

Making Precious Pills in Twentieth Century Tibet: Authority, Challenges, Transmissions



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Tibetan Precious Pills (*rin chen ril bu*) are arguably the pinnacle of Tibetan pharmacology, with tremendous medical, social, political, economic, and religious impact in Tibetan societies and beyond. These multi-compound pills, which contain mercury-sulphide, have of late become very popular, not only across China and India, but also in the West, where they are distributed privately or sold as talismans over the internet. They have been more expensive and 'precious' than other Tibetan pills due to their valuable ingredients: gold, silver, rubies, diamonds, corals, turquoise, pearls, Zi-stones, sapphires, etc. Their 'preciousness' is culturally marked by the pills' individual silk wrapping (see photo) and their content of between 25 and 160 plants, minerals, and metals. They are currently controversial because they contain 'processed' mercury-sulphide (between 1.1% and 2.6% elemental mercury (Hg) per pill) in the form of *tsotel* (*btso thal*), an ash made largely of mercury-sulphide, eight metals and eight rock components.

In this lecture, I outline the medical history of making Precious Pills in Central and South Tibet during the twentieth century. How and when were Precious Pills manufactured in Lhasa? How did the Chinese take-over of Tibet in the 1950s, followed by the successive reforms, including the Cultural Revolution (1966-76), affect the opportunities to transmit the knowledge and practice of making Precious Pills? Towards the end of the Cultural Revolution, in 1977, Tibetan physicians were able to process mercury and make Precious Pills in a labour camp. How did a variety of political events impact the transmission of these pharmacological skills and the actual manufacturing of Precious Pills? What makes them the driving force of the Tibetan medical industry today?