



# ASIAN MEDICINE

NEWSLETTER of

**INTERNATIONAL ASSOCIATION  
FOR THE STUDY OF  
TRADITIONAL ASIAN MEDICINE**

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## EDITORIAL

Contrary to the statement in the December newsletter, we have decided to go ahead with another issue just before the IASTAM conference in Halle. We hope that many of you will be able to attend this important meeting and to push forward IASTAM's role in the study of traditional Asian medicine as well as in providing a collegial forum for both practitioners and scholars. With the recent launch of a new initiative by the World Health Organization that aims at a global policy for the validation and regulation of traditional health care options (see leading article), IASTAM's potential as an advisory body and its set-up as a well-functioning network of research-led practitioners has been highlighted yet again. The conference will provide a timely opportunity to discuss further how IASTAM members would like their association to take part in new policy initiatives such as the one set out by the WHO. Much has happened in the alternative and traditional medicine field since IASTAM's inauguration in the 1970s. The Halle conference will be a good opportunity to re-confirm the emphasis in the previous mission of IASTAM as an association for the *study* of traditional Asian medicine or to re-consider and broaden IASTAM's mission statement in the light of the developments that have occurred in the last quarter-century.

It would however be inappropriate if only those who attend the ICTAM were able to have a say in the ways in which IASTAM is going to move forward. We would like to ask those members who are not able to attend the conference, to send us their views and suggestions prior to the Members' meeting that will be held during the conference. Ideas and comments on how you see your association's mission are most welcome and will be put to discussion on your behalf; as will recommendations for the Basham medal, and offers to host the next ICTAM and, indeed, any other concerns relating to the Association's development.

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## CONTENTS

	PAGE
The WHO launches the first global strategy on traditional and alternative medicine	2
Book Review: G. J. MEULENBELD: <i>A History of Indian medical literature</i>	4
G. J. Meulenbeld honoured	7
Book Review: WALTRAUD ERNST (ed.): <i>Plural Medicine, Tradition and Modernity, 1800-2000</i>	8
Website Information	10
Forthcoming Conference: <i>Ayurveda and World Health, November 2002</i>	11
Networking for Members	12
New Member	13
Members and ICTAM News	13
ICTAM Conference - Preliminary Programme	14
IASTAM Council Members	14
New Publications received for review	15
IASTAM Details	15
Announcement: <i>AYURVIJNANA Vol. 8, 2002, on traditional Mongolian medicine</i>	16

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## THE WHO LAUNCHES THE FIRST GLOBAL STRATEGY ON TRADITIONAL AND ALTERNATIVE MEDICINE

*The WHO has recently issued a press announcement that might be of interest to IASTAM members. We have therefore decided to print it in this newsletter.*

Traditional medicine is becoming more popular in the north and up to 80% of people in the south use it as part of primary health care. The situation has given rise to concerns among health practitioners and consumers on the issue of safety, above all, but also on questions of policy, regulation, evidence, biodiversity and preservation and protection of traditional knowledge.

The World Health Organization (WHO) has recently released a global plan to address those issues. The strategy provides a framework for policy to assist countries to regulate traditional or complementary/ alternative medicine (TM/CAM) to make its use safer, more accessible to their populations and sustainable.

“About 80% of the people in Africa use traditional medicine. It is for this reason that we must act quickly to evaluate its safety, efficacy, quality and standardization – to protect our heritage and to preserve our traditional knowledge. We must also institutionalize and integrate it into our national health systems.” says Ebrahim Samba, WHO’s Regional Director for Africa.

In wealthy countries, growing numbers of patients rely on alternative medicine for preventive or palliative care. In France, 75% of the population has used complementary medicine at least once; in Germany, 77% of



pain clinics provide acupuncture; and in the United Kingdom, expenditure on complementary or alternative medicine stands at US\$ 2300 million per year.

But problems may arise out of incorrect use of traditional therapies. For instance, the herb *Ma Huang* (ephedra) is traditionally used in China to treat short-term respiratory congestion. In the United States, the herb was marketed as a dietary aid, whose long-term use led to at least a dozen deaths, heart attacks and strokes. In Belgium, at least 70 people required renal transplant or dialysis for interstitial fibrosis of the kidney after taking the wrong herb from the Aristolochiaceae family, again as a dietary aid.

“Traditional or complementary medicine is victim of both uncritical enthusiasts and uninformed skeptics,” explains Dr Yasuhiro Suzuki, WHO Executive Director for Health Technology and Pharmaceuticals. “This strategy is intended to tap into its real potential for people’s health and well-being, while minimizing the risks of unproven or misused remedies.”

In developing countries, where more than one-third of the population lacks access to essential medicines, the provision of safe and effective TM/CAM therapies could become a critical tool to increase access to health care. But while traditional medicine has been fully integrated into the health systems of China, North and South Korea and Viet Nam, many countries have not collected and standardized evidence on this type of health care.

The global market for traditional therapies stands at US\$ 60 billion a year and is steadily growing. In addition to the patient safety issue and the threat to knowledge and biodiversity, there is also the risk that further commercialization through unregulated use will make these therapies unaffordable to many who rely on them as their primary source of health care. For this reason policies on the protection of indigenous or traditional knowledge are necessary.

About 25% of modern medicines are descended from plants first used traditionally. The efficacy of acupuncture in relieving pain and nausea has been well established. Randomized controlled trials also offer convincing evidence that therapies such as hypnosis and relaxation techniques can alleviate anxiety, panic disorders and insomnia. Other studies have shown that yoga can reduce asthma attacks while tai ji techniques can help the elderly reduce their fear of falls.

As well as addressing chronic conditions, TM can also impact on infectious diseases. In Africa, North America and Europe, three out of four people living with HIV/AIDS use some form of traditional or complementary treatment for various symptoms and conditions. In South Africa, the Medical Research Council is conducting studies on the plant *Sutherlandia microphylla*’s efficacy in treating AIDS patients. Traditionally used as a tonic, this plant may increase energy, appetite and body mass in people living with HIV.

The Chinese herbal remedy *Artemisia annua*, used for almost 2000 years, has recently been found to be effective against resistant malaria and could give hope of preventing many of the 800 000 deaths among children from severe malaria each year.

The WHO TM/CAM strategy aims to assist countries to:

- ◆ develop national policies on the evaluation and regulation of TM/CAM practices;
- ◆ create a stronger evidence base on the safety, efficacy and quality of the TM/CAM products and practices;
- ◆ ensure availability and affordability of TM/CAM, including essential herbal medicines;
- ◆ promote therapeutically sound use of TM/CAM by providers and consumers.

The strategy, a working document for adaptation and regional implementation, and more information on TM/CAM can be accessed on:

<http://www.who.int/medicines/organization/trm/orgtrmmain.shtml>

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All WHO Press Releases, Fact Sheets and Features as well as other information on this subject can be obtained on Internet on the WHO home page  
<http://www.who.int/>

## BOOK REVIEW

G. J. MEULENBELD

*A History of Indian medical literature*,  
Groningen, Egbert Forsten Publishers  
(Groningen Oriental Studies, xv), 1999, pp.  
3200, 5 vols. [vol. 1a text, vol. 1b notes, vol.  
2a text, vol. 2b notes, vol. 3 indexes].  
ISBN 90 6980 1248

BY FRANCIS ZIMMERMANN

Professor G. Jan Meulenbeld, the Dean of Ayurvedic studies worldwide, gives us, in more than three thousand pages of erudite text, annotations and indexes, a monumental work of truly tremendous scholarship. The first volumes appeared in 1999, and the final one comprised of various indexes was published earlier this year.

*A History of Indian medical literature* covers the whole of Sanskrit medical texts, from the beginning up to the most recent period; texts written in Pali and Prakrit are included, as well as some in Hindi. Apart from the medical literature in its more limited sense, it also deals with encyclopaedias containing Ayurvedic material, a number of Tantric texts, veterinary treatises, chemical texts (*rasasastra*) and gemology (*ratnasastra*).

### CLASSICAL AND POST-CLASSICAL SANSKRIT TEXTS

The two parts of the first volume are devoted to four basic texts: *Carakasamhita*, *Susrutasamhita*, *Astangahrdayasamhita*, *Astangasangraha*, their commentaries, and the authorities associated with these texts. The central position of these elaborate treatises and their influence on the later literature, which can therefore be designated as post-classical, justified allotting much space to their description (vol. 1a) and annotations (vol. 1b), with both cross-references between the basic texts and references to the secondary literature on many basic terms and concepts. Indological, medical-historical studies and recent Ayurvedic literature have been perused and all the available data have been collated for the benefit of readers from diverse backgrounds. The notes are meant as a guide to the extensive secondary literature, not only to publications of a philological and

historical nature, but also to publications on contemporary experimental and clinical research conducted within the framework of the Ayurvedic system of medicine.

One of the author's rules was to adopt, as far as possible (mainly in volume II), one and the same basic scheme in the description of texts: contents first, special features next, and information on author and date at the end. Content analysis is presented in the form of summaries, the phrasing of which keeps close to the original. Sanskrit scholars will notice that these summaries are modelled on the literary format of Sanskrit vyakhyana-s. Technical terms are both systematically mentioned in Sanskrit and glossed in English. This meticulous rewording-cum-summarizing in English interwoven with Sanskrit is of tremendous help to gain an exhaustive account of technical details. The unremitting emphasis is on nosology (that constitutes the core of the medical system in any humoralist system of medicine), with the *Madhavanidana*, the most authoritative textbook in this field, as the fixed point of orientation. It is especially due to this emphasis on nosology that comparativists and students of Chinese or Galenic medicine, etc., who are investigating into parallels between the various learned traditions of medicine, will find a gold mine in Meulenbeld's *History of Indian medical literature*.

The post-classical literature, from the Bower Manuscript and *Bhelasamhita* onwards, covers the two parts of volume II. A large number of texts have been described regardless of their impact or age, with the objective of furthering the study of historical developments whether influential or marginal. Chronological developments are inferred from the interrelationships among treatises, the borrowings, quotations, etc. found in the texts and the commentaries. While volume I revolves around only one well-defined literary genre, namely, works composed in the particular style of medical samhita-s that are conveniently called «treatises,» volume II treats various literary genres that emerged only in the post-classical period including dictionaries of materia medica (*nighantu*) and pharmaceutical formularies.

### COMPARING

We would like here to give a brief account of the underlying problematics, as it reveals itself to a student of Ayurveda using this work for reference. At least three approaches or methodological procedures are involved, namely, (1) comparison and cross-ref-

erences between the Sanskrit texts, (2) translation and paraphrase of Sanskrit terminologies in the domains of diagnosis, nosology, therapeutics, pharmacy, etc., and (3) contextualization of the Ayurvedic literature through references to different regional traditions and other aspects of South Asian culture. Here are a few remarks on each of these three methodological procedures.

There should not be any misunderstanding about the title of Meulenbeld's work. It is neither a continuous history of Indian medical literature, nor a medical history that, in a chronological order, would sketch progressive and regressive lines of development, losses and growth regarding theory and practice, changes in the materia medica and the types of preparations employed, etc., although a great deal of scattered information can be found in it. Such a history remains to be written. What prompted Meulenbeld was his conviction that an ongoing story to be eventually written required a preceding systematic review of the sources. A systematic review means both collation and comparison.

The basic methodological procedure is the following. A Sanskrit text is summarized, which exposes some basic fact or technical doctrine. Parallels in other texts are collated and compared, to assess the exact meaning or historical significance of the given fact or doctrine. Let us give two examples taken from the first pages of volume I. The beginning of the *Carakasamhita* describes a large assembly of sages assembled on the slopes of the foothills of the Himalayas. Parallels are adduced from various domains of the Sanskrit literature. Meulenbeld convincingly concludes (vol. 1a: p. 10) that Caraka's list of sages may have been inserted in order to stress the connection between Ayurveda and the Vedic tradition, the orthodoxy of its teachings, and its association with the brahmins. One page further (Caraka, *sutrasthana* 1.46-47), the pums (= purusa), ie., the patient (the subject of Ayurveda), is described as a combination (samyoga) of three constituents (tridanda): sattva (= manas), atman and body (sarira). Not only do we have the exact Sanskrit phrasing with English glosses, but also a note referring to Arion Rosu's and Priya Vrata Sharma's discussion and collation of other textual evidence on this philosophical and medical doctrine about man as a tripartite arrangement of mind, soul and body.

Thousands of technical facts and doctrines have thus been illuminated through comparison. The fore-

going examples are very basic, and we cannot here engage in specialized discussions. But I would like to point out one historical and conceptual issue of outstanding importance that has been superbly addressed by Meulenbeld through this method of collation and comparison. A number of scholars have long been advocating the tradition according to which Vagbhata was a Buddhist. Through the exhaustive review of all available evidence, and the meticulous analysis of the Sanskrit terminology involved, as for instance the connotations and occurrences of the word *maitri* (benevolence towards all living beings), etc., Meulenbeld's pages (vol. 1a: 602-612) discussing the religious persuasion of Vagbhata cast new light on the dialectical relationships between medicine and religion.

Regarding a particular religious persuasion of Vagbhata, an unequivocal conclusion cannot be reached. Meulenbeld, nevertheless, emphasises one most salient characteristic, which catches the eye again and again when reading both the *Astangahrdayasamhita* and the *Astangasangraha*, namely, a clear-cut syncretistic attitude, repeatedly expressed by means of an ambiguous phraseology - for instance (vol. 1a: p. 607), the first words of the *Hrdaya, ragadiroga*. . . «The [series of] diseases beginning with raga» that may designate either the Three Poisons of Buddhism (*raga, dvesa, moha*) or the Five Afflictions of Hinduism (*avidya, asmita, raga, dvesa, abhinivesa*) - or a juxtaposition of elements derived from conflicting religious beliefs, so that the learned medical tradition would always be easily accepted in the social and ideological context of any of the prevailing religious persuasions.

## TRANSLATING

The five-volume set of Meulenbeld's *History*, especially when you enter it through volume III (actually the fifth and only recently published) that contains the indexes, constitutes a technical and critical dictionary of Sanskrit words and proper nouns, exhaustively compiled from the extant Ayurvedic literature. It should definitely be available in the reference section of all research libraries. It cannot be ignored by any student of Sanskrit irrespective of his or her domain of specialization. For lack of space in this short review, we shall let aside proper nouns, that is, the compilation of textual, legendary and historical evidence on Authorities associated with, or mentioned in, the Ayurvedic classic texts, and we shall focus upon the translation of technical words.

Broadly speaking, but from a critical and philosophical point of view, three terminological domains are involved, namely, (1) names of drugs and source materials in materia medica, (2) special terms used in physiology, nosology, therapeutics, pharmaceuticals, etc., and (3) polysemic words that are commonly used in Sanskrit literary, religious and philosophical texts, that were ascribed specialized meanings in the Ayurvedic system of thought. These constitute clearly three different terminological domains, when we consider the way they have been translated.

The first domain, the names of drugs, presents difficulties of its own, which could not be addressed in the present enterprise. Regarding a large number of drugs and ingredients used in compound medicines, different materials have been used at different times in different places under the same Sanskrit name, and modern identifications of the source materials that were referred to in the classic texts are a matter of discussion among scholars and practitioners. As a rule, the source of botanical names mentioned in Meulenbeld's *History* is the *Wealth of India: Raw materials*, which is the most authoritative of materia medica compilations in modern India. But translations of the Sanskrit names of drugs will remain most illusory, and ancient recipes will remain a dead letter, until the classic or post-classic text you want to understand, whichever it is, is contextualized (see below).

The second domain is that of medical terminologies. The translation of the names of the organs and of diseases is a matter of technical debates where classical philology (interpreting textual descriptions) must be combined with modern medical science (providing accurate descriptions of a given organ or disease). Meulenbeld's annotations are extremely precious on this terminological domain, first of all because he traces a clear line of demarcation between what is acknowledged by modern scholarship and what is a matter of debate. Whenever a large consensus among scholars allows to do so, technical words are both mentioned and translated in the main text. This is the case for a number of names of the organs like «yakrt (liver)» and «pliha (spleen)», whereas *kloman*, the meaning of which is controversial (the lungs?), remains untranslated but discussed in the notes with an exhaustive bibliography. As for disease names, the word *apatataka*, for instance, has been translated into English by Priya Vrata Sharma as «tetanus.» Without entering a formal discussion, on

the first occurrence of the word in his survey of the classic texts (vol. 1a: p. 73, ie., Caraka, *cikitsasthana* 25.29cd-31ab), Meulenbeld gives us (vol. 1b: p. 132, n. 670) all the necessary clues to the debate among medical historians (Grmek on tetanus in ancient Greece) and references to modern ethnographic descriptions of tetanus in newborn children. These are only two «entries,» so to speak, among hundreds of other notes or entries (if you enter the five-volume set from the proper index), that together constitute an invaluable dictionary of Ayurvedic terminologies.

The third terminological domain is mainly comprised of philosophical and other words and phrases, representing specific categories of thought in classical India, that have traditionally been appropriated to the medical discourse with specialized meanings in special contexts. One of such words, for instance, is *paka*, which designates digestion, transformation of bodily constituents, maturation, cooking, the formation of pus, etc. Readers of a medical description of ulcers and their treatments in the form of poultices that are prescribed for inducing «maturation (*paka*),» are reminded in the notes (vol. 1b: p. 133, n. 703) of the importance of the religious polarity between the raw (*apakva*) and the cooked (*pakva*), with due bibliographical reference to Louis Dumont, Charles Malamoud and others.

I cannot elaborate upon the distinction I made between the referential value of words like *apatataka* (tetanus?) that is referring to an objective reality that can be grasped ethnographically, and the indexical value of words like *paka* (maturation) that is ambiguous because of its occurring elsewhere in philosophical and religious contexts. The foregoing quotations have shown that Meulenbeld implicitly made the difference between the two domains. I must skip further remarks on the process of translation, but I am convinced that a discussion of the conceptual and linguistic differences between type 2 (referential) and type 3 (indexical) of Ayurvedic terminologies would be most rewarding. Although Meulenbeld's *History* belongs with classical indology and Sanskrit philology, it provides ethnoscientists with a rich corpus of discourse on medical realities that exemplifies the constant switching between two levels of speech.

## CONTEXTUALISING

Another thread that could lead to the core of Ayurvedic medicine is that of the different regional traditions. Medical practice evolved in the context of

