The Perception of Menstruation and Treatment Of Menstrual Ailments among Tibetan Women in Mcleod Ganj, Himachal Pradesh

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THE PERCEPTION OF MENSTRUATION AND TREATMENT OF MENSTRUALAILMENTS AMONG TIBETAN WOMEN IN MCLEOD GANJ, HIMACHAL PRADESH

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India: Public Health, Policy Advocacy, and Community
Fall 2015
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ACKNOWLEDGEMENTS

I would like to offer my gratitude to the SIT staff that made this experience possible through their support: Azim Ji for his knowledge and guidance; Abid Ji for his help in the planning process; Goutam Ji for his kindness and encouragement in my practice of Hindi; Archna Ji for her smile and warmth that made me feel at home; and Bhavna Ji for her patience and much needed advice. I would also like to extend my thanks to Dr. Rigzin Sangmo of Men-Tsee-Khang for guiding me through the interview process and offering her support as my advisor, and to the gracious doctors at Men-Tsee Khang who agreed to offer their knowledge to me. Thank you to the staff at Geden Choeling nunnery that allowed me conduct interviews on their premises. Thank you to Tenzin for going above and beyond as my translator, for making my interviewees feel comfortable, and for her friendship. Last but not least, my sincerest thanks to the thirty-two Tibetan women who participated for their time, honesty, and courage. To solidarity and power in womanhood.
ABSTRACT

Despite recent incorporation of quality of life assessments into goal setting, menstrual ailments are still left out of public health initiatives in developing countries. Due to lack of studies on perceptions of menstruation and treatment options for menstrual ailments, the specific health needs of Tibetan women are not met. The present study seeks to determine how Tibetan women are influenced by societal views of menstruation and to explore access to treatment for menstrual problems in McLeod Ganj, Himachal Pradesh. A total of thirty-seven semi-structured interviews were conducted among Tibetan doctors at Men-Tsee-Khang (Tibetan Medical and Astronomy Institute) and Tibetan women in McLeod Ganj as the primary research method. Data collected from the interviews indicates that the majority of Tibetan women have experienced menstrual problems, yet only half of the women received treatment. Western medicine was more frequently preferred over Tibetan medicine due to its rapid response. Negative perceptions and silence surrounding menstruation leave some Tibetan women hesitant to receive care for menstrual problems. Tibetan women face less social and religious restrictions relating to menstruation than Indian women do and even draw empowerment from their cultural norms, yet still carry the burden of sin according to Tibetan Buddhist ideologies.
INTRODUCTION

THE SIGNIFICANCE OF MENSTRUATION AND ITS ASSOCIATED AILMENTS

The perception of menstruation varies across cultural landscapes in which the ability to menstruate is considered to be both empowering and shameful. Those who have access to menstrual care products in the United States pay taxes due to their categorization as a luxury item, and those without access to menstrual products rely on torn cloth and are left vulnerable to developing reproductive tract infections.\(^1\) Indian women in rural areas and urban slums face social restrictions grounded in cultural and religious beliefs regarding menstruation, including abstaining from kitchen work, entering places of worship, and eating certain foods.\(^2\) Tibetan culture is more progressive towards women than other Asian cultures; yet, many still do not openly discuss menstruation. On one hand, menstruation is considered to be a natural process within the realm of Tibetan Buddhism and menstrual blood is even associated with producing magical powers during ancient tantric rituals.\(^3\) However, the role of women in Buddhist societies has historically been built on their involvement in giving birth and women are defined “almost exclusively in terms of their sexual functions.”\(^4\) Buddhism reinforces the male phobia toward menstrual blood through celibate monks, who have been systematically deterred from female bodies in myth, text, and ritual practices in the past.\(^5\) Many Tibetan women in McLeod Ganj are economically stable and have direct access to medical clinics, yet are still burdened with the adverse views of ancient Tibetan culture regarding menstrual blood. Specific initiatives have targeted the reproductive well being of Buddhist nuns in McLeod Ganj, yet some are still

\(^5\) Ibid.
hesitant to receive treatment due to the inherent connection of menstrual problems with reproduction and sexual organs.

Menstrual disorders have the potential to adversely affect the lives of women in India by restricting their household productivity and upholding social barriers. In India, public health initiatives ignore the severity and frequency of menstrual ailments in favor of tackling infectious diseases. When menstruation is perceived as an experience that is innately negative, women who have menstrual problems face barriers from receiving care. Some Tibetan women ignore extreme symptoms such as heavy bleeding and severe pain because they believe it is a normal part of menstruating. Lack of information combined with the secrecy and societal norms surrounding menstruation leave some women with severe menstrual problems without treatment.

THE SIGNIFICANCE OF TRADITIONAL MEDICINE

While not all Tibetan women choose to treat their menstrual ailments with Tibetan medicine, some still prefer its safety and familiarity to Western medicine. According to the WHO, “65-80% of people living in developing countries depend on traditional medicine for their primary health care.” Medicinal plants and healthy diet are common treatment methods among women at home due to accessibility and affordability. Therapies in Tibetan medicine vary in invasiveness, and are therefore less utilized than herbal medicines for the treatment of menstrual ailments. The Sowa-Rigpa system of medicine, also known as the Amchi system, is a branch of Tibetan medicine that developed in the Himalayan region of India. The Amchi, or practitioners,

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7 Basant Ballabh et al., "Herbal Formulations from Cold Desert Plants Used For Gynecological Disorders." Ethnobotany Research and Applications 9 (2011), 60.
generally have a high status in indigenous communities of India and are considered to be superior to all.\textsuperscript{8}

**OBJECTIVE**

The proposed question that this study explores is: what are the perceptions of menstruation in Tibetan society and how do these perceptions influence the access to treatment of Tibetan women with menstrual problems in McLeod Ganj? The study aims to investigate how Tibetan women view their own menstrual cycles in light of their culture and religion and how these women are impacted by societal and historical views of menstruation in terms of religious restrictions. The perceptions of menstruation among Tibetan women are tied to and influenced by historical representations of menstrual blood in Tibetan and Buddhist texts and practices. The study also seeks to determine the preferred treatment methods for menstrual ailments among Tibetan women and ease of access to reproductive healthcare in McLeod Ganj. The study will serve as a reference for Men-Tsee-Khang to indicate the prevalence of menstrual problems and preferred treatment methods among Tibetan women in the area.

**FIELD STUDY METHODS**

The study was conducted with the help of staff at Men-Tsee-Khang in Dharamsala, Himachal Pradesh. Founded by the 13\textsuperscript{th} Dalai Lama in 1916, Men-Tsee-Khang is the largest provider of Tibetan medicine in the world and aims to promote holistic healthcare through traditional medicine.\textsuperscript{9} The perceptions of menstruation and treatment preferences for menstrual ailments were determined through individual interviews. Interviews semi-structured, consisting of eighteen to twenty questions with opportunities for open conversation. Female doctors of Tibetan medicine were interviewed at the Men-Tsee-Khang site and were chosen specifically

\textsuperscript{8} Ibid.

\textsuperscript{9} “Mission,” *Men-Tsee-Khang: Tibetan Medical and Astro. Institute*, 2015, (accessed on Dec. 6\textsuperscript{th}, 2015)
because patients generally seek them out for women’s health issues as opposed to male doctors. Interviews with doctors of Tibetan medicine lasted for 20-60 minutes and were conducted in English. Tibetan women over the age of 18 were interviewed in McLeod Ganj in Tibetan language through the help of a translator. Women were interviewed at the Men-Tsee-Khang branch clinic in McLeod Ganj, the Dalai Lama temple, and Geden Choeling nunnery. All interviews with community members were conducted in a public setting. Special effort was provided to give participants space from men, whose gender may influence the comfort level and answers of the interviewees. Interviews with Tibetan women lasted for 5-15 minutes. Interviews were conducted with five female Tibetan doctors and thirty-two Tibetan women in the community, for a total of thirty-seven interviews. Out of the thirty-two Tibetan women interviewed, five were Buddhist nuns. A total of twenty-five out of thirty-seven interviews were complete due to a language barrier with one doctor and prior commitments of community members.

Interviews conducted with doctors of Tibetan medicine aimed to explore medical explanations of therapies provided for menstrual problems and determine how doctors view barriers to reproductive healthcare. The objective of interviews with Tibetan community members was to determine what treatments Tibetan women prefer for menstrual problems and how they and others perceive menstruation in general. While the doctors and community members were asked different sets of questions, some questions were the same to allow for comparison of answers. Verbal consent was obtained prior to each interview. To protect the anonymity of participants, all names of participants have been changed. In combination with previous ethno pharmacological studies on Tibetan medicine and other secondary literature, the data from this study was used to determine the perceptions of menstruation and treatment
methods, or lack thereof, of menstrual ailments of Tibetan women in McLeod Ganj. Due to lack of previous studies on perceptions of menstruation among Tibetan women in India, interview answers have been compared to studies focusing on menstruation and menstrual ailments among Indian women.

RESULTS

Tibetan women in McLeod Ganj face less stigmas, menstrual restrictions, and barriers to receiving reproductive healthcare than women in other Asian cultures, including Indian women and women living in Tibet. The majority of women avoid entering religious places while menstruating for fear of committing sin and cite lack of openness regarding menstruation as the main barrier from receiving care for menstrual problems. Tibetan medicine is not commonly used to treat menstrual problems among women in McLeod Ganj. Half of participants did not receive treatment for menstrual problems, believing that adverse symptoms are normal side effects of menstruation.
THE PERCEPTION OF MENSTRUATION IN TIBETAN CULTURE

Tibetan society has historically regarded menstrual blood as a polluting substance, and subsequently the worth of women has been deemed less than that of men. During the Chinese takeover of Tibet in the 1950’s, Tibetan soldiers wore amulets called “tson-sungs.” These amulets contained the protection of higher powers through a compartment intended for sacred objects. Soldiers believed that “female polluting substances” could weaken or eliminate the protective properties of the amulets. All blood was avoided during war—for instance, the blood of Chinese soldiers had the power to weaken the protective amulets. However, menstrual blood was the only substance that could cancel out the protective blessings of the amulets. As a result, bullets were supposedly dipped in menstrual blood by People’s Liberation Army troops. These blood-dipped bullets would kill even the highest of lamas. This danger of menstrual blood in war has been associated with restrictions against menstruating Tibetan women in places of worship. Fear of menstrual blood has carried over to modern day in which women are deemed a lower status due to their ability to menstruate. A doctor at Men-Tsee-Khang stated, “For women we term kyewa-men, which means ‘lower status.’ It’s termed this because as women, we have breasts, uterus, and menstrual cycle. Because of these, we have extra disease.”

The data gathered from the question “How do you feel about your menstrual cycle?” was quantified in accordance of common descriptive words that participants used in their answers.

11 Ibid., 777.
12 Ibid.
13 Ibid.
14 Ibid., 779.
15 Tibetan Doctor 2, November 20th, 2015.
Table 1: Perceptions of menstruation and menstrual blood among Tibetan women in McLeod Ganj, HP (n=32).

<table>
<thead>
<tr>
<th>HOW DO YOU FEEL ABOUT YOUR MENSTRUAL CYCLE?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is normal/natural</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>It is important</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>It is good</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>It is healthy</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is relieving</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is refreshing</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is tiring</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>It is troublesome</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>It is uncomfortable</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>It is unfair</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>It is a burden</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is disturbing</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is dirty</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It is not good</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>It makes my life of a lower realm</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Did not answer</td>
<td>12</td>
<td>37.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT WORDS WOULD YOU USE TO DESCRIBE MENSTRUAL BLOOD?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Natural/Normal</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Important</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Contributes to life</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Wall of the uterus</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Waste</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Tiring</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Dirty</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>Bad blood</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Embarrassing</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>I don’t know</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Did not answer</td>
<td>9</td>
<td>28.1</td>
</tr>
</tbody>
</table>

Some used multiple descriptive words and are therefore accounted for multiple times. There are a total of fifteen words, six of which reflect positive attitudes toward menstruation and nine of which reflect negative attitudes toward menstruation. A total of thirteen participants provided answers falling in the range of six positive descriptive words, whereas fifteen participants answered within the nine negative descriptive words. The most common words used by the women to describe their feelings about menstruation were normal or natural, which 15.6% of the
32 respondents used in their answer. Many of these women were those who had never experienced a menstrual problem. Several of the answers reflected the idea that menstruation is necessary because it indicates good health. For instance, one participant stated, “It is good. It is healthy for you. If it doesn’t come then some problem is there.” Many of these answers expressed that menstruation is a necessary, but troublesome process. Some women felt that menstruation is unfair, saying “Sometimes I feel like why God has given this duty for women only and not guys.” Nima, a Buddhist nun, expressed more discomfort about her menstrual cycle than the other respondents: “I feel it’s very tiring. I don’t feel so good about it. When I see a man it is very easy for him to travel anywhere. My life is a little bit of a lower realm.” The use of words that carry a negative connotation was only slightly more common than the use of typically positive words.

When asked, “what words would you use to describe menstrual blood?” 12.5% of respondents responded “normal” or “natural” and 9.4% responded “dirty.” Other less popular answers included “important,” “embarrassing,” and “bad blood.” Another interviewee describes menstrual blood as “uncle,” which Tibetan girls use to let each other know that they that they are menstruating without others knowing. Interestingly, “uncle” is a male term being used to reference a typically female process. Tibetan women in McLeod Ganj are fairly evenly split in their perceptions of menstruation. Some view menstruation in a more neutral light, in which it is a normal process that does not have a specific role in their lives as women. There was no trend between perception of menstruation and presence of a menstrual ailment. Many of the women who had experienced menstrual problems said that menstruation is normal, and some who had no

16 Diki, November 26th, 2015.
17 Sonam, November 28th, 2015.
18 Nima, 2015.
19 Lolha, 2015.
problems associated menstruation with typically negative words. ‘Tsog-pa,’ literally meaning ‘dirty’ in Tibetan language, is used in reference to the menstrual cycle.\textsuperscript{20} In Tibetan medicine, menstrual blood is considered to be a waste product that should be expelled from the body. It is different from other blood because it is considered to be impure.\textsuperscript{21} This may account for the connection of words such as “dirty” and “bad” with menstrual blood. Using these “negative” words does not necessarily indicate that Tibetan women feel disempowered or oppressed. Some women may be subconsciously influenced by societal perceptions of menstruation being a dirty substance, but other women simply use these terms to express how they feel while they are menstruating. The word “dirty” is possibly used as a synonym for the words messy, uncomfortable, and unclean.

\textit{PERCEPTIONS OF HOW TIBETAN MEN VIEW MENSTRUATION}

In response to the question “how do Tibetan men view menstruation?” six Tibetan women stated that they view it as a normal or natural process. A total of 12.5% of the 32 women believe that Tibetan men have a positive view of menstruation. However, 46.9% of women believe that Tibetan men have a negative view of menstruation or do not know about it at all. The word “dirty” or “filthy” were the most commonly used words to describe men’s view of menstruation, appearing in a total of 8 answers. One nun expressed she feels “born in a lower realm” when men consider menstrual blood to be filthy.\textsuperscript{22} Another community member said: “When men consider it that way, I also feel it is kind of dirty and I avoid sleeping with my son during my menstrual period.”\textsuperscript{23} A total of 9.4% of interviewees gave mixed answers to the question, indicating that some men have a positive view of menstruation and others have a

\textsuperscript{20} Tibetan Doctor 3, November 21\textsuperscript{st}, 2015.
\textsuperscript{21} Tibetan Doctor 2, 2015.
\textsuperscript{22} Nima, 2015.
\textsuperscript{23} Karma, November 28\textsuperscript{th}, 2015.
negative view of menstruation. Another respondent, Tenzing, said a man’s opinion depends on how well he knows her: “My husband and friends think it is normal but strangers consider it tainted. This makes me feel like it is tainted so when I am having my period I stay clean.”

Figure 1: Common descriptive words used by Tibetan women (n=32) and Tibetan doctors (n=5) to describe how Tibetan men view menstruation McLeod Ganj, HP.

Typically negative words were more commonly used than typically positive or neutral words in response to this question, and almost half of the women gave an answer that reflects a strictly negative male view of menstruation. This conflicts with the answers given by the Tibetan doctors. All of the doctors indicated that men have strictly positive views of menstruation, with 100% using the words “normal” or “natural” in their answer, and 20% using the word “supportive.” For example, the husband of one doctor said that men may even be jealous of women’s ability to menstruate: “It’s natural and a gift to have conception and able to have delivery with the help of menstruation, and breastfeeding. I think they may also be jealous. If the man is too fond of his child, he may want to breastfeed his child.” Another doctor said that Tibetan men are knowledgeable about menstruation: “Tibetan men are very normal and open

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24 Tenzing, November 27th, 2015.
about menstruation. There are no negative influences as such for how they view menstruation."^{26} This statement conflicts with the data collected from the community members. Five women said that men do not know about menstruation at all and two women said they know about it, but are not open to talking about it. The contrast between the opinions of doctors and Tibetan women can perhaps be explained by the tendency of doctors to be of a higher social status than other community members. Therefore, the doctors interact with educated men because they themselves are more educated.

It is important to note that there can be a difference between a woman using the term dirty to describe her blood, and a woman using the term dirty to describe how a man makes her feel. When women use “dirty” to describe their own blood, she may be referring to the discomfort that she feels during a typically messy and stressful time. She may literally view menstrual blood as a waste and does not feel her womanhood is connected to it in any way. Some women using terms like dirty also feel shame or embarrassment regarding their ability to menstruate, which is likely caused by societal views of menstruation as a pollutant. Several Tibetan women reported that men view menstruation as filthy and that makes them feel filthy. This is a type of oppression because these women are being emotionally impacted in a negative way by the systematic view of men in Tibetan society.

THE PERCEPTION OF MENSTRUATION IN RELATION TO TIBETAN BUDDHISM

Buddhism is engrained in Tibetan society and reflects a schism between attitudes regarding menstruation. There is little information concerning menstruation presented in Buddhist texts, yet Tibetan Buddhist myths and practices regard menstruation as both powerful and sinful. The majority of respondents were not familiar with the perception of menstruation in

^{26} Tibetan Doctor 1, November 19th, 2015.
Buddhist texts and practices, yet demonstrated avoidance of religious places due to fear of committing sin and impurity.

THE POWER OF MENSTRUATION THROUGH BUDDHIST DEITIES AND MYTHS

Several female Tibetan deities are associated with menstrual blood, but this portrayal is not widely acknowledged in Tibetan culture. The word *dakini* refers to an Indian female deity. She is an icon in Tibetan Buddhism and represents unbridled female freedom. Despite being depicted as naked and beautiful, she is not a symbol of sexuality, but one of nature. She is represented as dancing on a corpse to symbolize dominance over ego and ignorance, while holding a skull cup full of menstrual blood. The skull cup (*thod-pa*) is a significant object in Buddhist rituals. It is filled with fluids that resemble menstrual blood, semen, urine, or feces and is offered to wrathful deities during rituals. One widely known *dakini* is Dorje Phagmo, whose menstrual blood is believed to be present in the waters of lake Phodrang Kyomotso in Arunachal Pradesh and is “highly valued in tantric ritual.” Additionally, Palden Lhamo is regarded as one of the most powerful Tibetan deities and serves as a protector of Tibet and Buddhism. She is wrathful and embodies a threatening sexuality, as she is depicted as riding a mule across a sea of blood. This has been interpreted as menstrual blood, serving as a metaphor for fertility. While these deities hold dark stories of killing, they are not evil symbols in Tibetan Buddhism. In fact, they are often associated with female empowerment, pleasure, and spirituality. By associating these deities with menstrual blood, religious Tibetan women can potentially feel empowered and confident through their own menstruation. In this case, menstrual blood is a symbol of fertility, which is a concept that may silently infer that a woman’s worth lies in her ability to procreate.

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28 Ibid., 143.
29 Ibid., 43.
30 Mcgranahan, *Narrative Dispossession*, 780.
31 Ibid., 780.
and has the potential to be oppressive towards women. Yet, symbolic representation of menstruation and fertility can also remind women of the power within themselves. However, none of the respondents associated Dorje Phagmo or Palden Lhamo with menstrual blood. This concept is not present in Buddhist text and instead has been spread through word of mouth, which explains why the interviewed women were unfamiliar with it.

One Buddhist myth states that menstruation was originally a process of men, but the Buddha decided to transfer over the “power” to women to reward their cleanliness. 32 This story regards menstruation as an honor that men were not worthy of. In consequence, they were stripped of their power to menstruate as a form of punishment. When asked, “how is menstruation portrayed in Buddhist texts and practices?” one interviewee recounted a version of this story:

“Before during the time of Buddha, the menses was coming to men. Then because men were not taking care of it properly, it was very dirty and unhygienic so Buddha decided to pass it to the women. There was a woman. She didn’t believe in religion. Because Buddha passed menstruation to women, she became angry and she placed a drop of her blood on a leaf and she cursed that this leaf become a source of an addiction. Something bad. This became today’s tobacco, which is harmful to many people. I feel that menstruation is very dirty and impure.” 33

Part of this myth portrays menstruation in a positive light, in which it is a powerful and honorable gift bestowed upon women as a reward. On the other hand, menstrual blood has fostered the growth of a plant that is generally viewed as corrupt in Tibetan culture by having addictive qualities. This particular woman views menstruation as impure and dirty because she associates it with this Buddhist myth. Other versions of this myth involve a prostitute dripping her menstrual blood in the dirt, from which a tobacco plant emerges. 34 Even if Tibetan women do

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33 Pema, November 27th, 2015.
not view these stories as true, they still reflect a negative opinion of menstruation in Tibetan society and have the power to influence women’s perceptions of menstruation in harmful ways. This particular myth adheres to the portrayals of menstruation in Buddhist culture of being both a positive and negative quality.

**MENSTRUATION AS A POLLUTANT: RESTRICTIONS IN RELIGIOUS PRACTICE**

Table 2: Menstrual restrictions reported by Tibetan women in McLeod Ganj, HP (n=32).

<table>
<thead>
<tr>
<th>DO YOU ENTER RELIGIOUS PLACES WHILE MENSTRUATING?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
<td>18.7</td>
</tr>
<tr>
<td>No</td>
<td>18</td>
<td>56.3</td>
</tr>
<tr>
<td>Only under special circumstances</td>
<td>4</td>
<td>12.5</td>
</tr>
<tr>
<td>Did not answer</td>
<td>4</td>
<td>12.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WHAT ACTIVITIES DO YOU AVOID DOING WHILE MENSTRUATING?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering religious places</td>
<td>22</td>
<td>68.8</td>
</tr>
<tr>
<td>Giving offering at home</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Sexual Intercourse</td>
<td>5</td>
<td>15.6</td>
</tr>
<tr>
<td>Exercise/Hard Labor</td>
<td>3</td>
<td>9.4</td>
</tr>
<tr>
<td>Working with water</td>
<td>2</td>
<td>6.3</td>
</tr>
<tr>
<td>Swimming in public pool</td>
<td>1</td>
<td>3.1</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Historically, the role of Buddhist women in Tibetan culture has been structured around their differences from men. This includes “their perceived emotional instability, or the view that women have more “bodily enemies” to religious purity (such as menstruation and childbirth) than men.”

It is not explicitly written in Buddhist texts that women cannot enter monasteries or partake in Buddhist rituals while menstruating, yet the concept thrives in Tibetan Buddhist

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Out of 32 Tibetan women, 56.3% reported that they do not enter monasteries while they are menstruating. An additional 12.5% reported only entering a monastery under special circumstances or requirement. The majority of this group explained that they avoid entering religious places when they are alone, but they will go if they have work to do at the monastery or if a relative is accompanying them. A total of 6 out of 32 women (18.7%) said that they do enter a monastery while menstruating. It is important to note that 5 out of these 6 women were Buddhist nuns who live in the monastery and are required to attend rituals while they are menstruating. One nun explained that this experience can be particularly distressing and conflicts with her religious beliefs: “Especially when there is ritual practice and I have to attend, I feel very uncomfortable. I feel impure.”

Several of the nuns mentioned that if they have severely painful menstruation, then they are able to obtain a leave. Out of the 18 women who do not enter religious places while menstruating under any circumstances, 11 stated that doing so would be considered impure or sinful. Another woman said entering a religious place “would de-sacralize the gods.”

In Tibet, the bodily functions of women were seen as dangerous to the effectiveness of rituals, and therefore menstruating women had the power to “endanger entire communities” by their presence at monasteries. Japanese Buddhism also considers menstrual blood to be dangerous and capable of ruining the effect of rituals. While it is not a written rule in Buddhist texts, the idea of avoiding religious places while menstruating has been passed down in Tibetan Buddhist culture and is presumably

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37 Dohna, November 27th, 2015.
38 Dohna, 2015.
39 Yuma, November 28th, 2015.
40 Diki, November 27th, 2015.
42 Faure, The Power of Denial, 71.
reinforced by men. The connection between sin and menstruation explains why some nuns feel uncomfortable partaking in rituals while menstruating.

The majority of women in the study either choose not to go to monastery while menstruating, or have to go against their will. Many of the women explained that this is not a written restriction, but one that “comes from the inside.” It is a restriction that is a choice. However, the concept that menstrual blood is sinful or impure is not a feeling that is innate in women. It is a concept that is conditioned through generations of myths and cultural practices. It is true that Tibetan women have full bodily autonomy and make a conscious decision to avoid religious practices while menstruating. These women should do whatever makes them the most comfortable in their spirituality and womanhood, but the root of this issue is that Tibetan woman did not choose to view their menstrual blood as a sin. It is a pervasive idea that grew into a cultural practice in which women feel that their own bodies are too dirty to worship their own gods. It also makes women responsible for the pollution of menstruation. Even if it is sinful or impure, “it is nonetheless involuntary and should bring no retribution” to women.

The concept that menstruation is sinful or defiling exists and thrives in many cultures. It is arguably more extreme in Japanese and Chinese Buddhist cultures, and in Hinduism where women do not have a choice in whether they can enter religious places or not. Several women noted that they do not face strict limitations like Indian women do. Women in rural areas and urban slums of India face social restrictions grounded in cultural and religious beliefs regarding menstruation, including abstaining from kitchen work, entering places of worship, and eating certain foods. A study in Delhi found that 92% of women were restricted in religious and social

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43 Lumo, 2015.
44 Faure, The Power of Denial, 78.
activities and another study in Mumbai found that 97.6% of young women in a community faced religious restrictions. While many Indian women are forbidden from entering temples while menstruating, Tibetan women choose not to visit in an effort to avoid impurity.

Tibet also holds a more extreme view of menstruation than McLeod Ganj does. Some respondents expressed that their families in Tibet practice more restrictions that reflect the pollution of menstruation. When asked if Tibetan women face restrictions while menstruating, one woman responded: “When I was a kid in Tibet my parents used to say women having period can’t enter the temple and religious places. A woman with period can’t enter the kitchen or can’t even sleep with the family or eat together.” These are not typical practices in McLeod Ganj, but they may explain why menstruating Tibetan women in India feel that their blood is sinful and dangerous toward the gods. Bangdrib is a Tibetan word that means “birth pollution,” but refers to the defilement of anything in relation to the uterus, including menstrual blood. Despite Tibetan society being more accepting of menstruating women, there are still Buddhist cults in Tibet that practice restrictions, such as the “pilgrimage of Mount Tsari…in which women are traditionally forbidden access to the most sacred area of the mountain.” Radhika Coomaraswamy reported that “gender specific crimes including reproductive rights violations such as forced abortion and coercive birth control policies and the monitoring of menstrual cycles,” are prevalent in Tibet.

48 Sonam, 2015.
50 Ibid.
THE PORTRAYALS OF MENSTRUATION IN BUDDHIST TEXTS

Most respondents were unfamiliar with the portrayal of menstruation in Buddhist texts or believed that it was not mentioned at all. Of the 32 respondents, 12.5% reported that the portrayal of menstruation in Buddhist texts has a positive influence on the way that they view their own menstrual cycles. Tenzin, a Buddhist nun, said: “the blood is considered holy and is the most potent blood which contributes to life.”52 Other Buddhist nuns reported that the existence of menstruation at all, even in a neutral light, serves as a positive affirmation for their own feelings. For instance, Choden stated: “I feel more open. I feel more relieved that we need not restrict ourselves. We need not feel shy toward our brothers and fathers because this is mentioned in our text.” Namdol said: “It helps me to understand the menstrual cycles. It is my source of knowledge.”53 Only 9.4% of respondents produced answers indicating that menstruation is portrayed in a negative light in Buddhist texts and influences them in a harmful way. Of these respondents, two said that the texts mention menstruation as being unclean or dirty and one said it is written that “women with menstruation are not allowed in temple” in the texts.55 Technically, there are no Tibetan Buddhist texts that refer to menstruation as unclean or restrict the religious practices of women. These women may assume that Buddhist culture regards menstruation as unclean because it is written in Buddhist text.

THE PERCEPTION OF MENSTRUATION IN TIBETAN MEDICAL IDEAS, TEXTS, AND PRACTICES

Tantric practices and ideas value menstrual blood as a powerful substance that can be converted from a pollutant into a symbolic offering through ritual. Tibetan medical texts vary in

52 Tenzin, November 28th, 2015.
53 Choden, November 27th, 2015.
54 Namdol, November 27th, 2015.
55 Sonam, 2015.
their portrayals of menstruation. Modern medical texts portray menstruation as a normal physiological process; yet, they still suggest that women avoid partaking in certain activities while menstruating. Other pre-modern medical texts regard menstrual blood as defiling.

**ANCIENT MEDICAL TEXTS**

Historical Tibetan medical literature has presented the female body in purposely displeasing terms to dissuade celibate monks from temptation.\textsuperscript{56} The *Entering the Womb* sutra, which is taught by the Buddha and serves as the source of embryology in Tibetan medicine, focuses on the “disgusting” aspects of the female reproductive system:

> “[The vagina] is a nauseating swamp hole, extremely foul-smelling like a pack animal’s excrement, inhabited by countless hundreds of thousands of worms and dripping with unclean substances, putrid and rotting with reproductive substances, blood and fume—if you see it, you will be repulsed.”\textsuperscript{57,58}

Many other pre-modern medical texts were written by celibate monks, who viewed the existence of women as a result of “low karmic merit” and their extra forty disorders as a byproduct of their “inferior birth.”\textsuperscript{59} Monks were discouraged from desiring women through degrading female anatomy in these texts.\textsuperscript{60} The concept of menstrual blood as a pollutant is a natural conclusion if pre-modern medical writers considered female anatomy to be displeasing. While modern medical texts and doctors do not consider women to be of lower merit or innately inferior to men, the *Entering the Womb* sutra is still used as a reference in Tibetan medicine.

*The Four Tantras* (*rGyud-bZhi*) is a fundamental medical treatise that all Tibetan doctors study. It is the word of the Medicine Buddha and provides a general basis for menstruation.\textsuperscript{61} The chapter on female diseases refers to a female body as *za ma mo*, which literally translates to

\textsuperscript{56} Bright, *Female Nectar*, 393.  
\textsuperscript{57} Tibetan Doctor 1, 2015.  
\textsuperscript{58} Garret, Religion, Medicine and the Human Embryo, 76.  
\textsuperscript{59} Bright, *Female Nectar*, 392.  
\textsuperscript{60} Ibid., 393.  
\textsuperscript{61} Ibid., 391.
“does not eat and/or feed herself,” suggesting that she depends on a man for nourishment.

Another term for women is bud med, meaning “one whose [penis] has fallen off.”62 Women are considered to be “others” in the accompaniment of men as represented in the most widely used Tibetan medical text. It would be expected that this view of women would set the precedent for how menstrual problems arise and should be treated according to The Four Tantras, yet menstruation is spoken about in overall neutral terms. Menstrual blood is considered to be the red element, which is necessary for conception.63 It is discussed as a natural physiology instead of as a pollutant. Women are mentioned very little outside of their reproductive systems, in which it is mentioned “how to recognize that a woman is menstruating.”64

**SEXUAL PRACTICE DURING MENSTRUATION**

However, The Four Tantras and many modern Tibetan medical texts are “written for the benefit of men wishing to plan fruitful sexual activity.”65 Even contemporary texts are written for a male audience, as “advice for sexual encounters is combined with personal hygiene care and information regarding female oriented bodily processes.”66 All of the Tibetan doctors who were interviewed said that women should avoid sexual intercourse while menstruating for several reasons including disease transmission, impact on health of the sperm, and general health of the woman. A Tibetan doctor said that “the uterus becomes delicate and is shedding during menstruation, so sex will disturb the internal organs of the female.”67 When asked if men engage in sex with menstruating women, another doctor explained “it is usually not advised for the man to engage in sex while the woman is menstruating because it is not in our society. If that person

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62 Ibid., 394.
63 Tibetan Doctor 2, 2015.
64 Garret, Religion, Medicine and the Human Embryo, 80.
65 Ibid., 74.
66 Bright, ‘Female Nectar,’ 397.
67 Tibetan Doctor 2, 2015.
does then that person should be mentally ill, or have rLung diseases."68 The doctors all provided medical reasons for advising women to avoid sex while menstruating, many of which focused on the health of the woman. However, it is a possibility that male medical writers have constructed these reasons to conveniently benefit the timing of their own sexual activity when they deem women “clean enough.” One study found that feelings of disgust in relation to sex fluctuate with the menstrual cycle, in which male participants found the idea of sex most disgusting when the woman is menstruating.69 Modern Tibetan medical literature mentions increased sexual desire as a symptom of menstruation, which differs with the advice to avoid sex during menstruation that is present in the same texts. As author Jenny Bright puts it, “it would seem as though women’s supposed natural tendency is to feel sexual desire during an inappropriate time.”70 When asked if Tibetan women avoid any activities while menstruating, five participants listed sexual intercourse. Several of these women expressed that the idea of sex while menstruating is strange or filthy. Some Tibetan women may feel restricted by this, but avoiding sex while menstruating can simply be a cultural practice. Tibetan medicine has many recommendations regarding the timing of sex, especially during the seasons.71

**POSITIVE REPRESENTATIONS OF MENSTRUATION IN TEXT AND PRACTICE**

There are also positive representations of menstruation in Tibetan medical texts and practices, in which menstrual blood is both natural and powerful. By accumulating instead of flowing away, menstrual blood literally creates the flesh, blood, and organs of the fetus during conception. The blood of childbirth is residual menstrual blood that was not used by the fetus.72

68 Tibetan Doctor 3, 2015.
70 Bright, ‘Female Nectar,’ 414.
Some Tibetan women may be liberated by the power of their menstrual blood. Many of the 32 interviewees were familiar with this concept and regarded it with pride. In response to the question “Tibetan medicine says that the mother’s menstrual blood contributes to flesh, blood, and organs of the fetus. How does this make you feel about your menstrual blood?” all but one of the participants either had positive feelings or did not feel anything of significance. The most common answer to the question was “I don’t know,” which compromised 21.5% of interviewees. Many of the women either had not thought about it before or did not view it as a meaningful concept for several reasons. Some of the women were younger and do not have children yet, so they likely have not given this concept much thought. Five of the interviewees were nuns, who cannot have children. Other popular answers include “it is important” and “it is a gift,” compromising 12.5% and 9.4% of the 32 interviewees respectively. One respondent said: “It makes us feel good that menstruation is a natural process which has nothing to be ashamed of and that every boy has this blood from his mother too.”

Knowing that men are also made of menstrual blood by accordance of Tibetan medicine can have a powerful impact on the psyche surrounding menstrual blood. One nun expressed mixed feelings, as she values the importance of menstruation but the burden is still significant: “I respect it, but it is very disturbing to have menstruation.”

For those who have menstrual problems, coming to terms with their menstrual cycle is a very difficult process. While many can appreciate the importance of menstruation, it can be nearly impossible for some women with severe menstrual problems to fully embrace it.

Ancient Tantric rituals also present menstrual blood as a substance with magical properties. In the 16th century, it was said that if a Tantric practitioner consumed menstrual blood

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73 Tashi, November 28th, 2015.
74 Nima, 2015.
then he could gain the magical powers of invisibility, immortality, and telekinesis. Human wastes are considered to be the “five nectars” in Indian and Tibetan tantric thought, which are transformed into powerful substances through ritual blessings. While practices like these are now viewed as dangerous, they serve as evidence that menstrual blood has not always been portrayed as a pollutant, but instead served an important role in religion and medical practice. While menstrual blood is originally impure even in this practice, it is still valuable and dangerously powerful.

MENSTRUALAILMENTS AND ACCESSIBILITY TO CARE

While menstrual problems are experienced by almost all women at some point throughout their lives, some women do not consider themselves to have faced menstrual problems due to lack of education and misconceptions. Many believe that menstrual problems are diagnosed, severe, and life altering. For example, a study conducted among urban youth in Karnataka found that 60% of the students were not familiar with Polycystic Ovarian Syndrome despite showing symptoms of the disorder (among the 26.7% of respondents who reported menstrual irregularity, almost 5% showed presence of facial hair or obesity). Menstrual problems also encompass the occasional irregularity or manageable abdominal cramps that many women experience every month. Out of the 32 participants, 65.6% reported having experienced a menstrual problem. Similarly, a study conducted among a lower socioeconomic community in Mumbai found that 70.8% of young women “faced physical complaints or health problems

75 Thomas, Disgusting Bodies, 886.
76 Frances Garrett, “Tapping the Body’s Nectar: Gastronomy and Incorporation in Tibetan Literature,” History of Religions 49.3 (2010), 301.
Menstrual problems are experienced by the majority of women, yet are frequently belittled and even ignored by family members and society at large.

The problems that some women experienced did not fall under their definition of a menstrual problem, so they said no to the question “Have you ever had a menstrual problem?” For example, one woman considered a menstrual problem to be irregularity. She said that she did not ever have a menstrual problem, but later mentioned treatment methods that she has used for menstrual pain. While she technically has experienced a menstrual problem, she is not accounted for in the 65.6%.

<table>
<thead>
<tr>
<th>PROBLEMS DURING MENSTRUATION</th>
<th>Tibetan Women (n=32)</th>
<th>Tibetan Doctors (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain in Abdomen</td>
<td>12 (37.5)</td>
<td>4 (80.0)</td>
</tr>
<tr>
<td>Irregularity</td>
<td>5 (15.6)</td>
<td>2 (40.0)</td>
</tr>
<tr>
<td>Absence of Menstruation</td>
<td>2 (6.3)</td>
<td>5 (100.0)</td>
</tr>
<tr>
<td>Excessive Bleeding</td>
<td>2 (6.3)</td>
<td>3 (60.0)</td>
</tr>
<tr>
<td>Bloating</td>
<td>2 (6.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Headache</td>
<td>2 (6.3)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>White Discharge</td>
<td>0 (0.0)</td>
<td>3 (60.0)</td>
</tr>
<tr>
<td>PCOS/Uterine Fibroids</td>
<td>1 (3.1)</td>
<td>4 (80.0)</td>
</tr>
<tr>
<td>Others (nausea, irritability, etc.)</td>
<td>5 (15.6)</td>
<td>2 (40.0)</td>
</tr>
</tbody>
</table>

Painful menstruation (including abdominal cramps) was the most common menstrual problem reported, having affected 37.5% of participants. It is a possibility that abdominal pain has affected less Tibetan women in McLeod Ganj than in Indian communities based on recent data.

79 Rinchen, November 28th, 2015.
statistics. A study found that 73.2% of female students at a college in Karnataka have experienced abdominal discomfort at least once.\textsuperscript{80} Out of the 64.9% of girls who reported dysmenorrhea in Dehradun, “61.6% had severe dysmenorrhea, restricting their normal routine activities.”\textsuperscript{81} However, Tibetan women are not necessarily genetically or physiologically less likely to have menstrual pain than Indian women. Several studies conducted within recent years have indicated that the majority of women experience menstrual cramps, or dysmenorrhea, during their menstrual cycle.\textsuperscript{82} It is likely that many Tibetan participants simply did not consider menstrual cramps to be a problem and were not directly asked if they have experienced them, so they did not mention it. Irregularity affected 15.6% of the participants. In this case, menstrual irregularity included having several menstrual periods in one month, missed menstrual periods, and abnormally short cycles. In Table 3, 100% of Tibetan doctors mentioned absence of menstruation, or amenorrhea, as a common menstrual problem treated at Men-Tsee-Khang, but only 6.3% of women reported experiencing absence of menstruation.

**TREATMENT METHODS FOR MENSTRUALAILMENTS AMONG TIBETAN WOMEN**

Out of the Tibetan women who had experienced menstrual problems (including the 3 participants who said they have never had a menstrual problem but later reported a treatment method for a menstrual problem), only 17% had used Tibetan medicine to treat them. Western medicine was a more common treatment method than Tibetan medicine, having been used by 25% of the 24 women. A total of 50% of the women did not treat the problem or used a home remedy. Home remedies include the use of warm water and sitting in the sun to relieve pain. Many Tibetan women view menstrual problems as a normal process that all women experience.

\textsuperscript{80} Chaganti et al., “Awareness on Menstrual Health.”
\textsuperscript{81} Juyal et al., “Menstrual Hygiene and Reproductive Morbidity in Adolescent Girls in Dehradun, India.”
\textsuperscript{82} Chaganti et al., “Awareness on Menstrual Health.”
Therefore, they do not often seek out Tibetan medicine despite their everyday lives being adversely impacted by their menstrual problems. For example, one woman said that she has menstrual pain for four to five days per month that impacts her ability to do her work, but does not treat it because “it is a minor problem. It is normal.”[^83] Those who do use Tibetan medicine do so because it boasts familiarity and trust among Tibetan women due to its safety. Because home remedies have been passed down over generations among Tibetan families, traditional medicine has a rapport that English medicine lacks. The women who preferred Tibetan medicine cited its safety as its main benefit. One woman pointed out that even if the Tibetan medicine does not cure the problem, it at least does not have any negative side effects, unlike Western medicine.[^84]

***Figure 2***: Treatment methods utilized for menstrual problems among Tibetan women who experienced a menstrual problem in McLeod Ganj, HP (n=24).

[^83]: Pasang, November 27th, 2015.
[^84]: Dalha, November 27th, 2015.
Many of the Tibetan women who used Western medicine named its efficacy and rapid response as the reasons why they prefer it to Tibetan medicine.\textsuperscript{85, 86} Herbal medicine is known for its effectiveness in treating chronic disease, but lacks the quick effect that women seek for painful menstrual cramps. A Tibetan doctor at Men-Tsee-Khang said of Tibetan medicine:

"There is no side effect at all and the treatment response can be easily seen within a week… with medicines, they should be felt within 7 days."\textsuperscript{87} For this reason, some participants in the study use paracetamol to treat menstrual cramps.\textsuperscript{88} However, Western medicine can also be necessary in diagnosing and treating menstrual problems. One participant who had uterine fibroids and heavy bleeding said: "I have consulted western doctor and even got injections. They told me that there is some kind of cyst in the uterus and that causes more blood flow."\textsuperscript{89} A Tibetan doctor said there is a working relationship between Tibetan medicine and modern medicine in which Western doctors send patients to Men-Tsee-Khang and vice versa:

"We work with them particularly for laboratory tests, like ultrasonography for women to see the reproductive system in the case of menstrual disorders. Sometime patients come to us with amenorrhea and we tell them to buy a pregnancy kit from a nearby shop and help them to do the test at the clinic."\textsuperscript{90}

Ultrasounds, imaging tests, and biopsies are sometimes necessary in diagnosing endometriosis and cancers of the reproductive system, so a combination of Tibetan and Western medicine has the potential to provide Tibetan women with faster relief and the comfort and familiarity of their own culture.

\textsuperscript{85} Lhatso, November 26\textsuperscript{th}, 2015
\textsuperscript{86} Rinchen, November 28\textsuperscript{th}, 2015
\textsuperscript{87} Tibetan Doctor 3, November 21\textsuperscript{st}, 2015.
\textsuperscript{88} Tenzing, November 26\textsuperscript{th}, 2015
\textsuperscript{89} Nima, November 26\textsuperscript{th}, 2015.
\textsuperscript{90} Tibetan Doctor 1, November 19\textsuperscript{th}, 2015
Menstrual blood is referred to as *dazen* in Tibetan medicine and is the most important factor in conception. During digestion, heat breaks down food and separates the ‘essence’ from the ‘refuse.’ This essence is the product of the digestive process that eventually becomes blood. It also causes formation of the red element, or reproductive fluid, inside the ovary. There are two types of regenerative fluid: the red element is menstrual blood and the white element is semen. Both of these elements produce the body of the fetus during conception. In order for healthy conception to take place, the menstrual blood must be “bright red like the blood of a hare and is washable even if it happens to stain our clothes.” In addition to being important for conception, menstrual blood “is the main cause of gynecological problems.”

Menstrual ailments occur when there is a disturbance of wind or bile energy in the body. Disorders that result from disturbance of wind are known as *rLung* disorders. A form of *rLung* called Downward Cleansing Wind (*Thur-sel-rLung*) is generally responsible for controlling excretion, including the flow of menstrual blood and contractile motions of the uterus during delivery. When Downward Cleansing Wind becomes disrupted, problems with the uterus and menstruation occur. *rLung* can become disturbed by several factors, including “unwholesome or unhealthy diet or lifestyle activities, especially untimely negative sexual relationships and sexual abuses during menstruation…” Hot and sour foods are included under the realm of unhealthy diets. These cause *mKhris-pa* disorders, which are caused by disturbances of bile and are related to heat. Disturbance in heat causes problems with obstructions in vessels, which can trigger

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91 Tibetan Doctor 1, 2015.
94 Ibid., 89.
95 Tibetan Doctor 1, 2015.
96 Tibetan Doctor 2, 2015.
98 Tibetan Doctor 1, 2015.
discharge or menstrual pain.99 Another doctor listed “changing husband” as a potential cause of menstrual problems.100 While this statement is ambiguous, it may be possible that she is referring to the potential stress of beginning new relationships that causes menstrual problems, as stress can disturb Downward Cleansing Wind and result in menstrual irregularity.101 There is also a possibility that new relationships after divorce fall under the category of “untimely negative sexual relationships” that other doctors mentioned.

THERAPIES USED TO TREAT MENSTRUAL PROBLEMS

Tibetan medicine is one of the oldest traditional systems of medicine in the world, dating back 2,500 years.102 It incorporates principles of Ayurveda and Chinese medicine and is based in Buddhist philosophy.103 Sowa-Rigpa is a form of Tibetan medicine that originated in the Himalayan region of India, where it is still practiced today.104 Folk medicine systems not only represent the intersection of health and culture, but also are widely valued among people in developing countries. In Ladakh, over 60% of the population depends on Sowa-Rigpa as a system of medicine.105 Tibetan medicine also represents the culture of Tibet, as one nun recounted a myth regarding menstrual health:

“If menstrual cycle is not proper, then you can visit Gyalwo rupshi. This is mostly a lama but can be a layperson as well. His full face is covered with beard and you take urine of this person. They shouldn’t know you are taking urine. Then you drink the urine and the menstruation will be back to normal.”106

Despite being a highly organized system of medicine, few studies have explored the everyday health practices of “ordinary” Tibetans. Even in modern Tibetan society, folk medicine

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99 Tibetan Doctor 5, November 24th, 2015.
100 Tibetan Doctor 4, November 24th, 2015.
101 Tibetan Doctor 5, 2015.
103 Amit Jha, Traditional Indian Medicine: With Specific Reference to Buddhist and Tribal Medicine, (New Delhi: Research India), 72.
104 Ibid., 71.
105 Ballabh et al., "Herbal Formulations," 60.
106 Yara, November 29th, 2015.
is used for the treatment of everyday health problems, including those related to menstruation.\textsuperscript{107} Tibetan medicine mainly consists of oral medications, which are made from a large number of herbs found in the Himalayan region. However, Himalayan plants used in Tibetan medicine are quickly being depleted. In fact, the Men-Tsee-Khang pharmacy in Dharamsala turns away requests for medications unless they include a prescription written by a Men-Tsee-Khang doctor because otherwise there would not be enough medicine to supply to their clinics all over India.\textsuperscript{108}

**PAINFUL AND IRREGULAR MENSTRUATION**

Most menstrual problems are treated with herbal medicines, including amenorrhea and dysmenorrhea. Some medications used to induce menstruation in cases of amenorrhea are made of plants containing phytoestrogens, which control ovulation. In another study it was found that phytoestrogens, which are plant chemicals that “mimic female hormone estrogens and can in turn increase the building up of uterine endometrium” result in an increase in menstrual flow.\textsuperscript{109} Three participants reported using oral medications to treat menstrual cramps.\textsuperscript{110,111,112} Other studies have shown rhodiola to be effective in the treatment of painful and irregular menstruation due to its cooling and detoxifying properties.\textsuperscript{113} External treatments such as warm compresses and cupping therapy are very effective in relieving menstrual pain the abdomen and lower back. A roasted brick is effective in relieving pain because it retains heat.\textsuperscript{114} Lichen can also be heated, dried, and applied to the abdomen to reduce menstrual pain.\textsuperscript{115} Several women reported use of warm water as a home remedy, which works similarly to a compress by increasing digestive heat


\textsuperscript{108} Jha, *Traditional Indian Medicine*, 272.

\textsuperscript{109} Bhatia et al., “Traditional Phyto Remedies for the Treatment,” 206.

\textsuperscript{110} Tenzin, November 26\textsuperscript{th}, 2015.

\textsuperscript{111} Namdol, November 26\textsuperscript{th}, 2015.

\textsuperscript{112} Rinzen, November 27\textsuperscript{th}, 2015.

\textsuperscript{113} Jha, *Traditional Indian Medicine*, 254.

\textsuperscript{114} Tibetan Doctor 3, 2015.

\textsuperscript{115} Ibid.
in order to reduce blockage of vessels. These warmth therapies offer faster relief than herbal medicines do, and they have the benefit of being easily accessible at home. Cupping Therapy is a practice that is unique to Tibetan medicine and has been practiced for 3,000 years.\textsuperscript{116} Today, it involves the use of copper cups to purify the blood by “removing unpurified serous fluid.”\textsuperscript{117} Cups containing fire are suctioned to the skin on specific points of wind energy, which is one of the triggering factors for menstrual problems.\textsuperscript{118} The cups are left for five to ten minutes to increase circulation and draw out toxins.\textsuperscript{119} This therapy is only available at a medical clinic, so it is less likely to be used by women for minor menstrual pain. No participants reported using cupping therapy, as it is typically favorable for women who have severe pain.

**PCOS, UTERINE FIBROIDS, AND HEAVY BLEEDING**

Polycystic Ovarian Syndrome is an endocrine disorder in which follicles grow on the ovaries and excess testosterone is produced, sometimes resulting in irregular and heavy menstruation and infertility. It affects 5-15\% of women of reproductive age and is linked to higher risk of developing Type 2 diabetes and heart disease.\textsuperscript{120,121} Uterine fibroids are non-cancerous growths in the uterus that can cause heavy menstrual flow and irregularity.\textsuperscript{122} These two disorders can be treated with the same Tibetan therapies. Tumors and cysts are formed due to lack of digestive heat. This causes waste products to travel in the pathway of the ‘essence,’ or blood. These waste products build up and form growths.\textsuperscript{123} Tumors are typically disintegrated with herbal medications. Sesame seeds have been used for thousands of years to manage uterine

\begin{flushright}
\begin{footnotesize}
\textsuperscript{116} Drungsto, *Basic Concepts of Tibetan Medicine*, 216.
\textsuperscript{117} Tibetan Doctor 1, 2015.
\textsuperscript{118} Ibid.
\textsuperscript{119} Drungsto, *Basic Concepts of Tibetan Medicine*, 213.
\textsuperscript{121} “What is PCOS?” PCOS Foundation, http://www.pcosfoundation.org, (accessed November 30\textsuperscript{th}, 2015)
\textsuperscript{122} Tibetan Doctor 2, 2015
\textsuperscript{123} Tibetan Doctor 3, 2015.
\end{footnotesize}
\end{flushright}
tumors due to their heavy and warm qualities. These properties counteract the lack of heat in the digestive system that causes tumors.\textsuperscript{124}

Warm compresses and moxibustion are used to relieve the pain of uterine fibroids and excessive flow of PCOS.\textsuperscript{125} Moxibustion is a therapy that has been used for over 5,000 years and is found in \textit{The Four Tantras}. The moxa plant is dried and inserted in a paper cone. The cone is applied to the skin or on top of an acupuncture needle and burned. Specific moxa points are associated with affected organs. For example, the reproductive organ point is targeted for uterine tumors, while the sacral point is targeted for excessive menstrual flow.\textsuperscript{126} Heavy and prolonged bleeding is also reduced with many types of oral herbal medications. The most common ingredient in these medications is saffron, which is effective in controlling hemorrhages.\textsuperscript{127} One patient reported use of \textit{mangyor}, a Tibetan medicine, for reducing bleeding.\textsuperscript{128}

\textbf{ENDOMETRIOSIS}

Endometriosis is a disorder in which endometrial tissue grows outside of the uterus—usually on other reproductive organs and sometimes within the abdominal cavity. This tissue develops into growths, which break down and attempt to shed in response to the menstrual cycle. However, there is no way for this misplaced tissue to leave the body, unlike the endometrial tissue in the uterus. This results in internal bleeding, pain, and infertility.\textsuperscript{129} Diagnosing endometriosis can be a long and difficult process involving pelvic exams, imaging tests, and laparoscopy.\textsuperscript{130} On average, it takes 10 years from onset of symptoms to diagnose.\textsuperscript{131} A case-

\textsuperscript{124} Drugsto, \textit{Basic Concepts of Tibetan Medicine}, 153.  
\textsuperscript{125} Tibetan Doctor 1, 2015.  
\textsuperscript{126} Drugsto, \textit{Basic Concepts of Tibetan Medicine}, 230.  
\textsuperscript{127} Tibetan Doctor 3, 2015.  
\textsuperscript{128} Yara, 2015.  
\textsuperscript{129} “What is Endometriosis?” \textit{The Endometriosis Association}, (accessed December 1\textsuperscript{st}, 2015)  
\textsuperscript{130} “Endometriosis” \texttt{Womenshealth.gov}, Office on Women’s Health, U.S. Department on Health and Human Services, (accessed on December 1\textsuperscript{st}, 2015)  
\textsuperscript{131} “Endometriosis affects one in ten women worldwide: are you one of them?” \textit{The Guardian}, accessed December 1\textsuperscript{st}, 2015)
controlled study of endometriosis among participants in a health organization in the U.S. found that Asian-born women had the highest rate of endometriosis.\(^{132}\)

While it is rare for Men-Tsee-Khang to see patients with endometriosis, there are therapies that are available. According to a Tibetan doctor, there are two types of cleansing used to treat endometriosis: abdominal and vaginal cleansing. One type of vaginal cleansing is an oral medication and the other is a suppository that is placed in the vagina in the form of pills or a decoction.\(^{133}\) These cleanses are meant to flush the uterus of impurities. After cleansing, the uterus would be treated with herbal medication and venesection. In Tibetan medicine, venesection involves the removal of a few drops of blood from specific moxa points. The procedure is usually only performed if less invasive procedures have failed. Drinking a mixture of myrobalan fruits before the procedure separates impure blood from pure blood.\(^{134}\)

**PERCEIVED BARRIERS TO RECEIVING REPRODUCTIVE HEALTHCARE**

*Table 4:* Perceived barriers to receiving treatment for menstrual problems and perceived restrictions of menstruation among Tibetan women (n=32) and Tibetan doctors (n=5) in McLeod Ganj, HP.

<table>
<thead>
<tr>
<th>DO TIBETAN WOMEN IN MCLEOD GANJ FACE BARRIERS TO RECEIVING TREATMENT FOR MENSTRUAL PROBLEMS?</th>
<th>Tibetan Women (n=32)</th>
<th>Tibetan Doctors (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7 (21.9)</td>
<td>1 (20.0)</td>
</tr>
<tr>
<td>No</td>
<td>8 (25.0)</td>
<td>3 (60.0)</td>
</tr>
<tr>
<td>Maybe</td>
<td>1 (3.1)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>16 (50.0)</td>
<td>1 (20.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DO TIBETAN WOMEN IN MCLEOD GANJ FACE RESTRICTIONS WHILE MENSTRUATING?</th>
<th>Tibetan Women (n=32)</th>
<th>Tibetan Doctors (n=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11 (34.4)</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>No</td>
<td>14 (43.8)</td>
<td>4 (80.0)</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>7 (21.8)</td>
<td>1 (20.0)</td>
</tr>
</tbody>
</table>


\(^{133}\) Tibetan Doctor 2, 2015.

Women in Southeast Asia still face social stigmas and financial barriers that prohibit them from receiving care for their reproductive health. Lack of care for menstrual problems adversely affects the quality of life for many women by inhibiting their ability to complete their daily work. Tibetan women in McLeod Ganj face fewer barriers to receiving treatment for menstrual problems than Indian women do for a variety of reasons, including gender norms and economic stability. Only 21.9% of community members said that Tibetan women in McLeod Ganj face barriers from receiving treatment for menstrual problems, and 25% said they do not face any barriers. The main barrier mentioned was the sense of secrecy surrounding reproductive health, which results in women feeling shy and embarrassed about their problems. One participant said: “There is embarrassment discussing issues relating to menstruation. It is better to keep it a secret.” This differs from rural Indian women, who usually prefer to seek treatment with midwives and quacks within their community in an effort to keep their medical information a secret. Instead of seeking local and traditional healers, Tibetan women do not receive any treatment. Some of the participants were also worried about having to explain their problems to a male doctor and speaking to a doctor in a public room full of patients. Similarly, female participants overwhelmingly preferred female healers to male vaidas and hakims due to shyness and social rules involving gender and privacy according to an ethnopharmacological study conducted in Udhampur.

Men-Tsee-Khang offers free services to patients who are below poverty line and a 50% discount to nuns and students. These services are generally accessible both location and

135 Lolha, November 28th, 2015.
137 Richen, November 28th, 2015.
138 Lhamu, November 27th, 2015.
140 Tibetan Doctor 1, 2015.
finance wise to Tibetan women in McLeod Ganj, the majority of which are middle class. There is also an Indian hospital in Dharamsala. Therefore, middle to upper class Tibetan women in McLeod Ganj have many options for their choice of healthcare. The main factor that inhibits them from receiving care for menstrual problems is the lack of openness surrounding their reproductive system. Based on some of the representations of menstruation and female anatomy in Tibetan and Buddhist cultures, it is understandable that some Tibetan women feel uncomfortable talking to a healthcare worker about their menstrual problems. However, another participant said: “…we do face barriers to be open to speak about menstrual problems because we are a little bit conservative on this topic. Even if it is a real problem, they will change to another topic…Tibetan women are not open-minded.”

It is a possibility that the secrecy surrounding menstrual problems is compounded by Tibetan women themselves. While the Tibetan women in this study do not face many barriers to receiving reproductive healthcare, it is possible that recent exiles lack the financial capabilities of receiving care. They may also be less open to seeing a doctor for a menstrual problem than middle class Tibetan women due to stricter menstrual stigmas that exist in Tibet. One Tibetan doctor mentioned that nuns might also be more likely face barriers because “if the case is more related to sin or germs, they are more shy.”

This problem is counteracted through health education lectures conducted by the Department of Health. These events bring doctors from a local hospital and Men-Tsee-Khang to nunneries, where they provide education about menstrual hygiene and encourage openness about reproductive health. Some of the women in the study also thought that menstrual problems are a normal part of menstruation, and therefore do not seek treatment.

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141 Tsering, November 28th, 2015.
142 Tibetan Doctor 3, 2015.
143 Tibetan Doctor 5, 2015.
even if the symptoms are severe.\textsuperscript{144, 145} Similarly, a study of Indian women in Maharashtra concluded that one reason why married women did not receive care for these disorders is because their husbands did not think help was necessary, believing that “these problems could be resolved through better personal hygiene.” \textsuperscript{146} For example, regarding his wife’s condition, one husband in this study stated: “I am not aware of any special illnesses in her age group. She doesn’t have any. Even if they have, nobody bothers about these illnesses.” \textsuperscript{147} Whereas rural Indian women face the barrier of their familial role and lack of power in decision-making, Tibetan women face the barrier of secrecy and misinformation regarding reproductive health. While Indian women experience more direct barriers to receiving care through power dynamics, the impact of Indian societal views of menstruation have the potential to assimilate into Tibetan society due to proximity.

\textsuperscript{144} Dechen, November 26\textsuperscript{th}, 2015.
\textsuperscript{145} Yutso, November 27\textsuperscript{th}, 2015.
\textsuperscript{146} Michael Koenig “Reproductive Health-seeking by Married Adolescent Girls in Maharashtra,” \textit{Reproductive Health in India: New Evidence} (2008), 42.
\textsuperscript{147} Ibid., 43.
CONCLUSION

Menstrual problems are common among Tibetan women in McLeod Ganj, with painful menstruation and irregularity being the highest reported ailments. Menstrual disorders such as PCOS, endometriosis, and uterine fibroids were less reported by the women in the study but were confirmed by doctors at Men-Tsee-Khang as prevalent among Tibetan women in McLeod Ganj. Perceptions of menstruation are varying among Tibetan women in McLeod Ganj, with about half of women perceiving menstruation as normal and important and half perceiving it as troublesome and dirty. Almost half of the women believe that Tibetan men view menstruation negatively, in which blood is dirty, sinful, and responsible for the lower status of women. These perceptions impact on the ability of Tibetan women to access treatment for reproductive health by creating secrecy surrounding menstruation. Gender differences between doctor and patient also play a role in the ability of Tibetan women to receive treatment. The majority (43.8%) of women believe that they do not face restrictions while menstruating. These perceptions do not regard avoiding monasteries as a restriction because the women are not strictly prohibited.

LIMITATIONS AND FUTURE RECOMMENDATIONS

Due to the language barrier, some of the interview answers in the study could be reflective of the language of the translator. Some participants did not fully understand the questions, which was most evident during the interviews with Tibetan doctors conducted in English. Lack of completion was mainly due to the language barrier with one Tibetan doctor, as well as the public setting of interviews with community members. Patients at the Men-Tsee-Khang clinic left during the interviews to visit the doctors. Future studies should be conducted in private areas if possible, as menstruation can be a sensitive topic for some women to talk about.
Another limitation of the study is that it lacks data to compare to. There are very few studies relating to menstrual perceptions among Tibetan women, and they are difficult to access. Some studies focus on biological and environmental factors of menstruation among Tibetan girls in China, but these studies lack information on perceptions and feelings about menstruation. Some studies are available on perceptions of menstruation among Indian women and treatment of menstrual problems with Ayurveda. While this information was utilized due to the landscape, it is not as relevant to the data obtained in this study as Tibetan women experience a different religious, cultural, and social background than Indian women do.

Future studies can explore the perception of menstruation among Buddhist nuns in the area. Only five nuns were interviewed in this study due to time restraint and the tendency of nuns to be shyer about the topic of menstruation. However, their viewpoints are important and they are generally more knowledgeable about Buddhist portrayals of menstruation than the general public is. It may also be beneficial to interview Tibetan men on their perceptions of menstruation and their understanding of menstrual problems. To accomplish this may require a male interviewer to avoid the potential discomfort or skewing of answers by participants if interviewed by a woman. It may be helpful to seek out women with menstrual problems to obtain more data on types of treatment they use. Specifically targeting women with menstrual problems as a demographic may result in data from women with typically rare menstrual problems such as endometriosis.
APPENDICES

Interview Questions for Tibetan doctors at Men-Tsee-Khang
1. Why did you choose to become a doctor of Tibetan medicine?
2. What is the relationship between Tibetan medicine and Ayurveda?
3. What is the relationship between Tibetan medicine and Western medicine?
4. What is the most common type of patient at Men-Tsee-Khang in terms of gender, class, etc.?
5. What types of menstrual problems are commonly treated at Men-Tsee-Khang?
6. What treatments are available for women with these menstrual problems? How do these treatments work?
7. What benefits do Tibetan medicine offer women with these menstrual problems?
8. What menstrual problems are difficult to treat with Tibetan medicine?
9. Do you think Tibetan women prefer to use home remedies or see a doctor for treatment of menstrual problems?
10. Do you think Tibetan women use Tibetan medicine or Western medicine more often for treatment of menstrual problems?
11. How is menstruation portrayed in literature of Tibetan medicine?
12. How is menstrual blood different from other blood in the body?
13. What causes menstrual problems?
14. How is menstruation portrayed in Buddhist text and practices? How do you think this portrayal influences Buddhist women?
15. How do you think Tibetan men view menstruation? Does this influence how Tibetan women view menstruation?
16. Do Tibetan women in this area face social or religious restrictions when menstruating?
17. Do Tibetan women in this area face barriers or social stigmas that keep them from receiving treatment for menstrual problems, and if so, how?

Interview Questions for Tibetan Women in McLeod Ganj, HP
1. What would you consider a menstrual problem to be?
2. Have you ever had a menstrual problem?
3. How did this menstrual problem affect your life?
4. What do you believe caused your menstrual problem?
5. Have you ever treated a menstrual problem with Tibetan medicine, and if so, how?
6. Why do you use Tibetan medicine to treat menstrual problems?
7. Do you prefer to use home remedies or go to a Tibetan doctor for treatment for menstrual problems?
8. What menstrual problems would you not treat with Tibetan medicine or therapy and why?
9. Are there menstrual problems that you have treated with Western medicine? Do you prefer using Tibetan medicine or Western medicine to treat your menstrual problem?
10. Have you had a menstrual problem that you did not treat?
11. Do Tibetan women/nuns in this area face social or religious restrictions when they are menstruating? Have you ever experienced any restrictions?
12. Do you enter a monastery while menstruating?
13. Are there activities that you avoid doing when you are menstruating?
14. Are you Buddhist? If so, how is menstruation portrayed in Buddhist texts and practices?
15. How do these portrayals influence you?
16. How do you feel about your menstrual cycle? Why do you feel this way?
17. How do you think Tibetan men view menstruation? Does this influence how you view menstruation?
18. Tibetan medicine says that the mother’s menstrual blood contributes to flesh, blood, and organs of the fetus. How does this make you feel about your menstrual blood?
19. What word would you use to describe menstrual blood?
20. Do Tibetan women in this area face barriers or social stigmas that keep them from receiving treatment for menstrual problems?
GLOSSARY OF MEDICAL TERMS

**Amenorrhea**: Absence of menstruation

**Dysmenorrhea**: Painful menstruation involving abdominal cramps

**Endometriosis**: The growth of endometrial tissue outside of the uterus, typically causing pelvic pain and infertility

**Menorrhagia**: Abnormally heavy bleeding during menstruation

**Polycystic Ovarian Syndrome**: An endocrine disorder involving enlarged ovaries containing follicles and hormone imbalance. Symptoms may include irregular menstrual periods, excess hair growth, acne, obesity, and infertility.

**Uterine Fibroids**: Non-cancerous growths in the uterus, resulting in heavy menstrual bleeding, prolonged menstrual periods, and pelvic pain.

GLOSSARY OF TIBETAN WORDS

**Amchi**: superior to all, practitioner of Tibetan medicine.

**Dazen (zla.mtsan)**: Monthly sign, used in reference to menstruation.

**Kyewa-men**: Lower status

**rlLung**: Disturbance of wind, cause of main diseases

**Mangyor**: Tibetan medication used to reduce menstrual flow.

**mKhris-pa**: Disturbance of bile, causes diseases of heat

**Sowa-Rigpa**: Means “science of healing.” A form of Tibetan medicine that originated in the Himalayan region of India and is still practiced in Ladakh, Himachal Pradesh, Arunachal Pradesh, Sikkim, and Darjeeling.

**Thur-sel-rlLung**: Downward Cleansing Wind

**Tsog-pa**: Dirty, used in reference to menstrual cycle.
References


<http://www.pcosfoundation.org/what-is-pcos>.