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EDITORIAL

In her editorial the editor of the former IASTAM Newsletter, Madhulika Banerjee, proposes to start a discussion on the widening of IASTAM's base. Banerjee argues that because of the rising popularity of Asian medical traditions the need of the day is to tell the world about the researches done by the scholars who up to now have been the backbone of our organization that was established in the 1970s by A.L. Basham (The Wonder that Was India; A Cultural History of India) and Charles Leslie the editor of two influential volumes on Asia's medical traditions (Asian Medical Systems, Paths to Asian Medical Knowledge). Both scholars analyzed medicine as a cultural activity and argued that our understanding of Asian medicines would benefit from a analysis of the historical, cultural, social and epistemological context by which they are shaped. Indeed all forms of medicine, as well as any other knowledge system, are informed by specific social relations, ontologies and epistemologies. Banerjee rightly argues that the time has come to seek a wider audience for the scholarly findings of over thirty years of research done by philologists, social-historians and anthropologists. She suggests that with the proliferation of goods and services related to medical entities such as Traditional Chinese Medicine (TCM), Ayurveda and Tibetan Medicine - the three traditions that have been the most successful in exporting their commodities and knowledges - the time has come to seek collaboration with other players in fields such as public health policy, regulatory bodies, non-government organizations like those of consumers, practitioners, educators and manufacturers. The first issue of IASTAM's forthcoming magazine, Asian Medicine-Tradition and Modernity, is a concrete example of this strife to enlarge IASTAM's base. The periodical which will appear twice a year tries to get practitioners of the different streams of Asian medicine interested in IASTAM and its activities among which the organization's international and regional conferences hold a prominent place. The sixth International Conference on Traditional Asian Medicine (ICTAM 6) will be held in April 2006 in the USA (for information on this conference and on IASTAM's new magazine see further onwards in this Newsletter.)

When we succeed in drawing the interest of a wider range of stakeholders to IASTAM and its activities questions such as who and what does IASTAM represent and what are the organization's objectives, will become more acute. We all have to address these questions. A related issue is to see if we can agree upon at least some common ground on which we built research, policies and practices. If not we will end up with a 'epistemological carnival' (Cohen 1995) making transparent communication and presentation difficult. In the meanwhile the IASTAM Newsletter will continue offering a platform for informing each other on our research work and related activities such as the organization of conferences and symposia. In this issue Simon McGarvie tells us about the practices of North Indian hakims, physicians who get their legitimization from a common Greek-Islamic-Indian legacy. McGarvie's contribution is interesting because of two reasons. Firstly he draws our attention to a Asian medical tradition which has been underexposed. Secondly, McGarvie mainly writes about practitioners belonging to what is aptly called the non-codified stream of Indian medicine which consists of practitioners having gained their knowledge through apprenticeship. The article is followed by the usual items that make up our newsletter such as conference announcements and reports, descriptions of work in progress and book reviews.

Maarten Bode
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Hakims of Far North-West India

Simon McGarvie

Late in 1998 I traveled through several regions of far north-west India in search of alternative medical practitioners. I hoped simply to learn something of them and their medical ideas and practices. The response to my interest was overwhelming, both from local laypeople and academics who provided information and leads, and from the medicos themselves. More than once I was told, 'You are our messenger to the world!' In the regions of Ladakh, Kashmir, Jammu, the Punjab and Himachal Pradesh I interviewed dozens of vaids, hakims, homeopaths, bonesetters, pirs, gurus and snake healers. The following excerpt focuses on hakims and comes from the much longer complete article at f2.pg.briefcase.yahoo.com/simonmcgarvie
With an emphasis on those without formal qualifications, especially older practitioners, the descriptions below provide glimpses of hakims among the great variety of medicos practicing in north-west India on the eve of the twenty-first century.

What is a Hakim?
Mohan Singh Vaid, the nineteenth-century Sikh poet, writer and social reformer who established the family medical practice Mohan Singh Vaid and Sons, learned his art from a medical practitioner he met by chance on a morning walk in the Punjabi village of Pedi, a few kilometres from Tarn Taran. The young, recently qualified vaid Dr Avilochan Singh described his great-grandfather's teacher as a hakim. That a vaid so highly regarded in the region's history could be said to have learned his art from a hakim was an indication of the variety of meanings accorded the two titles. Many of those interviewed maintained that the distinction between vaid and hakim was purely linguistic. Som Nath Vaid, an 85-year-old who worked from a dispensary located in the Shalimar area of the Old City of Jammu, said that Urdu speakers - in general India's Muslims, estimated to be approximately a quarter of the country's population -

would tend to use the title hakim, whereas Hindi speakers would use the term vaid to describe the same medical practitioner. Pandit Puranjan Sharma, a long-serving vaid in the village of Mera, in the Jammu region, who had gained his complete knowledge of medicinal herbs in just one and a half months from an educated saint, also saw the use of either vaid or hakim simply as linguistic convention.

The word hakim could also be simply a caste name. Kashmiris said there were whole villages where most inhabitants were named Hakim, even if few of the villagers would be considered medical practitioners. Throughout Kashmir villagers popularly regarded any old man with a long, white beard as a hakim, someone who by virtue of his long life was thought to have acquired the necessary wisdom and knowledge, both medical and spiritual, to treat illness. Expressing another common view, a senior allopath in Jammu insisted that a hakim was strictly a herbalist. For the highly qualified hakims practicing at Kashmir's premier Unani outpatients department at the Regional Research Institute of Unani Medicine in Srinagar, a real hakim held the five-year BUMS degree, the Bachelor of Unani Medicine and Surgery. A student studying for this degree in the city said that she would have no hesitation in applying the theory and practice of both the allopathic and Unani medical systems after she had graduated.

Andrew Dalgleish, the young Scottish adventurer and trader who traveled extensively in the western Himalayas in the nineteenth century, was called hakim by local people because he carried medicines, allopathic in this case, which he distributed to the communities he visited. Likewise, the Scottish medical missionary Elmslie, who in each of three consecutive years in the mid-1860s travelled via the villages en route from Lahore to Srinagar, was announced as a hakim even though he practised as an allopath.

The wide variation in qualifications and approach among those practising as hakims both in earlier times and today reflects a similar variation seen among vaids. But while such variation has allowed medical practitioners to create innovative approaches to healing adapted specifically to local conditions, such individualism is believed to be one factor hindering the development of traditional medical systems.

In Unani the ideal of a real hakim was - and, for some, continues to be - a court-based man of great wisdom, as much philosopher as physician, who had learned his art apprenticed to his father or another male member of the extended family. At the end of the nineteenth century the revered Hakim Ajmal Khan took steps to replace this traditional familial system of apprenticeship with a system of formal, standardised education for hakims. His father and older brother had already founded the Madrasah Tibbya in 1883, officially inaugurated in 1889, which offered a formal three-year degree course. By 1900, 65 students had completed their studies and were awarded degrees.

In the mid-1800s a British administrator by the name of Mercer trained Punjabi village hakims in the basics of allopathic medicine so as to provide more widespread medical care in the region. But no matter how well intentioned his programme, it was never designed to promote hakims as practitioners of Unani medicine, for he envisaged that they would gradually be converted to the exclusive practice of allopathic medicine. In the face of opposition from professional allopaths in the Punjab the hakim programme was brought to a close by 1880.

The Mongols centuries ago, the British in more recent times and nowadays quacks are all said to have hindered development in traditional medical systems. But Jammu and Kashmir's first qualified hakim in independent India, Hakim Tahir Mufti, a former state director of health and now the principal of Srinagar's Tibbya College, said that Indians had never tried to understand their own medical systems. Until 1947, vaids and hakims had a common cause in fighting the allopathic orientation of medical policy under the imperial British administration. But even Hakim Ajmal Khan's attempts to unite vaids and hakims as a force in medical practice had ended in disagreement.

In an echo of the declaration by a Gujar settled on Jammu's Tawi Island, that there are no real vaids left, some Indians, such as a senior Kashmiri journalist in Srinagar, said that there are no real hakims left.

In academic circles today a hakim is commonly defined as a medical practitioner who practices Unani, while a vaid practises Ayurveda. But in north-west India there was a whole spectrum of physicians of sharply differing qualifications and practices who called themselves hakim and who were recognised and consulted as such by the local population, as the following select examples illustrate.

Practising Hakims

Hakim Sardari Lal Sajgotra, practicing in the heart of Jammu city at Koda Hai's, a clinic named after his recently deceased father, was a traditionally trained hakim. A slim and fit man for his forty-seven years, he was dressed in a pale-brown, lightweight two-piece suit and wore a closely trimmed greying beard. He was the seventh generation of a family tradition started when his ancestors had begun acquiring medical skills from other men in their village. At the time of Partition his family had migrated from Sialkot, now in Pakistan. He was training his son to carry on the same medical tradition in Jammu. Although not formally qualified, he owned several old, hand-written books. Written by his predecessors in Sanskrit, Hindi, Urdu or Arabic, the name of each disease appeared in red script, the diagnosis and treatment in black. Despite the various languages used, he confirmed that the books were strictly Unani medical texts. They included images of medical implements such as knives and syringes. (In one of the books there were also several loose cards bearing images that might have been from the Kama Sutra. It was suggested, a little tongue in cheek, that they might be used for marriage counselling.) In 1996 he was awarded 20,000 rupees by the Government of India for the books' preservation. After many years' practice he seldom used them, the knowledge now second nature. He also said that he was not a teacher and hence was not in a position to teach young people studying Unani in colleges today. He treated mostly skin diseases and sometimes jaundice. After diagnosis he usually gave his patients medicines he had prepared himself and mixed with a dairy product, typically butter. Many of his medicines he created by trial and error. He mixed them from raw ingredients bought in

local markets or Delhi, or gathered in the nearby forests, grinding them with mortar and pestle. One of his great successes had been to create a remedy for skin allergies that began to appear in the 1970s when foreign grasses were planted in the area. He didn't trust commercially produced medicines, concerned as he was about the property-changing effects of high-speed machinery used in production.There were few restrictions in Unani, he said. He tended only to caution patients against excessive intake of fat and salt. He also treated sciatica, abscesses, anal fistulas, piles and carbuncles. For sciatica, for example, he would cut the patient's leg with a very old pocket knife stamped with the date 1886, before inserting a paste and covering the wound with a bandage. He did not attempt to treat cancer, heart disease or orthopaedic conditions, referring such cases to an allopath. Allopaths also referred patients to him. His charges were nominal.

In the Punjab, Hakim Abdul Shakoor was the first in his family to be a hakim. A hakim, he said, was a practitioner of Unani, while a vaid practised Ayurveda. A short, lean man dressed in a khan suit and a white Muslim cap, he was originally from Uttar Pradesh. As a young man, he became interested in Unani while watching hakims treat patients, and decided that he too wanted to help people. He thought that a college education was necessary today, and owned several textbooks himself, but he had learned the rudiments of Unani from his father. He had no apprentice. To diagnose a condition he established the patient's history and performed an external examination. He would check the pulse, abdomen, chest and heart, just like a modern doctor, he said. He would also look at the colour of the person's urine and eyes. If he was unable to diagnose a problem on this basis he would send the patient's stools for modern scientific analysis. Working from within a pharmacy in the busy pharmaceuticals trading quarter in Amritsar, he used both Unani and Ayurvedic herbal remedies, often those produced by the huge Unani medicine manufacturer Hamdard. While he charged for medicines, consultations were free. He did not perform surgery of any kind. He believed allopathy and some of its medicines could produce undesirable side effects and were not effective in treating some diseases, such as diabetes. In addition, although believing money rather than the desire to help people motivated most allopaths, he referred patients he could not treat to practitioners of allopathy. As modern life was becoming increasingly fast-paced, he explained, patients sought the immediate recovery offered by allopathic cures. As a consequence, he typically treated older people suffering from catarrh, colds and rheumatism, and those with chronic conditions an allopath was unable to treat. A great many of his patients suffered from sexually transmitted diseases. In the final analysis, he wished to offer patients both medical treatment and, as he termed it, God's blessing.

Pandit Manoharlal, short in stature and dressed simply in grey slacks, white shirt and rubber slippers, was a 75-year-old who for half a century had dispensed herbal remedies to his customers. For the last twenty years he had done so from the roadside opposite Khalsa College on the Grand Trunk Road in Amritsar. Born in Lahore, he came to India in 1947. As his formal education had finished with primary school, he had learned his trade from his grandfather. His dispensary of sorts consisted simply of two wooden benches and two wooden boxes stacked with glass bottles labelled in Urdu. He also owned a book about Ayurveda, written in Urdu and published in 1962. Calling himself a hakim, he believed there was no difference between Unani and Ayurveda. The conditions he treated included indigestion, sex diseases (including impotency and leakage of semen with urine), skin diseases, which he believed to be a manifestation of all illness, respiratory complaints such as asthma and coughs, and diabetes. Whatever the ailment, his treatments took time.

In Kashmir, Gulam Kadir Rishi, a slim sixty-year-old wearing a flowing brown gown, a long white beard and the simple white Muslim cap, practised in a large room in his house in the village of Dhara Sadpur. In the corner furthest from the door he sat cross-legged on the only furniture, a small square wooden platform on legs raising it a short distance above the floor. From the age of fifteen he had squeezed beside his father on the same platform to learn the methods he now applied in his clinic. He was the third generation in his family to be a hakim, his grandfather having learned the art from a holy man visiting from Kabul. He was now training his own son. He was an expert in snake bites. He estimated he had treated more than five thousand of them in an area extending to a radius of one hundred kilometres from Dhara. Many of his snake bite patients were soldiers serving with the Indian army. On Sundays the spacious room was filled to capacity with patients suffering from jaundice, another of the hakim's specialities. (He also visited jaundice patients in Srinagar's hospital once a week.) Three-quarters of his patients suffered back complaints. He attributed this to both the inadequate warmth provided by concrete housing during the cold winters and, in the case of women, wearing high heels. Treating one young girl for scabs and infection where her upper arm rested against the skin below her armpit, the hakim produced a large fold-out knife and waved the blade back and forth above the injury, blowing regularly on the affected area. When sick, many Kashmiri villagers blow intermittently on a glass of water while reading the Koran before drinking the water to cure themselves of an ailment. They also wear amulets bearing inscriptions from the holy book of Islam, and sometimes eat similarly inscribed paper amulets soaked in water. Gulam Kadir Rishi's materia medica consisted of natural substances alone, mostly herbs gathered in the surrounding forest rather than bought at a market. He prescribed no other kinds of treatment, such as visiting curative springs - which exist in Kashmir - nor did he, in spite of his knife, perform surgery or use implements of any kind on the body. He was to a large extent a faith-healer. As a hakim, he said he worked through religiously inspired medical means. As a pir, he solved medical problems by religious means alone. He used no text books, his knowledge acquired entirely in the clinic from his father. When asked how he performs diagnosis his response was immediate: 'The face is the index of a man'. And although his patients were exclusively Muslim, a patient's particular faith was not a factor determining the success or failure of a treatment. Paraphrasing the most basic tenet of Islam, he said there is only one God, that 'God is one'. Gujars, who constitute an estimated one quarter of