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INTERNATIONAL ASSOCIATION FOR THE
STUDY OF TRADITIONAL ASIAN MEDICINE

from the editor: TRAVELLING THERAPIES

Debiprasad Chattopadhyaya, the late historian of Indian medicine and philosophy and author of *Science and Society in Ancient India*, once told the story of receiving a letter and airplane ticket from representatives of a Japanese pharmaceutical firm, requesting him to meet them in Delhi. Calcutta-based Marxist historians received few offers of free travel in those days, Chattopadhyaya related, and he took the company up on their mysterious offer.

They met at the Janpath Hotel in Delhi. The representatives from Japan were interested in Chattopadhyaya's earlier ethnobotanical research among the Santal communities of West Bengal, and in particular in any plants which might lead to promising pharmacological analysis and ultimately to reformulation and commodification as new drugs. Chattopadhyaya recalled his initial

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IASTAM needs your support:

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Membership dues are \$20/£13
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HISTORY AND THE EVANESCENT *A problem from cultural anthropology*

Judith Farquhar
University of North Carolina, Chapel Hill



To the extent that the present eludes us (and that is a very great extent indeed), anthropologists are always historians. Though we most often describe cultural processes in the present tense, and derive much of our authority from having personally lived "in the field," everything we write is, of course, a retrospective account. Like historians, we must consider how to narrate the past, how to discipline our memories, how to evaluate sources, and how to select topics of contemporary interest from massive archives. The history of science and knowledge, and consequently the anthropological study of the world's scientific traditions, has its own special methodological problems. In particular, I want to draw attention to a residual triumphalism or Eurocentrism that affects our work at the fundamental level of identifying a topic. In the brief notes below I will use an example to sketch the dimensions of this problem.

I am a cultural anthropologist who studies traditional Chinese medicine (TCM). This is a large field in the China of the late 20th Century; in the last few decades a huge literature — textbooks, annotated classics, clinical studies, reference works, and more — in modern Chinese has been added to an already formidable and ancient archive. In addition, the institutional forms, both clinical and scholarly, in which traditional medicine does its work are, thanks to continuing state support, many and various. For those of us who have glimpsed the wealth of cultural and scientific resources that is currently arrayed under this almost hackneyed rubric "TCM", problems of topic formation loom large: What is most important to learn and report? From whose point of view will this or that topic be considered interesting?

Thanks to the work of writers, publishers, librarians, and collectors, we can comfort ourselves that very little in this field will disappear completely. There might be time to consider most of the "important" movements in 20th Century Chinese medi-

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Treasurer's Report

As of 10-18-95, the IASTAM International account had a total of \$7,002.01. The account was opened on 3-23-95 with \$7,233.39.

Debits to the account have been: \$281.38: (Bank charges:\$23.90, AAA room for IASTAM North America: \$150.00, Libra Printers for IASTAM stationary: \$117.48).

Credits added to the account have been: \$60.00 (membership dues).

An additional £1000.00 (\$1,670.00) will be debited to the account within the week. These are being drawn by Lawrence Conrad in order to pay air travel expenses for two Indian participants in the IASTAM Conference in November.

Vincanne Adams, Treasurer

IASTAM on the World Wide Web

With the explosion of information becoming available via the Internet and the World Wide Web, IASTAM is not being left behind. We are currently building our very own WWW Home Page for IASTAM, which should be ready for testing by the time you read this. The address is <http://www.ucl.ac.uk/~ucgadkw/iastam.html>.

IASTAM's WWW home page carries news about IASTAM events, extracts from the Newsletter, and live links to relevant organizations such as World Health Organization and Kew Gardens. Fire up your Web Browser and check it out!

Dominik Wujastyk, Secretary

IASTAM FEE STANDARDIZED - Associate Membership established

The IASTAM Council recently gave special consideration to the level of the IASTAM membership fee. The fee has been stable since the foundation of IASTAM, but a small increase from \$15 to \$20 per annum has been found necessary in order to cover costs and to provide members with the services they expect, such as the Newsletter, as well as an increased frequency of meetings at more local levels.

One of the issues seriously discussed by the Council was the question of the difficulty some members from developing countries might have in paying the membership fee, which might be thought to be relatively high compared to other society memberships in such countries. On balance, it was felt by the Council that by all standards \$20 is modest as a membership fee for an international organization. The costs incurred by IASTAM on behalf of members in developing countries, such as in mailing and other significant areas, are higher than for members in, say, the USA and UK. It was also felt that it would be invidious to charge different fees for members in different countries, as it would introduce the idea of "favored status", which would be extremely undesirable. The real distinction the Council felt it should be recognizing is that between individual members of different economic abilities, rather than that between larger entities such as nations which, even with developing countries, may include wealthy individuals.

Therefore, at the present time the regular IASTAM membership dues is fixed at \$20 per annum for all members, worldwide. This is a full membership rate and entitles a regular member to all of the privileges and rights of membership in IASTAM. Students, pensioners, and those with annual salaries less than \$20,000 per annum may join IASTAM as Associate Members with dues at \$10 per annum, and are thereby entitled to all of the privileges and rights of IASTAM membership.

Larry Conrad, President

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	FALL 1996: SUBMISSIONS BY NOVEMBER 1

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excitement: the medical knowledge of the economically and politically marginal Santal might be taken seriously on the international stage. Like many other Bengali intellectuals of his generation, Chattopadhyaya's long interest in the Santal reflected a mixture of urban nostalgia for an imagined premodern and egalitarian India and a recognition of the bloody history of Santal resistance to colonial power. Like the Calcutta anthropologist in Satyajit Ray's film *The Stranger*, Chattopadhyaya as a young man spent years working with the Santal and writing about Santal medicine. The international pharmaceutical representatives had heard of his earlier work and of the medicinal claims he had made for several plants known to the Santal.

But as the representatives detailed their plans to gather these plants and take them back to Japan for analysis, Chattopadhyaya grew increasingly worried. When they began to discuss his potential share of future profits, he decided he could not be a part of the endeavor. "I could not sell my country's resources," he related to me. "I left the hotel and returned home."

Chattopadhyaya told me this story with a clear moral vision in mind: I am less sure of how to read it. Nostalgia, nationalism, and a resistance to global capital and commodification are imploded here into a single dense encounter over the historian's memories of Santal secrets. Scholars of Ayurveda know from the work of Charles Leslie and Paul Brass of the relevance of nostalgia and nationalism in the revivalist politics of twentieth-century traditional medicine and from the work of Mark Nichter and Vandana Shiva of the extensive effects of commodification. I retell the tale here as a metaphor for moral engagement in the field of traditional Asian medicine. Like Chattopadhyaya, many of us are faced with a barrage of choices in which the relationship between our clinical and scholarly practice and these issues of nostalgia, nation, and commodification is critical, yet seldom is our response as obvious as it was for Chattopadhyaya.

The work of activist physicians like D.N. Banerji in Delhi and of groups like the Medico Friends Circle have extensively documented the pills-for-poverty strategy of the local and international health market in India; Nichter's work has documented the entry of mass-marketed Ayurvedic formulations into the tonic and vitamin sector. While Ayurveda's international coin grows—with

the continued spread of diasporic communities of Non-resident Indians abroad, with the activity of institutions like Maharishi International University, with the immense popularity of Dr. Deepak Chopra, and with Ayurveda's ascension to the first ranks of "complementary medicine"—the distinctions in India and Nepal between so-called Ayurveda and so-called allopathy continue to blur.

The anthropologists and physicians Jim Kim and Paul Farmer not long ago issued a call to arms for international scholars of medicine and health to document the recent and radical effects of post-Cold War "structural adjustment" and the New World Order upon the lives of the people we write about and the practices of the clinicians with whom we study. Such a call to arms seems increasingly distant from the global vision of Chopraesque Ayurveda in which the promise of long life goes hand in hand with the proffered secrets of business success: scholarly medicine as "infomercial." Not surprising that Maharishi International University, a center for Ayurvedic practice in the United States, has been rechristened the Maharishi Institute of Management.

The impact of economic liberalization in India upon local and international commitments to community health and in particular upon the rhetorics of state support for "traditional medicine" need to be examined carefully. The global penetration of Ayurveda™ may reflect less the triumph of subjugated medical knowledges than a radical retranslation of "traditional medicine" as it travels within ever more streamlined commodity circuits.

IASTAM was founded upon the assumption that we—practitioners, historians, classicists, ethnographers, and policy makers—were all in this together, committed to the rigorous study and development of Traditional Asian Medicine and to the provision of effective and affordable health care for all. But just as the language by which many of us describe "traditional medicine" has shifted away from the easy certainties of systematicity or epistemological coherence to a renewed engagement with the logics and indeterminacies of practice, so the assumption that IASTAM addresses or comprises a unified audience with shared concerns long ago collapsed.

I hope that the IASTAM Newsletter can remain a site for fruitful debate on Traditional Asian Medicine as it continues to travel and transmute, as both a symptom of the intensified turning of the ever more global screw of

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late capitalism and yet a critical resource through which a more open and hybrid medicine can yet be imagined and embodied.

Arthur Kleinman, anthropologist and scholar of modern Chinese medicine, has spoken of the project of the humanities and social sciences of medicine as going beyond the clinic to ask "what is at stake" for the sufferer and his or her world. I hope the Newsletter can be one forum where that which is at stake in the study and practice of Traditional Asian Medicine can be continually reframed. I encourage your letters, articles, polemics, reports on work-in-progress, reviews, critiques, and other submissions.

Lawrence Cohen, Editor
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CHINESE MEDICINE IN HISTORICAL OBJECTS AND IMAGES *Exhibition in Berlin 1995-1996*

On September 25, 1995, the Berlin Museum of Ethnology opened an exhibition on "Chinese medicine in historical objects and images." Based on more than 1100 items dating from the 9th through the 20th centuries, from the private collection of Paul Unschuld, Munich, this exhibition displays objects closely associated with the practice of traditional Chinese medicine in previous centuries. At the center of the exhibit is an original Chinese apothecary's shop from the early 19th century. It is surrounded by a display of all sorts of instruments and containers used to prepare and dispense drugs. Other sections show the instruments used by Chinese physicians in the past to diagnose and treat illnesses, items explaining the close link between Chinese health care and religion, and rare examples of medical subjects in Chinese art. A large section is devoted to Chinese medical literature, with an emphasis on ancient manuscripts and illustrated books. A generously illustrated book was published by Paul Unschuld to accompany the exhibition and suggest the value of the exhibitions as sources of medical history. After 9 months in Berlin the exhibition will be shown in several German cities and possibly abroad.

MEDICINAL PLANTS NETWORK LAUNCHED IN NEW DELHI

Jason Holley, IDRC New Delhi

Participants in a February 1995 workshop held in the Indian state of Kerala, "Healing Forests, Healing People," launched a Medicinal Plants Network, operating out of the New Delhi office of Canada's International Development Research Centre (IDRC). The network will support collaboration between researchers, local and international NGOs, donors, indigenous industries, and traditional medical practitioners to address the economic and environmental threats to sustainable medicinal plant use. Ongoing research is being conducted in Bangladesh, India, Nepal, and Sri Lanka, with plans to widen the scope to include East and Southeast Asia as well.

The network is user-driven, focusing on the villages and communities whose economic and physical well-being depends upon sustainable use of medicinal plants. The network has three core themes for projects: Traditional Medicine, focusing on documentation and strengthening the capacity of indigenous health care; Biodiversity Conservation, researching methods for sustainable cultivation and utilization of the resource base; and Community Empowerment, studying preparation, marketing, and trade of herbal, and building indigenous capacity for more equitable relationships and the use of value-adding technologies.

The network is very interested in collaborating with people working on these issues in Asia. If you are interested and would like more information, please contact:

Cherla B. Sastry, IDRC Medicinal Plants Network, 17 Jor Bagh, New Delhi 110 003, India, or
cherla@idrc.emet.in on the internet.

ICTAM IV: A CHALLENGE POSED

Shigehisa Kuriyama
International Research Center
of Japanese Studies, Kyoto

Large meetings tend naturally to be sprawling, multifaceted affairs. The 4th International Congress on Traditional Asian Medicine (ICTAM IV) held last August in Tokyo was no exception. There were some fine philological analyses of ancient texts; there were also reports of intriguing experiments performed with the latest technology. There were papers about the history and cultural contexts of medical beliefs in China, Korea, Vietnam, Japan, India, Tibet, southeast Asia, and the Arabian peninsula. There were also presentations about therapies and diagnostic procedures which, their presenters seemed to presume, would be effective regardless of context. To summarize would be impossible.

Ōnē impression, however, stands out, and that concerns the divergence of views about what IASTAM is and/or should be about. I interpreted one day for a Japanese reporter as he interviewed former IASTAM president Charles Leslie. Asked about the origins of the organization and of his own interest in traditional medicine, Leslie spoke of the fascinating issues traditional medicine presents for the interpretation of history and of culture, and of its social functions in health care today. But he also highlighted the relationship between politics and belief systems, and expressed skepticism about the rigor of many of the experiments that purported to prove, scientifically, the efficacy of traditional medicines and cures. He resisted committing himself on the question of how much of traditional remedies and theories really 'worked'. The reporter was visibly disappointed. And stuck: he had obviously intended to write a promotional piece, to tell the story of ICTAM IV as reflecting a new medical consciousness, a historically significant movement, a vision of a pluralistic future in which biomedicine didn't rule absolute and supreme. Leslie wouldn't let him. The concerns that motivated IASTAM members, he insisted, were far more diverse and complex. He was right, of course. One had only to

browse through the collection of paper abstracts to recognize the enormous variety of interests and approaches represented at the meeting. At the same time, the reporter's expectations were not entirely unrepresentative. Many participants, and perhaps the greater part of the nonparticipant audience clearly were interested in traditional medicines as a complement or alternative to biomedicine; for them, the celebratory affirmation and articulation of traditional virtues were exactly what ICTAM IV was about. A featured event of ICTAM IV was a panel discussion, taped in front of a large audience, and subsequently broadcast on national television, promoting traditional medicine as leading the way toward a gentler, more caring system of health care in the twenty-first century.

The expression of alternative themes and problematics remained largely confined to individual papers. Patricia and Roger Jeffrey, in their Basham Prize lecture, and Charles Leslie, in his special address, made characteristically shrewd and pertinent observations about the intellectual problems and challenges involved in the study of traditional medicine; but there were few sessions which, as sessions, focused on the challenge posed by the Leslie interview.

What are the aims and significance of studying traditional Asian medicine? Is this endeavor somehow different from the study of traditional Western medicine—or, for that matter, of modern cosmopolitan medicine? What should be the relationship between the historical and anthropological studies of traditional medical beliefs and the clinical and experimental research into its present applications? In short, what is IASTAM all about? ICTAM IV revealed the diversity of perspectives on these questions. It also suggested that the continued vitality of IASTAM will depend importantly on direct, focused, and ongoing discussion of them.

The Tokyo meeting drew some 580 Japanese participants and about 100 researchers from abroad. An additional 1,000 individuals registered to attend the three days of lectures, panel discussions, and poster sessions. Numerous local inquiries about IASTAM after the meeting indicate that it generated considerable interest and enthusiasm. The

total costs exceeded \$535,000, of which registration fees covered just a third. As these numbers suggest, the logistical and fundraising challenges of ICTAM IV were formidable. Without the extraordinary labors of Dr. Shizu Sakai of Juntendo University, the meeting would not have been possible. IASTAM owes her special thanks.

INDO-TIBETAN MEDICAL PROJECT New Program at Columbia University

The Indo-Tibetan Medical Project of the Dharam Hinduja Indic Research Center was established in an effort to respond to the growing public demand for health care options which join Western scientific techniques with traditional healing knowledge. Beginning as a working group of internationally renowned scholars of Ayurveda, the initiative has grown into a full scale project devoted to an intensive investigation of Ayurveda and Tibetan Medicine.

Both Ayurveda and Tibetan medicine share several features which distinguish them from Western or allopathic medicine. In addition to attributing the cause of disease to imbalances in the bodily humors (wind, bile, and phlegm), both emphasize the fundamental interaction between the mind and the body, integrate spiritual and practical therapies, and stress proper diet and wholesome daily living.

These two closely related traditional systems of healing contain medical knowledge from antiquity that is as relevant now as then. The Indo-Tibetan Medical Project is devoted to teaching and studying the wisdom contained in these medical traditions in three specific ways:

Educational and Public Information Programs

- These include conferences, teaching seminars, and lectures and presentations.
- An international conference on Health, Science and the Spiritual was held at Columbia University in October, 1994.
- A major conference on Women's Health is planned for Spring, 1997.
- A Two-Day Teaching Workshop on Ayurveda with Vaidyas from South India was held in July, 1995, at Columbia University. It focused on South Indian massage therapy.
- A series of Teaching Workshops on topics pertaining to healthcare professionals is planned for Spring, 1995 at Columbia University.

Practical and Scientific Applications

- Nearing completion is a scientific protocol to study the effectiveness of Ayurvedic treatments for *osteoarthritis*.
- Also nearing completion is a scientific protocol designed to study the effectiveness of Tibetan medicine in the treatment of *breast cancer*

Scholarly and Textual Research

- A extensive bibliography of Indo-Tibetan medicine is currently being planned.

To be put on the mailing list or for further information, please contact:

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