



# ASIAN MEDICINE NEWSLETTER

International Association for the  
Study of Traditional Asian Medicine

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## *Editorial*

You will have noticed that the IASTAM newsletter was not available for a period of about two years. This is now a renewed attempt to revive this important forum for discussion and networking. Like their predecessors, the new editors, based at the Department of Sociology and Social Policy at the University of Southampton, depend on members' contributions. So, please do send along information about forthcoming events, research interests, book reviews, conference reports, recipes (?) and the like, to help the diverse community of people interested in traditional and contemporary modes of healing in Asia to remain in touch with each other.

We will not set any ambitious deadlines for forthcoming newsletters, but we are aiming at publishing at least one issue per year. So, please send us any material as soon as possible, and we might even get more issues per year going.

Depending on the level of editorial activity in response to the heaps of material you are all going to send us, we might consider getting better publishing facilities. So, if you are keen on a better layout and a more professional and aesthetically pleasing look to the newsletter, start sending us bags of contributions and stop curtailing your literary ambitions.

A great year to everybody!

Eds.

Waltraud Ernst and Kate Reed  
Department of Sociology and Social Policy  
University of Southampton  
Southampton SO17 1BJ  
WER@soton.ac.uk  
C.Reed@soton.ac.uk

## IASTAM and the internet

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Dominik Wujastyk has established an internet discussion group for IASTAM members. To participate, you need to be a paid-up member of IASTAM International (contact D.Wujastyk@ucl.ac.uk for more information).

We look forward to an active and interesting exchange of ideas in this forum.

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## IASTAM and the World Wide Web

Dominik Wujastyk and Kate Reed are currently working on an update of the WWW Home Page for IASTAM. The address is <http://www.ucl.ac.uk/~ucgadkw/iastam.html>.

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## IASTAM International: WHO IS WHO?

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President	Lawrence I. Conrad Wellcome Institute (London, UK) l.conrad@wellcome.ac.uk
General Secretary	Kenneth Zysk University of Copenhagen (Denmark) zysk@coco.ihl.ku.dk
Vice President	Shigehisa Kuriyama Int'l Research Center of Japanese Studies (Kyoto, Japan) kuriya@nichbun.ac.jp
Treasurer	Vincanne Adams Princeton University (Princeton, USA) vadams@pucc.princeton.edu
Secretary	Dominik Wujastyk Wellcome Institute (London, UK) d.wujastyk@ucl.ac.uk
Editors	Waltraud Ernst and Kate Reed University of Southampton (Southampton, UK) wer@soton.ac.uk C.Reed@soton.ac.uk

## CONFERENCE TALK

The IASTAM conference on 'Traditional Asian Medicine in the Modern World' was held at the Wellcome Institute for the History of Medicine, London, on 16 November 1995.

One of the presentations focused on 'Ayurveda Today'. The main issues are briefly summarised here.

The practice of Ayurvedic medicine is very much alive in the Indian sub-continent today. Though its popularity is growing even in the urban areas, it is certainly not flourishing and its growth is not taking place in the healthiest of circumstances. The quantitative profile of contemporary Ayurveda in terms of infrastructure and institutions looks impressive as compared to the pre-independence period. But the mushrooming of Ayurvedic institutions is also a story of the butter being spread very thinly and they have been created with sub-critical inputs and resources. Less than 4% of the national health budget is allocated for development of Ayurveda continuing the policies formulated during colonial rule. The reasons for this state of affairs are civilisational, historical, political, economic and, finally, on the surface, sociological in nature. The marginalisation and in effect suppression of traditional systems of medicine in India was done by the British on sheer

political and economic grounds. At the ideological level, traditional medicine was sought to be discredited by compelling traditional practitioners to prove their medical therapies on the basis of the theories and parameters of allopathy. State support for traditional medicine was cut off totally and was diverted for the promotion of allopathic medicine. There exist no reports whatsoever on evaluation of the efficacy of traditional medicine by European professionals justifying such a stand. On the other hand, it has to be confessed that one cannot blame the present decline and the confusion of the traditional medical practice only on the colonial political and economic policies but must also attribute the loss to internal weakness within the traditional medical culture. Indeed, the fact that indigenous medical practitioners and scholars despite their inheritance of a 3000 year old tradition could not defend their knowledge system and practice in the wake of foreign prejudices imposed

on them is often interpreted as the obsolescence of a static tradition that had outlived its time.

Such a conclusion, however, can be arrived at only after a dispassionate study of the foundational theories, functionality and efficacy of traditional medicine. At this stage, the situation can best be explained as a general spiritual weakness of the Indian civilisational process at this stage of its evolution.

If the early European response of appreciation of the Indian medical traditions had sustained to develop a sympathetic attitude encouraging its adaptive growth to the need of the times, we would perhaps, have had a different story to tell. Yet, the fact that the tradition has managed to survive the great vicissitude speaks without words of its inner vitality.

Cultures of the world bear testimony to the varied expressions of human creativity in various domains of human life making human experience all the more richer and

diverse. This creative urge has also found remarkable continuity in some civilisations that have pursued their objectives despite the vagaries of time through periodical phases of renewal and growth.

In this background, the transformation of Western cultural creativity into a power for global domination by means foul than fair is nothing but deplorable ethnocentrism. The rise of European political power sounded the deathknell of older cultures in Asia, going through a weak phase in their expressions, struggling ever since to assert their identity in the most unfavourable of circumstances.

A substantial percentage of the Indian elite has become alienated from their cultural heritage and share the older prejudices of the Western rulers. False social beliefs and myths have become part of the modern social culture having nothing to do with the efficacy of traditional medicine and westernised Indians tend to regard the 'traditional' or more correctly the contemporary indigenous, as backward and modern or more correctly, the contemporary western as forward. The contemporary picture of Ayurveda in India, possessing one of the oldest living cultures of the

world reveals at the same time the unhappy story of cultural domination and unrelenting resistance to external forces.

Efficacy of the Ayurvedic system of medicine is reported in a range of conditions from the common cold to the latest plague of AIDS and cancer. Medical success stories from different regions relating to miraculous healing provided by both the folk traditions as well as the codified traditions abound. Whereas many of its achievements can be backed up by indigenous medical theory and principles, they cannot be justified in terms of modern medical theories. There is no bio-statistical tradition in Ayurveda and therefore no valid statistical inferences have been attempted. Due to lack of epistemological defence and proper research models for validating its practice, all its achievements have been reduced to a string of anecdotes.

The demand for statistical data validating Ayurvedic medical practice comes from people outside the field of Ayurveda, especially those representing the modern scientific community. Lack of seriousness in their attitude is evident as no investments have been made to back up the

demands. Suitable research designs, trained personnel, resources and clinical infrastructure are essential inputs to generate the kind of hard data that is demanded. Without such inputs, the outcomes of any medical practice would be reduced to anecdotal reporting. It has to be pointed out at this juncture that foundational differences become very evident when we compare Ayurveda of Indian origin to allopathy of European origin revealing the fallacy of trying to evaluate Ayurveda on parameters of allopathy.

Any knowledge system, built as it is upon certain basic premises can serve to reveal only partial aspects of nature. The formulation of these premises are in turn influenced by the pressing needs of human society and a knowledge system is sought to solve these problems. Since these needs vary in relation to time and space, it is but natural for people inhabiting different spatial locations and time periods to build up knowledge systems on entirely different premises. The validity of a knowledge system rests in its ability to solve problems that it was created to solve. Universal attributes, however, are likely to be present in any worthwhile knowledge system.

The validity or

obsoleteness of Ayurveda can be decided only after a dispassionate examination of the system in its own

rights and steps in this direction will be crucial in deciding the future course

of development of Ayurveda in the sub-continent and the world.

**Contact address:** Ram Manohar, Darshan Shankar, Foundation for Revitalisation of Local Health Traditions, 50, MSH Lay Out, 2nd Stage, 3rd Main, Anand Nagar, Bangalore -560 024, India.

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## **CONFERENCE REPORT**

### **A Body of Knowledge?: The Relationship between Yoga and Science**

**Cambridge, 1-2 December 1995**

The Dharam Hinduja Institute of Indic Research held its winter conference entitled "A Body of Knowledge?: the relationship between Yoga and Science" at the Faculty of Divinity, University of Cambridge. This conference was the second of a series of regular conferences, seminars, lectures and workshops being initiated by the Institute. Yoga, broadly conceived, is an immensely rich and highly complex spiritual tradition comprising a great many approaches, schools, teachers and technical vocabularies. As a discipline within the Indic traditions which integrates mind and body, and in view of its sheer versatility and long history stretching back nearly three thousand years, Yoga can be recognised as one of the worlds foremost traditions of psychological and

spiritual transformation. By drawing on expertise in the areas of Yoga and Science, the purpose of this conference was to inquire not only theoretically into the nature of Yoga in the context of the relation between Yoga and modern notions of science, but also through group discussion and demonstrations, into the practice of Yoga.

Following the pattern set out in the Inaugural Conference, Part 1 (Day 1) consisted of academic papers which examined the intellectual heritage of Yoga and its relationship with Science, while Part 2 (Day 2) explored the practical/experiential dimension of Yoga. Highlighting the Welcome addresses of the conference, which included introductory remarks by Dr. Julius Lipner (University of Cambridge, and Director of the Institute), was the

presentation of a bronze bust of Mahatma Ghandi to the Faculty of Divinity by H.E. Dr. L.M. Singhvi, the High Commissioner for India. The conference then began with presentation by Dr. Stephen Hunt (Medical Research Council, Cambridge) entitled "Science and Consciousness" in which he spoke on what we can learn from Neuroscience about the conscious brain and our sense of self as well as the contribution molecular biology makes to our understanding of the mind. Critical of the tendency within science to reduce consciousness and warned of making unwarranted distinctions between mind and body, something which Yoga does not do. In his paper on the "Scientific Questions about Yoga", Dr. Fraser Watts (University of Cambridge) discussed various research

strategies on the effectiveness of Yoga. After dealing with "outcome" questions relating to the Yogic discipline. Dr. Watts hypothesised that Yoga is effective and helpful but not uniquely so. He then raised more subtle questions concerning the physical and mental "processes" by which Yoga achieves its effects (including posture and the "somatic focus of consciousness"), alerted us to the need for more sound research on the issue, and brought up some of the critical comments of C. G. Jung about the appropriateness of Yoga in the West.

The next paper by Dr. Ian Whicher (University of Cambridge, and Deputy-Director of the Institute), entitled "Yoga in Patanjali's Yoga-Sutras", centred on the main authoritative sources of Classical Yoga philosophy. His paper was an attempt to counter the radically dualistic and ontologically-oriented interpretations of Yoga given by many scholars and offered a more open-ended, morally and epistemologically-oriented hermeneutic which frees Classical Yoga of the long standing conception of spiritual isolation, disembodiment, self-denial and world-negation and thus from its pessimistic image. Dr. Whicher argued

that rather than culminating in a complete isolation of "spirit" (purusa) from "matter" (prakrti), Patanjali's Yoga can be seen as responsible engagement of these two principles resulting in an integrated and embodied state of liberated selfhood (jivanmukti). Dr. Daniel Mariau (University of Hull) spoke on the history and forms of Yoga showing how the tradition of Yoga has developed in different directions by responding to the needs of the time. He pointed out the centrality of Patanjala Yoga and was careful to distinguish Yoga from Samkhya. Dr. Mariau asserted that Yoga has for the most part stood outside mainstream orthodoxy and that the spirit of Yoga is essentially "heroic", not priestly. He outlined the importance of Shamanistic trance as part of the "roots" of Yoga and highlighted Tantra-Yoga which revitalized the bond between ritual and Yoga practice and states that transcendent Reality and the conditioned world are coessential.

Next came a paper by Dr. Karel Werner (University of London and Masaryk University, Czech Republic) on the goals of Yoga where it was suggested that there is only one goal of Yoga, namely "getting back to the source", a goal which described positively is a

direct encounter or knowledge of ultimate reality, or expressed negatively is liberation from one's dependence on limited forms of existence and on the laws which govern them, i.e. samsaric existence. Other so-called goals of Yoga including bodily health, magic and personal powers (siddhis), gratification of desires and therapeutic effectiveness are, it was argued, either transitory deviations of Yoga or marginal pragmatic approaches to Yoga practice. Dr. Werner explained various terms employed to denote the final goal including: amrta, nirvana, kaivalya and saccidananda. In her paper entitled "The Development of Modern Yoga" Elizabeth De Michelis (research student, University of Cambridge) looked at some of the major differences in how knowledge is transmitted in the traditional Indian context and the modern westernized context. Concluding that the educational approaches in both are quite different, she then contrasted the Indian strand with the Western strand of development in modern Yoga pointing out the powerful influence of western scientific approaches on modern Indians and the interest of Western "seekers" in the spiritual/mystical and the experiential. She concluded

with a look at the development of modern Yoga after World War II. Lastly, Dr. Robin Monro (Yoga Biomedical Trust, London and Cambridge) speaking on "The Scientific potential of Yoga", stated that, as well as being a spiritual path, Yoga is a science because it is grounded in disciplined experience. Dr. Monro discussed the positive effects, physically and emotionally, which Yoga postures and breathing exercises have had on others, effects which include an enhanced control of physiological processes leading to release of tension and greater well being. He argued that the methods of "disciplined subjectivity" in Yoga must be accepted on an equal basis with the objective methodologies of

modern science in the investigation of psychosomatic phenomena and that the potential fruits of such a partnership are enormous in the field of health care and medicine. On the second day of the conference three discussion groups under the headings of: Yoga Tradition, Contemporary Yoga Practice, and Yoga and Science, met in the morning session and were followed by group reports, questions, and an illustrated lecture on the history of Yoga provided by Elizabeth De Michelis. The afternoon session chaired by Dr. Francoise Barbiria-Freedman (University of Cambridge), included three presentations on the practical dimension of Yoga followed by questions and answers.

Here Velta Snikere Wilson (The British Wheel of Yoga), Shyam Mehta (Iyengar Yoga) and Dr. Robin Monro (Yoga Biomedical Trust) all contributed. The afternoon ended with concluding remarks from Dr. Julius Lipner.

The conference demonstrated the rich potential for dialogue between Yoga and science. The enthusiastic gathering of over 180 people each day was a clear indication of a growing interest and participation in such a dialogue- one that is, given a high standard of scholarship and pursued at a practical level, certain to prove very fruitful. The Institute wishes to thank all those that attended the conference for making it such a tremendous success.

Dr Ian Whicher, Cambridge.

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## REFLECTIONS

### South Indian Siddha medicine

The term Siddha means "accomplished", "perfect" or one who has attained supernatural powers of the body and mind. The Siddha system of medicine owes its origin to the concepts of longevity and medicinal practices associated

generally with eighteen Siddhas. The definition of medicine, according to Thirumular, regarded by some as the Father of Siddha system, includes the prevention of mortality as the special goal- a goal ever in sight but never

reached.

"A Physician is the son of an alchemist."

So goes a Tamil adage. In fact the Siddha medical system is an evoluate of TAMILIAN alchemy, mainly confined to Tamil Nadu (in South India) with

peripheral interests in the adjoining parts of the three other states of South India, northern part of Sr Lanka, Malaysia and Singapore where Tamilians live in considerable numbers. In effect the Siddha system is the medical system of Tamils, and its entire medical literature is in Tamil.

Tamilian alchemy owes its inspiration to the taoist seed ideas concerning Cinnabar and other mineral elixirs. It would appear that the milieu of Indian tantrism, the Taoist concepts and practices:- male-female symbolism, respiration, sexual, meditational and related aspects- appealed to the tantrik followers, who had similar thoughts and Yogic practices. The Buddhist mendicants and some commercial intercourse between India and China specially during the fourth and the seventh centuries A.D., were instrumental for Indias exposure to Chinese alchemy.

The Siddha system has firm faith in the Taoist alchemical concept, namely, the thought-linkage between aurification and immortality in the sense that if the ignoble metals could be transformed into gold of everlasting lustre, the physical body too could

become immortal or perfect by mercurial and other elixirs. the most important substance in this process of thinking is what the Siddhas call Muppu (an intimate mixture of three natural salts) which is to be added in small quantities to any Siddha medicine to enhance the efficacy of the latter.

An important aspect of the Siddha medicine is its faith in, and practice of, rejuvenation and immortalisation (Kaya Kalpa) of the body, using Muppu and certain plants. The variety of both mineral and animal products, and preparations from metals as well as gems. Broadly there are 64 categories of medicine- 32 for internal administration with dietary regimen and 32 for external application. As for the diagnostic methods, the emphasis in the Siddha system is on the examination of pulse and urine. Nevertheless, at some stage of its development, it accepted the three humoral diagnosis of the Ayurveda along with its postulate of five elements associated with its three humoral theory. Since independence (1947), like the other Indian traditional systems, the Siddha has received a new fillip and special patronage from the

government of TamilNadu. The traditional medicines not only continue to have their appeal but even are being preferred to allopathic medicine by a considerable section of Indian popular in such cases as the maintenance of vigorous health, possible cure of some chronic diseases like gastritis, peptic ulceration, asthma, hypertension, anaemia and skin diseases. While the Ayurvedic medicines hold the fort along with Unani throughout India and even abroad, the Siddha has its share in Tamil Nadu. The Central Council for research in the Indian systems of medicine has been promoting clinical trials of some standardised drugs, but based on traditional Siddha texts. From its esoteric beginnings about 1500 years ago, the Siddha has traversed a long way and has now begun to unfold a transparency which may help us understand its medicinal potentialities on scientific lines. Its relevance and future are interlinked with its ability to have a solid scientific foundation, though its tradition may survive in Tamil Nadu, since any tradition in Indian ethos dies hard.

Contact address: B.V Subbarayappa, Centre for the History and Philosophy of Science, The Indian Institute of World Culture, Bangalore 560 004 , India.

