



Asian Medicine

Newsletter of the
International Association for the Study of
Traditional Asian Medicine

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Editorial

This will be the last newsletter reaching members before the next IASTAM conference, to be held at Halle (Germany) in August. Preparations for the conference are well under way and we are hoping to be able to welcome a substantial number of IASTAM members as well as non-members working on Asian Medicine. The conference will provide an important forum not only for scholarly debates and practice-orientated exchanges, but also for the discussion and planning of new initiatives in our field.

The recent attacks on the World Trade Centre and the horrific loss of lives incurred on 11 September, as well as in its aftermath, have had immense human and political consequences. The trauma of terror and war has affected many lives in the United States, the Middle East and other parts of the world. The fall-out of this has even had an impact on humanitarian, scholarly and medical organisations that depended on international exchange links and support from the international community. With

political uncertainty and a 'fear of flying' being felt by many some projects in the Asian Medicine field have found it more difficult to sustain a high level of interest and support from people all over the world.

This highlights not only that we do indeed live in a 'global village' where all of us are affected in some way by what is happening next door. It also reminds us that the field of medicine and its scholarly study are not aloof from the realms of politics and global events - even if the art of healing itself is to be considered as a-political and a solely humanistic endeavour.

Sadly, the highly misleading rhetoric of the 'clash of civilizations' that has been rekindled in recent months may not be of a kind to encourage understanding - neither in the field of politics nor in regard to a respectful interchange between different cultures. This makes it even more important for associations like IASTAM to emphasise the continued relevance of an engagement with the study and practice of the different strands of Asian Medicine - regardless of how much the current political situation may engender a tendency towards cultural polarization.

We hope to be able to welcome at the IASTAM conference a substantial number of delegates from all over the world, and to enable practitioners and academics of different creeds, orientations and cultural preferences to engage in constructive and creative dialogue with each other.

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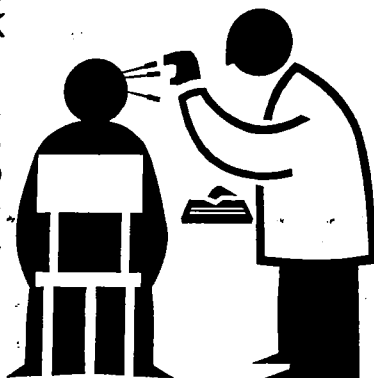
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Acupuncture in the UK: New Horizons

By John Wheeler

Traditional medicines in the UK are approaching a watershed in their professional status. The traditional acupuncture profession will be one of the first to be reviewed and re-organised in a broader regulatory framework for UK healthcare.

The need for reform is urgent. Under the 'common law right to practice' in the UK anyone can style themselves 'an acupuncturist.' There are few legal restrictions, and practitioners only have to meet the licensing requirements of local government bodies on matters such as standards of premises and waste disposal arrangements. Few local government officials are knowledgeable enough to scrutinise the standards of acupuncture training and practice. This has always been a concern to the



traditional acupuncture bodies, since it means that untrained and unsafe practitioners are free to practice almost without restriction. The vast majority of acupuncturists are, in fact, well qualified, but it is the lack of effective overall control which has alarmed the government. There could be as many as 3,000 of the UK's estimated 10,000 practitioners not governed by professional bodies.

The UK's House of Lords, in its Select Committee on Science and Technology Report, was particularly troubled by the lack of controls in the use of acupuncture and herbal medicine, both of which they felt had potential to cause harm. The Government endorsed this view and the Department of Health was instructed to deliver statutory regulation of the profession as

Ayurveda in Germany: Some Sociological Observations

By Gunnar Stollberg

Empirical studies published in Britain, the USA, the Netherlands and in Australia found that patients of heterodox healers are 'predominantly young to middle-aged'. They appear to come 'from all social classes'. However, there are more patients from professional, managerial, technical, business, and academic background than others. 'They are also likely to be more highly educated than (biomedical) doctors' patients ... Nearly two-thirds of the patients are women, much the same distribution as doctors' patients'.

Ursula Sharma, a British sociologist, found three types of users of heterodox medicine:

- the experimental or eclectic user,
- the stable and regular user of one form of alternative medicine, and
- the 'restricted' user of one form of alternative medicine for a single illness.

In regard to the social structure of German Ayurvedic patients, we lack special studies.

Medical Pluralism and Ayurvedic healers in Germany

As in other countries, medical pluralism exists in Germany, too. Biomedicine, folk medicine, homoeopathy, and naturopathy formed its

matter of urgency. Of the three main associations, members of two, those of the doctors and of the physiotherapists, are already statutorily regulated for their main activities. The majority of members of both have relatively low levels of training, often below the guidelines recommended by the World Health Organisation, and mainly practise adjunctive techniques. The third and largest body of traditional acupuncturists, however, now sets standards of entry equivalent to a three-year university degree course.

physiotherapists who wish to retain both use and title, and may cause the orthodoxy to close ranks and see off what they consider to be an external threat from traditional medicine.

The situation is, therefore, somewhat precarious. Delivering safe acupuncture could be achieved easily by *regulating practice* but at such a low level as to weaken the traditional acupuncturists' current status and aspirations. Delivering safe acupuncture by *regulating practitioners* might lead to an

This diversity of practice and levels of training means that there is no easy line to draw to protect the title of 'acupuncturist' and deliver the standards sought by government. If the entry level is set low to be inclusive, traditional acupuncturists are concerned that this will lead to a dilution of standards. Their fear is that orthodox medical health professionals will 'cherry-pick' techniques for use within the National Health Service, and that traditional acupuncture as a system will be marginalised. If, however, entry levels are set too high, this will exclude many doctors and

The vast majority of acupuncturists are, in fact, well qualified

internecine struggle with medical bodies over entry standards. The major associations, therefore, are trying to work closely with the Department of Health in order to balance high standards of entry for those wishing to be called 'acupuncturists', whether

traditional or medical, with the creation of mechanisms to ensure the safe use of acupuncture, thus preserving a broad range of skill levels within the regulatory framework. The traditional acupuncture profession remains sanguine about its current position,

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elements at the end of nineteenth century. Anthroposophical medicine was added after the First World War, while folk medicine is declining. More recently, Asian medical approaches like acupuncture and Ayurveda spread from the East to the US and Western Europe. In the field of pharmacy, homoeopathy, naturopathy, and anthroposophical medicine were recognised by German law as 'special schools of therapeutic thought' (*besondere Therapierichtungen*) in 1976. A polyreferential structure of recognising drugs was established. But this is not true for Ayurveda: importing drugs from India is almost forbidden, only the practice of Ayurveda is allowed.

acupuncture or Ayurveda do not exist yet. The German acupuncturist organisations have applied for official recognition of a special vocational training in acupuncture. While these organisations have not yet succeeded, up to now there has been no similar application for Ayurveda.

In the 1990s some 16,000 out of 117,000 physicians working in private practice applied homoeopathy regularly, and some 6,000 practised anthroposophical medicine. Some 10,000 practised acupuncture. These numbers are not mutually exclusive: all anthroposophical doctors also apply biomedicine, and often biomedicine, homoeopathy and acupuncture are applied by one person in a parallel or a complementary manner.

As compared with acupuncture, Ayurveda is

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Physicians can gain additional degrees/titles by further vocational education in naturopathy or in homoeopathy. Similar regulations for

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however. The successful research which has prompted greater acceptance of acupuncture was based on a medicalised approach to acupuncture treatment. The climate of evidence-based medicine which dominates British medical debate leaves the traditional acupuncturists at some disadvantage. Their lack of formal status within the medical hierarchy does not allow them access to the scale of funding necessary to conduct research trials which protect the dynamic and evolutionary nature of traditional diagnosis and treatment. The call

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for evidence of efficacy within a research culture dominated by the randomised double-blind control trial may yet prove the greatest impediment to the full acceptance of traditional acupuncture.

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not widely performed in Germany. This may be seen by the membership of professional organisations in 1999 in the table below.

Thus, Ayurveda or what goes under this name, forms only a small portion of medical approaches practised by German physicians. While the number of independent non-medically qualified healers (*Heilpraktiker*), who practise Ayurveda is increasing, few medical doctors outside Maharishi's centres

can concentrate on Ayurvedic practices - demand is not high enough.

Ayurvedic medical approaches in Germany

Let us now have a look at the dominant Ayurvedic approaches in Germany. Maharishi Mahesh Yogi has integrated the traditions of the application of drugs, meditation, and massage, which have been separated from

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Membership of professional organisations in 1999

Number of all German physicians	Approx. 287,000
Physicians in private practice	Approx. 117,000
Central Association of Physicians for Natural Healing (<i>Zentralverband der Ärzte für Naturheilverfahren</i>); an umbrella organisation of physicians practicing heterodox practices	Approx. 9,500
Central Association of Homoeopathic Physicians (<i>Zentralverein Homöopathischer Ärzte</i>)	Approx. 3,000
German Physicians' Society for Acupuncture (<i>Deutsche Ärztesgesellschaft für Akupunktur</i>); the greatest organisation of physicians trained in traditional Chinese acupuncture	Approx. 11,000
Maharishi Ayurved	9 health centres; approx. 50 physicians and practitioners

