/23–24): *don med 'grul sna spyi dang khyad par khyi dang bud med nye khor du mi yong bar byas pa dang /*.

282 Translated from Dawa Ridrak (2003, 427/17): *lhag par khyi dang bud med kyis reg mthong mi chog*.

283 Interview, Dharamsala, May 2015.

284 In colloquial Tibetan understanding, *ka tsen* implies something that is not ordinary, also dangerous, and not everybody can do it (Tenzin Demey, personal communication, Dharamsala, December 2012).

practice [was given] according to the instructions of the *dākinīs*. Because it has the absolute power of the blessings, it is completely different from an ordinary task; [therefore] one definitely ought to remove obstacles through rituals, etc.²⁸⁵

From the Tibetan perspectives of *drip* and *barché*, the rule makes sense. The rationale is the following: since mercury practices stem from the *dākinīs*—the deified female—and involves “female” substances (sulfur), it is full of danger and could divert the potency of mercury and disturb the taming process; therefore, protective rituals are carried out, and women are barred from the venue. However, from a feminist perspective this presents an example of the ambiguity that Janet Gyatso describes as “the misogyny of Buddhist traditions, on the one hand, and the deification of a female principle in Buddhism, on the other” (Gyatso 2003, 89).

The importance of place is not only a matter of gender, but also of practical ideas of cleanliness, of what today would fall under Good Manufacturing Practices (GMP). While GMP rules are not formulated according to gender, they have a strong emphasis on the place of manufacturing and how it should be kept. They address modern concepts of pollution in terms of contamination and hygiene, while the above-mentioned rules of place address pollution and contamination in specific cultural terms of cleanliness, including ritual pollution—for example, through contact with the dead and menstrual blood—and other forms of contamination such as through contact with animals.

None of this is unique to Sowa Rigpa. These are shared notions of place and purity that are found across Asia in descriptions on where elixirs and medicines should be prepared. I illustrate this with two examples from early medieval China and India. The seventh century *Instructions on the Scripture of the Divine Elixirs of the Nine Tripods of the Yellow Emperor* (*Huangdi Jiuding Shendan Jingjue*)—which was also transmitted by divine female deities (Pregadio 2006)—prescribe similar preliminaries for making elixirs:

When you compound the Divine Elixirs you should dwell in the depths of the mountain, in a wide moorland, or in a place deserted and uninhabited for endless miles. If you compound them among other people you should stay behind thick, high walls, so that nothing can be seen [...] First undertake the purification practices for seven days and increase your purity with abolitions and the five fragrances (*wuxiang*). Do not pass by filth and dirt, or by houses where mourning is being observed, or by houses inhabited by women of the age of marriage (translation by Pregadio 2006, 161–162).

285 Translated from Dawa Ridrak (2003, 413/16–18): *spyir dngul chu btso bkru de nyid mkha' gros gdams pa'i bdud rtsi sman mchog sgrub pa 'di bka' btsan cing lbyin rlabs kyi tshan kha nye bar ldan pa'i phyir/ thun mong bzo mgar gyi las lta bu zhig dang shin tu mi 'dra ba'i khyad par gyis bgegs sel rim 'gro sogs nges par dgos pa.*

The Indian example from the *rasāyana* traditions in the *Carakasamhitā* and *Suśrutasaṃhitā* describes practicing rejuvenation therapy “in a hut” (*kuṭīpraveśika*). According to Dagmar Wujastyk in both treatises women are not listed among “persons deemed unsuitable for [*rasāyana*] treatment, but are never mentioned as potential beneficiaries of treatment either” (Wujastyk 2014, 178). The *Carakasamhitā* specifically excludes women from the rejuvenation hut:

The hut’s thick walls would keep out noise and other unwanted sources of stimulation or distraction. Women would not enter. The hut would contain all necessary equipment, and physicians, medicines and brahmins would be ready to attend (Wujastyk 2014, 178, summarizing the *Cikitsāsthāna* 1.1. 16–20).

As explained in Chapter 3, similarities of alchemical instructions between Asian traditions do not necessarily prove historical origins but point to shared cultural concerns and often simple practical insights (see White 1996, 54–55, 2013). My examples here testify to the often practical and apparently shared concerns of preparing a special place for making and consuming rejuvenating *chülen* and special elixir medicines that are also found in texts on Tibetan mercury practices, and that for the most part forbid women to participate.

Apart from matters of place, women also feature in terms of reducing the potency of *tsotel*-containing precious pills once they are fully manufactured. Many classical texts mention that women and dogs can spoil precious pills. In his textual analysis of how to administer precious pills, Czaja quotes several physicians from the early seventeenth to the nineteenth centuries, writing that precious pills should not be “exposed to the sky, women and rats” or that “the sound of dogs and women spoil the pills” (2015, 72–73). If any of these defilements occur, the pills have to be ritually purified and consecrated (2015, 74–75). Here again, potency can be changed by what are considered unfavorable conditions: women (along with rats and dogs) have the power to spoil it.

Gendered voices

During fieldwork, I discussed with both male and female Tibetan physicians the reasons why women are not allowed to make *tsotel*. The comments I received reveal a mix of things, involving ideas of potency as determined by gender, pollution, and female bodily substances, all capable of disrupting the taming process or mercury’s potency. Similar to the Tibetan textual perspectives presented earlier, they do not offer a single line of reasoning and thus cannot be traced back to one particular text or author. Some physicians even argued that there is no reason and that they would prefer to involve women in making *tsotel*. One can also detect generational, geographical, and gender differences in the responses. The answers present

individual or institutional positionings and in my view also reveal aspects of power that come with upholding and monopolizing specialized medical knowledge, backed up either by the authority attributed to classical texts, or by modern science.

The younger generations of physicians I met, especially those trained in the PRC, promoted a “scientific” reason for the rules found in mercury texts and combined different epistemologies to do so. For example, Amchi Kunchog Tseten from Amdo, who now lives in New York, did not believe in any of what he called “superstitious reasons” mentioned in the texts, and insisted, “There is a real rational reason!” He explained that it made sense for women not to make medicines while menstruating. “Women smell during menstruation and the smell affects the taste (*ro*) of the herbs; [this] thus affects the potency or *nüpa* of the medicine.”²⁸⁶ When we met in his office in New York, he urged me to only mention the “scientific reasons” and not perpetuate superstitions, thus posing not only a common anthropological challenge of how to turn culturally-specific knowledge into text (Fabian 2008), but also raising questions of what should be presented as science and why (Adams 2002a, b).

Amchi Sherab Tenzin, who was trained by Trogawa Rinpoche at the Chagpori Tibetan Medical Institute in Darjeeling in the early 1990s and established his own clinic and pharmacy in Kathmandu, told me that during their menstruation, women often feel tired, and it is because of pollution, or *drip*, that they should not be in the pharmacy when *tsotel* is made. He said that Trogawa Rinpoche used to say that women should not make *tsotel* when they have their menstruation.²⁸⁷ Dr. Namgyal Tsering, a previous head of the Men-Tsee-Khang Pharmacy Department, now living in New York, thought the reasons for women not being allowed were transmitted orally and thus they were open to interpretation:

There are many reasons, not mentioned clearly in the text. It is oral [knowledge]. One reason is menstruation, it is like *drip*. The second reason is that *ngülchu* is the semen, *khuwa* [*khu ba*]. If there is a woman around, the *khuwa* is ejaculated. It is Hindu, [...] the semen comes from Śiva lingam. The potency of *ngülchu* will decline in power [*nus pa*], if the woman is present. I am not sure about the other reason given, the “over-boiling” is not the perfect reason. Maybe some doctors said it. Maybe, [...] it can be, but I am not sure. The reasons I know I tell you, but about the rest, I am not sure.²⁸⁸

The female physicians I spoke with had more liberal views but rarely dared to voice them. While in Dharamsala, searching for female physicians who were involved in refining mercury, I informally talked to a Men-Tsee-Khang-trained

286 Interview, New York, October 13, 2014.

287 Interview, Kathmandu, December 18, 2011.

288 Interview, New York, October 13, 2014.

female physician, who shared with me her views on women and mercury processing. “We were told women are not allowed to make it,” she said. “Our teacher said that if women would wear gloves they could touch mercury,” she laughed heartily. “Was he joking?” I questioned. “No, he meant it,” she said. She was convinced that women could make medicines as well as men, including with mercury. Her approach was experiential. “They should form two groups,” she suggested, “one only men, and the other one only women. Both groups make the same medicines. Then you see whether they are effective. Why shouldn’t the medicines made by women be effective? They might even be better because women do take more care.” “Have you ever suggested this?” I asked. She shook her head in a resigned manner, which I interpreted as her having accepted that the institutional authorities would not open a door for her to get involved in *menjor* practice.

While I kept looking for women physicians who processed mercury, and having read that there was a history of female Sowa Rigpa experts,²⁸⁹ I found evidence that some Tibetan female doctors received training in mercury processing. In the early winter of 1997, the Tibetan female physician Dr. Tashi Yangchen of the Materia Medica Department and two female medical students (Dhondup Tsering and Tsering Lhamo of the ninth batch) were sent officially by the Men-Tsee-Khang to the Department of Rasa Shastra at Banaras Hindu University (BHU) in Varanasi to learn the Ayurvedic techniques of mercury processing. The Men-Tsee-Khang newsletter reported the event as them “participating in the Course on Drug Manufacturing and purification of crude drugs” (MTK 1997, 2). That they were handling mercury was not publicized. At BHU, the three women learned how to make *kajjalī* and *rasasindūra*, two Ayurvedic mercury sulfide compounds.²⁹⁰

When I visited the Department of Rasa Shastra at BHU in March 2015, a group of students had gathered with their teachers to discuss mercury with me; more than half of them were women. When I asked why the female students were allowed to process mercury in Ayurveda, a lively discussion began. Dr. Anand Chaudhary, head of department, said that women get admission in their postgraduate course on *rasaśāstra*, where they do all the processing, including of mercury. One of the other lecturers added, “There are no Sanskrit *ślokas* in our classical texts that maintain women are not allowed to process mercury.” Dr. Anand Chaudhary continued, “In fact, females are specifically needed for a particular mercury processing technique. Without her, it cannot be achieved. The texts have clear descriptions of what kind of woman is required for successful processing,” he said referring to the *Rasaratnasamuccaya*. Another lecturer added, “In practice, the processing was kept secret during several historic periods and was of

289 These female experts have been introduced in various works. See Fjeld and Hofer (2010–2011), Hofer (2015, 2018), and Tashi Tsering (2005).

290 Personal communication with Dr. Jah, who was present during their training in 1997. BHU, March 2015. See Bhatt (2013) on how to make these preparations; *kajjalī* is black in color and is metacinnabar (β -HgS), and *rasasindūra* is red cinnabar (α -HgS).

course mostly carried out by men, since Ayurvedic physicians were largely male in the past, but there is no restriction in the texts.”

Then I asked whether they use any similar terminology to describe mixing mercury with sulfur, explaining the Tibetan meaning of *dratré*, which translates as confrontation or meeting the enemy. One lecturer explained: “As you know, mercury is linked to Śiva and sulfur to Parvatī. We consider sulfur and mercury good friends, we have no tradition to call it ‘meeting the enemy.’ They are good friends because from the safety point of view, mixing mercury with sulfur will reduce the toxicity of the compound.” A female student then had the idea that “Maybe the Tibetans call it meeting the enemy because the [female] sulfur has the power to change the physical form of the [male] mercury. The white substance turns really black.” We concluded that both traditions, although having different approaches to sulfur and mercury, were in unison that after mercury was bound to sulfur the compound was considered very safe.

Later, in a discussion with a senior *rasaśāstra* teacher and one of his female students, the teacher said: “Many instances in our literature describe how menstrual blood is used for the processing of mercury. So you needed women to obtain menstrual blood for the mercury process; it has a practical reason.” He then also explained that:

There are certain opinions among some *rasaśāstra* people, who do not allow women. It is mentioned in some text related to place: you have to prepare the place where you process mercury well, if you want to succeed without failure. You first worship lord Śiva and *pārada* [mercury], and everything should be done properly. When ladies have their menstrual period, they have certain instructions to follow. [...] It is linked to concepts of contamination, not to have impurities around the house, it is a practical issue.

Thus, the issue of gender once again centered on “place” and “pollution,” where culture-specific perceptions of purity translate into making potent medicines.

At the Sowa Rigpa Department at CIHTS in Sarnath (introduced in Chapters 1 and 3), I discussed the gender issue with the dean of the department, Rakdo Rinpoche. He teaches *tsotel* manufacturing to all his students, including women, following Gurupel’s text. Female students are allowed to participate in all steps except on the day when mercury is triturated with sulfur. Rakdo Rinpoche said:

Orgyenpa received his lineage from yoginīs; he wrote about it. I don’t know what happened. Usually, for *ngülchu* practices mentioned in the *Kālacakratantra*, and also generally in other tantra texts, women are very important. I don’t know why Tibetans do it like this, keeping women away from *ngülchu* practices [...]. Our vice chancellor here at the university is not a Tibetan doctor. One day,

he asked me, "Why do you keep the women away? Do you have any reason?" I said, "We don't have a reason. People always say it has to be done like this, but there is no reason." He then asked me, "What do you think about it yourself?" Then I told him the history of Nāgārjuna [he mentions the story of Bhalipa, who received the missing ingredient from a woman] and what is said about women in the Vajrayāna tantras. Our vice chancellor then told me, "Since there is no reason, it is not necessary to keep the women away." I also think so. But if we change the tradition a little bit and we allow women to practice, some people start talking about it, and then there is a problem [...].

We taught how to make *tsotel* at our department three times. The women do not attend the *dratré*, all the other things like burning gold and silver, we do together. [...] You see, when we make *tsotel*, the female students just ask me, "So, what else to do?" So, if I would say, "Now, put the mercury and sulfur together and mix it well," they would have done it without hesitation. They did not do it, because we did not allow them.

Rakdo Rinpoche had to find a compromise. By following Gurupel's advice of only keeping the women away from the *dratré* step of processing, he passes on the overall *menjor* knowledge and practical techniques of making *tsotel* to his students. His concern is not about the effect of women on mercury; it is about the reaction of other contemporary male physicians who hold different views on the issue. Even at CIHTS, I heard conservative views from other male physicians, who believed that if things went wrong during making *tsotel* it was due to the female presence. Female students were thus quite vulnerable in the case of processing errors.

The mercury-gender debate is not only influenced by political contexts but also by personal beliefs regarding the authority of texts and the secrecy of the sacred practice. During the aforementioned Sowa Rigpa workshop in Kathmandu, we discussed mercury processing and one of the anthropologists asked Gen Gojo Wangdu, the senior physician from Lhasa (introduced in Chapter 4), why women are not allowed to make *tsotel*. He answered extensively:

Some people said [during the Chinese reforms] that this is the fairy tale of feudalism, and they scolded [us] saying that this is not a good custom, making men supreme and women low. [...] However, it is not like that. The teachings state that women cannot participate during the practice of the Great Mercury Refinement, and it cannot be exposed to the sky and the sunlight. It is not at all to make men supreme and women low. I am not a person who is against investigating all the things from the past; for some, investigation is essential. However, in this, I think it is better for women not to participate. This is my personal opinion. The reason is that it says if

women participated in it, the power of *ngülchu* would decline. How it declines, we do not know. These are *sang tsik [gsang tshig]*, secret words. If the secret words are to be explained, according to our Buddhism, these secret words should be pronounced by the highly realized ones; if we ordinary people talk about it, it is like lying. We are not able to realize the meaning. So I still think that women should not participate in the practice of the great mercury purification, not when *dratré* is done. [...] If we just step on the teachings from the past saying, “Oh, this is a backward belief making men supreme and women low,” [...] we are not able to realize the real meaning of the secret words. Therefore, I think it is better for women not to participate.²⁹¹

Afterwards, we asked the only female amchi present what she thought of Gen Gojo Wangdu’s explanation. She was frank in disagreeing with him, arguing that if women were trained in the process, they could prepare *tsotel* as well as men. Other female amchi I spoke with in Dharamsala also did not hesitate to speak up in private, expressing confidence that they could make *tsotel* if they were trained. Nevertheless, it has not become an openly-debated issue. To date, female amchi have not publicly challenged the existing Tibetan medical reasoning on women making *tsotel*, which fluctuates between the textual positions presented by Kongtrul and Gurupel. The cutoff point for women’s participation remains the *dratré*, to which even the most open-minded physicians adhere.

That Tibetan female physicians, who by now make up approximately 50% of Sowa Rigpa practitioners in India, have not spoken out collectively against the gender inequalities in *menjor* practice reflects how the position of women in practical life and on institutional levels has not reached forms of equality many aspire to. Those few women who tamed mercury in the past had a privileged social status that supported their training and practice outside the status quo, in part with the help of some form of traditional *chöyön* support.

In Chapter 3, I outlined how Petryna and Kleinman (2006, 21) approached the pharmaceutical nexus as a “problem,” taking into account the different views of various stakeholders on a drug or pharmaceutical substance. This chapter has shown that mercury as a poison poses a problem with its deeply gendered aspects, which not only affect interpretations of the toxicity, safety, and potency of mercury, but also exclude many Sowa Rigpa physicians from actually studying and manufacturing *tsotel*. As we have seen in previous chapters, there are many factors impacting *tsotel* production, including the changing *chöyön* networks in exile (Chapter 3) and changes in knowledge transmission (Chapter 4). Nevertheless, taming mercury still contains elements of male control, which are exercised not

291 Translated from a video recording of the Sowa Rigpa workshop in Kathmandu dated December 6, 2011, by Tenzin Demey, Dharamsala.

only in the creation of the place where mercury is tamed, but are also paralleled by the control of women in larger social processes and at medical institutions. In some cases this continues to translate into social fears of the unsafe female.

The above examples on gender and mercury tell us that for many male physicians the presence of women makes processed mercury not only less potent but also less safe. The absence of any textual reasoning has given rise to a variety of individual interpretations, ranging from ideas of hygiene, to a religious belief emphasizing the secret *ḍākinī* transmission practice, to more liberal and pragmatic views in a central university setting. Ideas of taming in the handling of mercury are thus also an example of how the secrecy and exclusivity of a practice when transmitted along the lines of gender can translate into the exclusion of women for a long time.

In sum, we find a “rich multivocality” (Sponberg 1992, 4) of gender ambivalence in Sowa Rigpa mercury processing: In its empowered form as a *ḍākinī* practice, making *tsotel* can further the practitioner on the path to enlightenment; during *menjor*, the male (mercury) and female (sulfur) substances have equal status and importance in successfully taming *ngülchu* into the potent *tsotel* ash; but the female is also perceived as a hindrance in her disturbing role as sexually arousing, and polluting, which manifests in the requirement of women-free clean places to make potent and safe medicines. In the specific case of *tsodru chenmo*, making sense of gender requires both an understanding of the culturally-specific reasons why—from a Sowa Rigpa perspective—women are barred from making *tsotel*, while at the same time being sensitive to how this relates to the unequal status of female amchi in today’s Sowa Rigpa communities.

Evidence of mercury’s safety is established in many ways, gender being just one aspect of it. The next chapter delves into the assessment of risk while working with mercury and the actual Sowa Rigpa processing techniques of taming it. Physicians experience with their senses how mercury is transformed and tamed. Based on their empirical engagement with substances, using sulfur and other ingredients, they assess why certain processing techniques are considered safer than others.