



The International Association for the Study of Traditional Asian Medicine

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ICTAM VII Bhutan 2009

At the 6th Congress of the International Association for the Study of Traditional Medicine, held at Austin Texas in April 2006, it was agreed to accept the offer conveyed by Dorje Wangchuk, Head of the Traditional Medicine Institute in the Bhutanese capital, Thimpu, for Bhutan to host the next meeting of the Association in 2009. The exact dates of the 7th Congress remain to be finalized, but it is expected that it will be held in late August of that year.

The staging of the Congress in Bhutan is a significant initiative. The Himalayan kingdom nestled between India and China is a Buddhist monarchy culturally most akin to, although always politically separate from, Tibet. Almost entirely mountainous, its population is understood to be less than one million, and it has historically sought to retain a large measure of isolation from the outside world in order to preserve its unique Buddhist culture. But over the last decade or so Bhutan has gradually increased its regional profile and its openness to the world. Television has been allowed since the late 1990s, while

the number of foreign tourists permitted to enter the country has now grown to over 10,000 per annum. Yet this engagement with Western modernity is on Bhutan's own terms. In line with Buddhist sensibilities, cigarette smoking is forbidden to Bhutanese, while government servants must wear national dress and all new buildings must follow traditional architectural models - even the petrol stations are in Bhutanese style! In addition, no doubt partly in response to the obvious social and economic problems of its neighbours engagement with modernity, the Bhutanese have deliberately sought an alternative and culturally more appropriate model of development, the best known manifestation of which is the emphasis on 'Gross National Happiness' rather than Gross National Product.

Bhutan is also distinct in the medical field in that its national health system is structurally integrated with the Traditional Medical system of Bhutan (*sowa rigpa*). Private medical practice is not allowed, but patients may elect to be treated under either the allopathic or Traditional systems at all hospitals except in Thimpu, where for reasons of size there are separate institutions for

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The International Association for the Study of Traditional Asian Medicine (IASTAM) was founded in 1977, when Kenneth Zysk, at the ANU, convinced his professor, the late A. L. Basham, that a conference on Asian medicine would be a good idea. The story of the planning of the first International Conference on Traditional Asian Medicine (ICTAM) held in Canberra in 1979 was told by Prof. Basham in the sixth issue of the IASTAM Newsletter. At the 1979 conference, Prof. Charles Leslie accepted the post of Secretary to IASTAM.

For the following decade, under the sure and energetic guidance of Basham and Leslie, historian and medical anthropologist respectively, IASTAM flourished. It was, and perhaps remains, the only international organization in the field of Asian medicine making a serious attempt to embrace both academics and practitioners. IASTAM has always sought to give each of these communities a platform for the expression of their views, respecting the integrity of each group while nevertheless privileging the free exchange of knowledge over involvement in any particular commercial interest or therapeutic regime.

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The regular IASTAM membership fee is fixed at €17 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. Members of IASTAM are entitled to receive this newsletter free of charge, and to receive preferential rates when attending IASTAM conferences.

Three-year memberships are available and are discounted. Students, pensioners, and those with annual salaries less than €20,000 per annum may join IASTAM as Associate Members with reduced dues per annum.

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each system. Participants may expect to learn more about this system during the Congress.

The number of participants attending the Congress will be restricted - probably to a maximum of 200 people - due to the demands the gathering will place on Bhutan's limited infrastructure. At present visitors to Bhutan must fly on the national carrier, Drukair, on at least one leg of the journey to and from Bhutan, but their flights from Bangkok, Calcutta and Kathmandu can be delayed by weather, and many will choose to make the spectacular journey overland via Bengal and the border town of Phuntsoling, a days' journey from Thimpu. The cost of living is low there (the usual daily visa fee will be waved for Congress attendees), Bhutan's hotels are of a good standard and pleasantly full of local character, while the mountainous environment is a much healthier one than that of the Indian plains and Thimpu itself is a small and picturesque capital, situated in a river valley between mountain ranges. Clean and pleasant, with a small local produce market, it features a number of Buddhist temples and monasteries which are open to foreign visitors. Bhutan has hosted a number of international conferences during the last few years which have been extremely well organised, with all necessary facilities made available, and this Congress will provide a welcome Asian location for our gatherings.

At present the panel sessions are in the planning stage. Three suggested panel proposals have been received to date, as follows: Convenors Sienna Craig (Dartmouth College, USA) and Denise Glover (University of Washington, USA) in their panel *Cultivating the*

Wilds: Idioms and Experiences of Potency, Protection, and Profit in the (Sustainable) Use of Materia Medica in Transnational Asian Medicines 'aim to integrate knowledge, methods, and field experience from a variety of disciplines and professional perspectives to explore the intersection of conservation and development agendas related to Asian *materia medica*': Vincanne Adams (UCSF, USA) convenes the panel, *Empiricisms in Transition: Intersections of Science in Asian Medicines* which 'will explore the historical trajectories of empirical practices that serve to demarcate differences and modernizations that are emergent in Asian medical practices, sometimes in relation to and influenced by foreign practices and sometimes independent of them'; Convenors Mona Schrempf (Humbolt University of Berlin, Germany) and Theresia Hofer (Wellcome Trust Centre for the History of Medicine at UCL, U.K.) with their panel title, *Women and Gender in Asian Medicine*, will 'explore the role of women in and their contributions to - broadly defined - "medical" practice and theory of Asian Medicine, both, contemporarily and at different historical times and in diverse geographical settings.' Further proposals are invited and more details regarding the Convention will be made known as arrangements are finalised, but would-be participants are urged to register early in order to guarantee participation.

A.C.M.

**Sixth International Congress on
Traditional Asian Medicine (ICTAM
VI) Austin, TX., April 27-30, 2006**

Submitted by Martha Ann Selby, The University of Texas at Austin

Sponsored by the International Association for the Study of Traditional Asian Medicine (IASTAM), the South Asia Institute, and the College of Liberal Arts at the University of Texas at Austin, this four-day congress was organized locally and convened by Martha Ann Selby, Associate Professor, Department of Asian Studies. Held on campus at the Texas Union in central Austin, the congress featured 19 organized panel sessions and workshops, with a total of 65 scholars and practitioners presenting their work. Participants came from all over the globe, representing India, Japan, China, Bhutan, Mongolia, the United Kingdom, Australia, France, Germany, Belgium, and the United States. The presentations were drawn from various disciplines of study, including the history of medicine and medical anthropology, and from specific areas of practice, including Ayurveda, acupuncture, Unani, and other Asian medical forms. The Congress was officially inaugurated by Dr. James Brow, Director of the South Asia Institute, followed by opening addresses delivered by outgoing IASTAM president Dr. Waltraud Ernst, University of Southampton, and by outgoing IASTAM Secretary General Dr. Vivienne Lo, Wellcome Trust Centre for the History of Medicine at University College London. Dorji Wangchuk, Director, Institute of Traditional Medicine Services, Thimpu, Bhutan, was welcomed as Chief Guest and

introduced to the congress participants by Martha Ann Selby.

The theme of the Sixth Congress was “Sense and Substance in Traditional Asian Medicine,” and many of the papers were devoted to the *senses* (such as vision, hearing, and the *sense* of touch in different contexts of treatment) and their functions in medicine and in different medical contexts (such as prognosis and diagnosis), and sensory perception. Panelists also addressed issues of how *sense* is made out of various sets of symptoms in practice, and how contemporary adaptations “make *sense*” of older Asian medical paradigms. Highlights of the sessions included panels devoted to Chinese foodways and medicine, Toyohari acupuncture techniques and their applications in the treatment of infertility and in diagnostic contexts, and sense and substance in Ayurvedic clinical contexts.

Dr. Paul U. Unschuld, Institut für Geschichte der Medizin, University of Munich, delivered the plenary address, titled “The Limits of Individualism and the Advantage of Modular Therapy: Concepts of Illness in Chinese Medicine.” Professor Charlotte Furth of the University of Southern California, Los Angeles, spoke directly on the theme of the conference in her keynote address, simply titled “Sense and Substance in Traditional Asian Medicine.” Both addresses were well attended, and the audience included many members of the University of Texas faculty, staff, and the student body, as well as clinicians and students representing schools of acupuncture in Austin and members of the local community.

Professor Charles Leslie, Indiana University – Bloomington, presided over the A. L. Basham award ceremony. The A. L. Basham medal is awarded to one or two outstanding scholars in the study of traditional Asian medicine every five years, and the 2006 Basham awardees were Professor Zheng Jinsheng of the Research Institute for the History of Medicine and Medical Literature, China Academy of Traditional Chinese Medicine, Beijing, and Dr. Narendra S. Bhatt, Ayurvedic practitioner and CEO, Zandu Pharmaceuticals, Mumbai.

New IASTAM officers were elected during the course of the congress. Dr. Volker Scheid, University of Westminster, was elected president, Professor Judith Farquhar, The University of Chicago, was elected Vice President, and Professor Marta Hansen, Johns Hopkins University School of Medicine, was elected Secretary General (she will begin her service in the 2007 calendar year). Professor Joseph S. Alter, University of Pittsburgh, will remain in his post as IASTAM treasurer for a second term.

Plans are underway for the Seventh International Congress, to be held in 2009 in Thimpu, Bhutan [see above].

Congress details can be accessed at <http://www.iastam.org>.

Harmonisation of Traditional and Modern Medicine

Overview and Themes

The conference “Harmonisation of Traditional and Modern Medicine” took place from the 12th to the 14th of

December 2005, at the Royal Melbourne Institute of Technology (RMIT). It was the second such conference, and the first since the Chinese Medicine Division of RMIT was designated a “WHO Collaborating Centre for Traditional Medicine”¹ in September 2005. It was organised by Prof. Chang-li (Charlie) Xue, head of the Chinese Medicine Division at RMIT, in co-operation with RMIT’s Biotechnology Institute.

During the three-day symposium, 150 participants from 11 countries discussed issues related to the increasing interest in and demand for traditional/complementary/alternative medicine. Five sessions dealt with 1) the potential of traditional medicine for contemporary health care; 2) the regulation of traditional medicine; 3) the efficacy and safety of traditional medicines; 4) the education of health care practitioners and consumers and 5) “The way forward: Harmonisation of Traditional and Modern Medicine”. The organisers assumed that a resolution of these and related matters were a prerequisite for an “effective harmonisation” of traditional medicine and modern healthcare systems, in accord with an ideal stated by the WHO.

The WHO uses the term “Harmonisation” to characterise the ideal by which “modern medicine” and “tradition based medicine” are practiced in concert, aiming at optimal patient outcomes. In this conference, “Harmonisation” was often used synonymously with the terms “Integration”, “Modernisation” and “Westernisation”. Although the presumed opposition of “traditional” and “modern” medicine, and the values attached to them are problematic, these

terms in this report best represent the positions and points of views of the different contributors. The report is loosely structured in accordance with the five sessions mentioned above and the four keynote lectures with which they were interspersed. The summary will conclude with some critical remarks.

“Integration”, “Modernisation“, “Westernisation”?

Mrs. Shen Jing, Vice Minister of Health and Director General of the State Administration of Traditional Chinese Medicine (TCM), PRC, gave the first keynote lecture, “Modernisation of Chinese medicine promotes harmonious development of Traditional and Modern Medicine”. She elucidated the PRC government’s concepts of “Integration” and “Modernisation”, reviewing governmental “modernising” of TCM and describing recent strategies to modernise TCM *Materia Medica*.² This aim of enlarging the Chinese herbal medicine industry is in the interest of economic development. She stressed that research on Chinese *Materia Medica* should be directed towards establishing an evidence base of its effects, reviewing TCM theories and “clarifying the scientific principles of the therapeutic effects of Chinese *Materia Medica*.” She emphasised the government’s role in investment, protection of endangered species, plantation of herbs adhering to Good Agricultural Practices (GAP) and the economic development of the TCM industry.³ In her conclusion she expressed the hope that “countries all over the world” will: 1) “strengthen cooperation and communication in TCM”; 2) “increase the TCM academic level and promote modernisation and westernisation of Chinese *Materia*

Medica”; 3) “promote harmonisation of traditional and modern medicine” and 4) “provide more (varied) (Chinese) medical service and good *Materia Medica*.”

She was followed by Dr. Ka-Kit Hui, Professor, Founder and Director of the UCLA Centre for East-West Medicine, speaking on “How Positive Health System Transformation may benefit from the emergent paradigm of integrative medicine: an US Perspective.” This UCLA trained MD firstly focused on the reasons for increasing appreciation of the inadequacy of the biomedical model in meeting society’s health care needs, particularly in relation to chronic diseases. He proposed high costs and risk of iatrogenesis as propelling people towards more personal, natural and wellness oriented Complementary and Alternative Medicine (CAM) approaches, with TCM playing a major role in this. He then highlighted problems related to integrating CAM in clinical practice, suggesting ways in which the conventional medical education system could incorporate information on CAM in order to competently advise patients.⁴ He highlighted the January 2005 Institute of Medicine report, which states that health care should strive to be both comprehensive and evidence-based and calls for conventional medical, complementary and alternative treatments to be held to the same standards for demonstrating clinical effectiveness, whilst conceding new research methods to test some therapies may have to be devised.⁵ In line with this report, Dr. Hui confirmed that the bottom-line for assessing efficacy are preferably double blind Randomised

Controlled Trials (RCTs). However, he conceded that innovative designs in research on CAM are needed, that researchers need to be aware of the limitations of the current scientific model and that they should appreciate TCM's theoretical model and the practice of integrated medicine. He raised the issue of the enormous costs of hospital centred health care in the US, which ranks first in health expenditures but only 37th in overall health system performance worldwide. This, he said, indicates the need for a new Health Care Paradigm in which CAM and "modern" Western Medicine are truly integrated.

Translating the Therapeutic Potential of Traditional Medicines for Contemporary Health Care

All four presenters in this session, as well as the organisers of the conference, seem to agree that all medical therapies should be assessed according to the same scientific principles. The first presenter, Basil Roufogalis from the Herbal Medicines research and Education Centre of the Faculty of Pharmacy, at the University of Sydney, reported his research on "Traditional herbs for diabetes and hyperlipidemia: using molecular mechanism to develop new trials." He had worked on the molecular mechanisms of the actions of two herbal medicines widely used in Ayurveda and Unani.⁶ They investigated how those could alleviate the metabolic syndromes and complications of Type 2 diabetes (T2D). Salacia was found to lower plasma lipid levels, cardiac lipid accumulation and lipotoxicity and improve non-alcoholic fatty liver steatosis, for which there is currently no biomedical treatment.⁷ He recommended a multi-target approach for managing

T2D-induced metabolic syndromes, given an increasing prevalence of T2D coupled with the limitations and costs of conventional pharmaceuticals.

The second presenter, Henryk Majewski from RMIT Drug Discovery Technologies Department, spoke about the "Safety Considerations of Herbal medicine." Citing the high dual usage of biomedical and herbal drugs and rare reportage of herbal medicines' adverse effects, he stated his concern about non-beneficial interactions. The challenges he identified were 1) scientific, i.e. concerning the question of how to assess toxicity and the potential of herbal medicines for interaction and 2) how this information could be disseminated. Current laboratory safety assessment relies on the dose response relationship of single compounds, whereas in herbal medicines usually complex mixtures of unknown quantities are found, making analysis difficult. He suggested that the "quality system" based on the principles of Good Laboratory practice (GLP) set up in 1978 under the OECD's Special Programme on the Control of Chemicals should be followed in pre-clinical testing of all medicines, enabling mutual recognition by regulatory authorities in OECD countries. As a basic "safety package", information on genotoxicity, liver cell toxicity and interactions should be made available for all herbal medicines. In light of the above, he said that, "it may be easier to regulate that western practitioners detail exclusions and interactions to patients rather than relying on herbal prescribers and labelling."

The third presentation was on "Kampo Medicine – A model of integrative medicine in Japan," by Kenji Watanabe

from the Department of Kampo Medicine, Keio University School of medicine. Kampo was outlawed in 1867 when the Japanese government recognised European medicine as the only official medical system, but has been experiencing a boom since the 1970s, due to scepticism about the side effects of biomedicines and a shift from acute to chronic diseases. Since 1972, the national health insurance programme has increasingly covered Kampo formulae. However, not without the opposition of critics who believed that mass production and commercialisation of herbal medications would bring Kampo into ill repute (Lock 1990: 43). Mister Watanabe said that the scientific evaluation of the chemical compounds of single herbs and Kampo medicines, as well as clinical data on the safety, tolerability and efficacy of Kampo makes it increasingly acceptable in Japan. However, it seems strange that this increasing acceptance happened at a time when only a minority of the biomedical doctors prescribing Kampo had actually studied it.⁸ Together with the increasing figures of iatrogenesis due to Kampo medicine's use as a concentrated extract to counteract a specific disease (Lock 1990: 44), this calls into question Mister Watanabe's opinion that the case of Kampo in Japan is an "ideal model of integrative medicine."

The fourth speaker on this panel, Richard Head, from the Preventative Health Flagship Programme of Commonwealth Scientific and Industrial research organisation (CSIRO), gave a talk entitled "Approaches to identifying the health potential of foods."

How should Traditional Medicine be regulated?

The first speaker in this session, Michael Smith from the Natural Products Directorate of Health Canada, presented on the "Regulation of Natural Health Products and Complementary Health Care: A Canadian Perspective." The Federal Government is responsible for the regulation of Natural Health Products (NHP) in Canada. On the 1st of January 2004, after extensive national consultations, it issued new regulation for NHPs.⁹ These aim to ensure that Canadians have access to NHPs that are safe, effective and of high quality, whilst respecting freedom of choice. They contain provisions for the manufacture, packaging, labelling, importation and the regulation of clinical trials. Unlike the NHPs, individual provinces and territories have responsibility for CAM, which in Canada is called "Complementary and Alternative Health Care" (CAHC). In Health Canada's view, the aim of any regulatory framework should ultimately be to support the informed choice of consumers and patients.

The second speaker was Yun-Chi Cheng, Professor of Pharmacology from Yale University, School of Medicine, who presented "Approaches in assessing the consistency and clinical efficacy of traditional herbal medicine preparations." He said that all medicines should fulfill the requirements of having 1) evidence-based therapeutic claims; 2) addressed safety issues; 3) their active compounds displaying consistency in the preparation and 4) knowledge of the mechanisms of action, the active compounds involved and interaction with drugs in current usage.

Practitioners of a non-western healing art, critical anthropologists and scientific researchers would have hotly disputed these requirements. However, in this conference at which the majority of attendants were biomedical researchers, they were applauded uncritically. For Prof. Cheng, the challenges faced in modernising traditional and herbal medicine were 1) ensuring consistency of preparation and 2) providing evidence based clinical claims. He followed the operating principle of the Consortium of Globalising Chinese medicine. Their chairman, Ping-chung Leung of the Chinese University of Hong Kong, outlines this as: “There should only be one scale for the measurement of efficacy” (2005: xv), and that is one based on the model of modern Western medicine.¹⁰

The third speaker, Dr. Shuying Liu from the Changchun Institute of Applied Chemistry, Chinese Academy of Sciences, spoke on “Exploration of Good Agricultural Practices (GAP) of Traditional Chinese medicine in Jilin Province, North-eastern PRC.” Jilin province is an area well known for the diversity of plants and animals used in the TCM industry.¹¹ Dr. Liu said that, “In order to establish a bigger herbal medicine industry, quality control of Materia medica is a prerequisite and a critical step in the modernisation of TCM.” China is one of the few Asian Countries who have formulated their own agenda for Good Manufacturing Practices (GMP) based on the WHO’s Guidelines on Good Manufacturing and Collection Practices (GMCP).¹² Dr. Liu’s institute played an important role in the process of establishing standards for Materia Medica by employing fingerprinting techniques and developing

methods of validation for MM processing and preparation.¹³ In her opinion the GAP bases in Jinlin Province demonstrate effective collaboration of government, industry and academic research institutions and set a model for innovation, standard setting and the commercialisation of Chinese Materia Medica products.

The final presentation was on the “Modernisation and Internationalisation of Chinese Medicine: Sharing the Regulatory and Research & Development Perspectives,” by Edmund Lee, executive director of the Hong Kong Jockey Club Institute of Chinese Medicine (HKJCICM). He reported on HKJCICM’s programmes to 1) enhance the quality aspects, the science and evidence base of CM and 2) to foster their clinical and industrial applications. He said that “Respecting the traditional Chinese Medicine principles, the HKJCICM focuses mid to long-term on evidence-based development of CM-based medicines and products in key areas like ageing related endocrinology and neuroscience.”

***Third Keynote Lecture:
“Harmonisation of Traditional and
Western Medicine”***

The third keynoter lecturer, Prof. Yean Lim from the Centre for Cardiovascular Therapeutics at the Western Hospital, University of Melbourne, labelled Western Medicine “non-cultural, scientific (mathematical), analytical (cause-effect), reductionist” and focusing on “structure”, and Chinese medicine as “cultural, philosophical (medico-religious), empirical (effect only), holistic” and focusing on “process”. He depicted their fusion as

an unavoidable and desirable 21st century process, in which the “innovation of applying molecular and genomic medicine to Chinese Medicine” will lead to “modern molecular & genomic medicine.” He stated that, if this fusion occurs, “under the strict scrutiny of mainstream science, a brave new world in medicine could be discovered.” The visual images he associated with his concept of the Fusion and Harmonisation of Chinese and Western medicine derived from a video documenting the famous Japanese cello player Yo Yo Ma visiting people who live in the South African Kalahari Desert. The image chosen to depict the fusion was that of the Khoisan bushman, as representative of “eastern” and “traditional” medical theories and practices, learning the “modern” (medical) harmonies of Yo Yo Ma’s Western cello.

Ensuring the Efficacy and Safety of Traditional Medicines

This panel was primarily concerned with the current regulatory situation for complementary medicines in Australia, but also included one contribution on this topic in China. The first speaker was Anthony Smith, Chair of the Complementary Medicines Evaluation Committee (CMEC) of the Therapeutic Goods Administration in Canberra, presenting on “Efficacy and safety of traditional Medicines – The Australian regulatory approach.” He described the process by which sponsors apply for either listing or registration of any new therapeutic substances and how the CMEC proceeds with the evaluation thereof. A full range of tests on the drug’s efficacy is only undertaken for registration, and few such applications

“come from high calibre sponsors, who can afford the testing.” For substances used “traditionally” the board requires the substance to feature in a relevant pharmacopoeia and a proof that it is generally regarded as safe in traditional use.¹⁵ It is also mandatory that the substance is prepared and used in the traditional way and not modified by further chemical processing. Recently, concerns about the use of traditional medicines have shifted from fears about their innate toxicity to their potential for interaction when co-prescribed with over the counter medicines.

The next speaker, John Simes, spoke on “From early clinical trials to modern evidence-based medicine: lessons for assessing traditional medicines.” He reviewed published reports¹⁶ on RTC trials on Chinese Medicine and talked about the achievements and challenges of these studies. Summarising a WHO Fact Sheet on the efficacy of Traditional Medicine resulting from RTC,¹⁷ he stated that only acupuncture, some herbal medicine and some “manual” therapies were found to have strong enough evidence of efficacy. He stated that more controlled trials were needed to better assess the effectiveness and safety of traditional medicines, and more studies identifying the active ingredients should be undertaken to ensure reproducible results.

After the above presentation, Dr. David Chiu-Yin Kwan, who conducts scientific research on the effect of Chinese herbs on coronary heart disease, was the first person in the symposium to publicly question the indubitable supremacy of a Western model to establish efficacy. He highlighted its evident inadequacy in assessing the efficacy of traditional

medicines, commenting, “(...), if we completely surrender Chinese medicine to western scientific inquiry, we have already lost the plot.” In a personal conversation with Dr. David Chiu-Yin Kwan, he made it clear that he was not “anti-science.” However, he felt that discussion on Integration and Harmonisation should not be restricted to research on herbs, but should include Chinese thought and philosophy, which is TCM’s primary asset and has great potential to contribute to Western science.

The third speaker of this session was Shilong Lai, from Guangzhou University of TCM whose talk, entitled “Strategies for clinical assessment in efficacy of traditional Chinese Medicine,” was about the methodological strategies of clinical research on TCM in China. This was followed by a presentation by David Briggs, from the Office of Complementary Medicines of the Therapeutic Goods Administration, Canberra, on the “Regulation of Traditional Medicines in Australia.” He covered common ground to that of Anthony Smith, however, he pointed to a few more specifically Australian documents, for example, the Australian Code of Good Manufacturing Practices¹⁸ and the Australian Regulatory Guidelines for Complementary Medicines.¹⁹

Traditional Medicine: education, practice and access

Prof. Charlie (Chang-li) Xue, head of the Chinese Medicine Division of RMIT, began the fourth session with “Current usages of complementary medicines in Australia: A National Study.” He presented a 2005 survey on the national

usages of CAM.²⁰ 1067 adult participants from across all of Australia were interviewed regarding their usage of 17 common forms of CAM over the previous 12 months, economic issues and attitudes related to CAM regulation, CAM coverage by national Medicare system and reimbursement through private health insurance. The survey found that 69% of the population had used at least one of 17 forms of CAM in the 12 months prior to the survey and, for those who did use CAM, 64% consulted a CAM practitioner.²¹

Nor Shahidah Kairullah, Director of the National Institute for Natural Products, Vaccines and Biologicals of the Ministry of Health, Malaysia, in his talk on “Traditional Medicine: Education, Practice and Access,” reported widespread usage of Traditional / Complementary Medicines (T/CM) in Malaysia. In 1997, expenditure on T/CM in Malaysia was approximately double that in the US. To enhance safe delivery of T/CM in Malaysia, a Traditional Medicine Act was in its final Draft at the time of the conference and a National T/CM policy is in place. The Ministry of Health initiated the registering of T/CM practitioners, wants to formalise the training of practitioners and sets standards and codes of ethics for professionals. It spearheaded the “Global Information Hub on Integrated medicine,” which aims at making information on the potential clinical benefit, safety and risk of T/CM products and practices available to the public. The ultimate goal of the Ministry of Health’s policies is the integration of T/CM into the Malaysian healthcare system on a holistic approach.

Zhong-Zhen Zhao, from the School for Chinese Medicine at Hong Kong Baptist University, gave a presentation on “Authentication is the fundamental work for Harmonisation of Herbal medicine,” in which he stressed the importance of more pharmacognosy studies to ensure that correct and authentic ingredients are used in Chinese herbal medicines. This insight was based on long term research he had undertaken in authentication of Chinese Materia Medica and, more recently, a study on 10,000 Chinese Materia Medica samples that were randomly acquired in 100 herbal retail shops in Hong Kong. They were analysed in terms of origin, morphological appearances, microscopic authentication and investigation of their chemical components. A database for “Commonly Confused Chinese Medicines” has been established.²² Macroscopic identification, in Prof. Zhao’s opinion, is an effective technique to establish the authenticity of Materia Medica, being a rapid, accurate, simple and relatively cheap method. Thus he suggests it should be applied in relation to use, purchase and trade in Chinese medicinal ingredients.

In contrast to most other presenters, Alan Bensoussan, from the Centre for Complementary Medicine Research for the University of Western Sydney, raised more general questions about research on TCM/Complementary medicine. In his talk on “Directions for TCM research – Rationales, relationships and resources,” he said that we currently risk overlooking very important questions because research on TCM is largely funded by industry and thus driven by industrial agendas focusing on clinical and laboratory evaluation of industrial products. After 15 years of TCM

research in Australia, he said, the big questions remain the same. He stressed the importance of a national complementary medicine research plan that properly directs research effort, addressing key public health issues and enabling greater collaboration, facilitated by reliable extra-industrial funding.

Poster Presentation Session

On the final day of the conference 14 scholars presented their work as part of a Poster Presentation Session. The posters were predominantly concerned with methodology of research in laboratory studies, investigating the structure and effects of individual ingredients of CM Compounds. Among the 37 posters exhibited, only very few scholars had undertaken quantitative research, i.e. taken “whole people” as focus of their research rather than parts of plants or human/animal cells. Among these was “Acupuncture and Conventional Medicines: The patient’s perspective” by Charlotte Paterson of RMIT, who undertook a study of 23 people who had started courses of acupuncture and Chinese medicine for their chronic health problems, looking at their decisions regarding continuation, reduction or cessation of conventional medicines.

Another was on “‘Traditional’ Tibetan and ‘Modern’ Medicine in Tibet, PRC”, in which I presented my research on the practices of biomedicine and Tibetan medicine in the rural Tibetan Autonomous Region. I concluded that integration is not so much resultant from a conscious decision in its favour, but rather due to lack of recourse and well-trained medical personnel. I commented that the “Good” Manufacturing practices

(GMPs) discussed entirely unproblematically in the conference are contested by different understandings of “good quality” and “quality control” by the Tibetan medical practitioners I worked with in Tibet. I suggested that GMP standards for complementary medicines should be changed in order to incorporate different understandings of quality.

“Harmonisation and modern medicine: The way forward”

The last session began with Ping-Chung Leung, from the Chinese University of Hong Kong, on “The Challenge of research on Chinese Medicine, Cancer Therapy-opportunities and difficulties.” Again the speaker stressed the necessity of modern clinical trails if one aims at broad acceptance of Chinese medicine. However, he mentioned that respectable healers find it insulting to use placebos on their patients and are also unhappy about the uniformity and use of biostatistics, which do not support individual variations. Then he turned to the “heart of the matter” in TCM research, namely the complex authentication of ingredients in medical formulae and their divergent chemical profile depending on the different species and different origin, inclusion and exclusion in trials, drug interactions between traditional modern therapeutic agents etc.

The second speaker, Prof. Vivian Lin, from the Chinese Medicine Registration Board (CMRB) of the State of Victoria, gave a presentation on “Regulatory Harmonisation: Dimensions and Issues for Chinese medicine.” She overviewed the history, strategic objectives and current policy context of the Regulation

of Chinese medicine in Victoria. The latter has set up a Chinese Medicine Regulatory Body, the first of its kind in Australia, an example followed by other states and New Zealand. The CMRB passed the Chinese Medicine Registration Act in 2000, which demands that anybody practicing Chinese medicine in Victoria must be registered with the board.²³ In terms of harmonisation and the challenges in regulating CM, she discussed adopting a framework of “nodal governance” for the CMRB. This approach aims to harmonise interests across a constellation of institutions, in public interest.

The last speaker was Dr. Ismail Merican on “Harmonisation of Traditional and Modern Medicine: The way forward.” As Director General of Health Malaysia, he reported on how Malaysia, being the home to long traditions of herbal medicines, is moving from the current situation where T/CM are supported, towards an integrative medical model. This he defined as a selective combination of the best alternative and complementary medicines with mainstream modern medicines and psychology, including the integration of T/CM into the Health Care system.²⁴ The Ministry of Health of Malaysia plans fully integrated hospitals.²⁵

Concluding Remarks

The term given to the conference, “Harmonisation,” suggests a rather peaceful process in which “traditional” and “modern” medicine collaborate in equal partnership. However, this process in reality appears difficult and contradictory. In particular, it is heavily influenced by powerful political and

economic interests and culturally informed Euro centric notions of science.²⁶ The terms “traditional” medicines and “modern” medical practices also seem problematic. These cannot be understood as clear binary categories since this negates the enormous variation between and among different medical traditions, as well as the values attached to them in different contexts and temporalities.

Shockingly, what may sound like the latest model of colonialism to critical social scientists, medical anthropologists, medical historians and the like, i.e. that Western research methods should be used exclusively to establish the efficacy of “traditional” medicine was unquestioningly accepted. The long list of “Good Practices” that were discussed is one aspect of this new colonialism. Labelling something as “Good” necessarily implies that other practices are not good enough, or not good at all. Disconcertingly, according to the definitions of most speakers, all indigenous epistemologies seemed to fall outside of the category of “Good Practices”. This points once again to Euro centric and Orientalist discourses on the apriori superiority of “Western” thought and science.

Another rather problematic aspect of the conference was that out of 23 invited speakers only 3 were female. The latter had a total time of 2 hours to present their work, in contrast to the 13 hours allocated to male speakers. Amongst the 14 poster presenters there were 10 female scholars who were collectively given a total of about 1 hour to present their work. This took place on the final day of the conference when many people had left.

In conclusion I would like to say that during the conference I became even more convinced that current strategies to elevate the western scientific model to a position of having unique status to establish efficacy and safety for any medicine makes it, in Volker Scheid’s words, like a “Trojan horse that will smuggle the power of the biomedical-industrial complex into the very heart of the tradition” (2002: 26).²⁷

Theresia Hofer, Wellcome Trust Centre for the History of Medicine.

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www.who.int/kms/initiatives/whoccinformation/en/index.html

² Those strategies work under the “Guidelines for Modernisation of Chinese Medicines”, which outline their guiding principles as follows: 1) combining “inheritance and innovation” to preserve the unique “features and the advantages of TCM Science”, while making use of Western science, its “advanced technology” and its experience in the exploitation of pharmaceuticals; 2) sustainable use of resources and industrial development; 3) promotion of government

support and enterprise-centred development and 4) “Balance between macro-planning and regional development” (especially the Western Regions of China).

³ In the year 2004, there were 1441 TCM enterprises in China, with an annual production value of 95,8 billion RMB (~65,95 billion GBP, ~119,78 billion US Dollar, 18.3% increase). The sales income showed a 15.5 % increase and a Profit increase of 10.8 %.

⁴ A consortium of Academic Health Centres for Integrative Medicine (the CAHCIM, www.imconsortium.org) has been set up, and its 27 members (mostly academic medical centres) are working on Curriculae in integrative medicine.

⁵ <http://www.iom.edu/CMS/3793/4829/24487.aspx>

⁶ Namely a water extract of Salacia (*Salacia Oblonga*) and an ethanolic extract of Pomegranate flowers (*Punica granatum* Linn.).

⁷ An ethanolic Pomegranate flower extract given to Zucker diabetic fatty rats (ZDF-rats) was found to improve glucose tolerance and to reduce cardiac fibrosis. Mangiferin and gallic acid were identified as active components of activities of Salica and Punica respectively.

⁸ Until 2001 only about 30 % had studied *Kampo*, however, today all 80 medical schools in Japan also offer *Kampo* education and 70 % of all biomedical practitioners use *Kampo*.

⁹ http://www.hc-sc.gc.ca/dhp-mps/prodnatur/index_e.html

¹⁰ „Since modern medicine has already developed a logical system of research methodology based on the principles of deduction, any research on any system of medicine need to take reference to what is most popularly used and commonly recommended. The best way to approach research on Chinese medicine, therefore, would be one that would take full reference to the methodology being used in modern medicine. This would enable traditional medicine to be elevated to the level of modern practice“. (2005: 107).

¹¹ By the end of 2004, the gross output of finished herbal proprietary products from Jilin province represented 10% of the gross national output of such products. The sales of medicinal herbs derived from Jilin province in the year 2004 has also quadrupled since 1999 (from 11.5 to 45 billion RMB, ~791 mio. to ~3 billion GBP).

¹² These were agreed upon in Geneva in 2003 (<http://whqlibdoc.who.int/publications/2003/9241546271.pdf>).

¹³ Dr. Liu’s institute also played an important role in the process of determining the growing environment for the respective species and

developing standardised methods for plant population and plantation. MM processing and validation methods developed by the institute are those of Standard Operation Practices - SOPs -, which for the case of Ginseng for instance include microwave and freeze drying methods.

¹⁵ Anthony Smith specified this as “used for three generations minimum“.

¹⁶ 2934 in 28 selected Journals

¹⁷ no. 134, May 2003

¹⁸ http://www.tga.au/manuf/gmpcodau_cm.htm

¹⁹ <http://www.tga.au/cm/cm.htm#argcm>

²⁰ Conducted by members of the Chinese Medicine Research group from RMIT and scholars from two other Australian academic institutions.

²¹ The most popular forms of CAM used were clinical nutrition, including multivitamins and minerals, western massage therapy, meditation, western herbal medicine, aromatherapy, chiropractic, yoga, naturopathy, acupuncture and Chinese herbal medicine.

²² <http://www.khcccm.com>

²³ So far 1000 applications were made to the board, of which approximately 10% were refused (the board has also dealt with misuse of titles, and cases of complaints from the public).

²⁴ A Traditional Medicine Act was to come into force at the start of 2006 and a Division of T/CM was formed in the Ministry of Health in 2004, to regulate and streamline practice, production and education in T/CM. Also, a National Committee for Research and Development was formed in 2003, to ensure research quality following the guidelines for “Good Clinical Practice”.

²⁵ This would include divisions for oncology (for example a breast cancer programme providing post conventional cancer treatment care), pain management, infectious diseases, wellness and mental health, women’s health (including post natal care), chiropractic, dermatology and rehabilitative medicine.

²⁶ Some of these economic interests were overtly mentioned during the opening ceremony, when the mayor of Melbourne and representatives of the government of Victoria hinted at the fact that Melbourne was chosen to host this conference due to being the “capital of biotechnology in the Asia Pacific Region”.

²⁷ I am grateful to the Austrian Ministry of Education who kindly supported my visit to the conference and to Dawn Collins (MA) for proof reading, shortening and editing this report.

IASTAM REGIONAL CONFERENCE

Evidence Mosaic

The Challenge of Integrating Traditional East Asian Medicines into Western Health Care

A Workshop and Conference

University of Westminster

London

19 - 22 April 2007

Background

The last half of the twentieth century witnessed an accelerating globalisation of non-western health care practices. Mirroring the growing influence of Asian economies on the world stage, traditional East Asian health care systems rapidly moved from the fringes to the very centre of health care in the West. Not all that long ago, the traditional medical practices of China, Japan, Korea, Tibet and other East Asian countries could be dismissed as remnants of a past age that would soon be wiped out by the unstoppable march of Western rationality. Today, the same medical systems are being integrated into mainstream Western health care, while biomedical researchers scour its ancient practices in the hope of discovering new cures for modern ailments. This change of status confronts traditional East Asian medicines and those who practice them with new opportunities and new challenges. Throughout the twentieth century, the main goal for practitioners of East Asian medicines in the West was to establish a foothold for themselves in modern societies. To this end, mobilising a

discourse that emphasised tradition was useful for linking these medicines with wide-spread anxieties about the dark side of modernity and with the rising acceptance of counter-culture values. Today, as the potential contribution of these traditions to contemporary health care is widely recognised, the agenda is shifting from opposition to integration into biomedically dominated health care systems. This is forcing a shift in the mode of legitimisation for East Asian medicines from a discourse centred on tradition, to one emphasising efficacy and effectiveness. The problem here is that the models commonly recruited to demonstrate effectiveness are frequently inimical to the authenticity of the traditions they claim to examine.

Goals

Our workshop and conference are intended to critically examine the processes that seek to integrate traditional East Asian medicines into contemporary health care systems in order to move towards new solutions: solutions that consciously and self-reflectively work the seam between integration and authenticity as a resource to be exploited rather than as a problem that gets in the way. To this end we will bring together leading researchers working in the fields of East Asian or complementary medicines from a variety of disciplines that do not generally speak to each other: clinicians and clinical researchers, anthropologists and medical historians, health economists and science studies experts. From one side, we hope to face clinicians and researchers with questions that do not normally surface in debates about safety, effectiveness, and the integration of different traditions in the medical domain:

- What are the values,

goals, ethics, and models of efficacy implicit to traditional East Asian medicines?

- To what extent have these changed over time, driven by what forces?
- What, in fact, is traditional about these medicines?
- What are the ideologies and politics behind the process of their integration into modern health care systems?
- What is at stake in subjecting traditional medicines to biomedical models of legitimisation

From the other, we accept political demands that claims regarding safety and efficacy of traditional East Asian medical practices must be opened up to public scrutiny, and that this process may lead to profound changes in the constitution of these traditions. This, too, implies answering a set of important questions:

- What constitutes best practice? How is it to be defined and measured?
- What claims to effectiveness and safety are made by East Asian medicines? Who makes these claims, in what contexts, for what purposes?
- Are there competing claims? Where do they arise from? How is the tension between these to be resolved?

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- What are the sources of knowledge and innovation in East Asian medicines? How will the process of knowledge generation be changed by biomedical research paradigms?

Finally, the very concepts on which processes of evaluation depend - safety, effectiveness, best practice, theory, proof- are themselves defined within specific historical discourses about the nature of truth, about what constitutes ethical medical practice, and about complex cost benefit calculations that must mediate between competing claims to scarce resources, between the freedom to innovate and the relative safety of conventional practices. At the intersection of these questions we hope to generate a process of reflection, dialogue and debate that will move towards setting an agenda for the future development of East Asian medical traditions in the West.

Format

The Conference/Workshop are intended to set an agenda for the development of East Asian medicines at large and beyond for the wider field of complementary and alternative medicine. We believe that this is best accomplished by a process that is informed by disciplinary knowledge, but uses such knowledge to create perspectives and search for solutions that escape the boundaries of disciplinary discourse; that is informed by expert knowledge yet never loses sight of the concerns of physicians and patients. For this purpose we envision a process of dialogue that over successive days moves from an engagement with concrete clinical problems to reflections on more general conceptual and

methodological issues, and from a focus on workshops during days 1 and 2 that will only be open to invited participants, to an engagement with a wider audience of practitioners and the public during the conference scheduled for days 3 and 4.

Workshops: Thursday/Friday

The workshop section, open to invited participants only, is intended to generate an agenda for research and development in East Asian medicines. Participants are expected to pre-circulate papers at least three months prior to the conference in order to allow participants ample time to read and engage with these prior to attending. During the workshops themselves, the focus will be on discussion and dialogue rather than the presentation of ideas.

Day 1: Invited participants will divide into groups of around ten based around three distinctive clinical problems: (i) pain/the body; (ii) depression/mental-emotional disorders, and (iii) menopause/gynecology. Each group will be based around clinical researchers, anthropologists and historians whose work relates to these domains of clinical practice. Groups will discuss pre-circulated papers and move from there to (i) outlining the particular tension between demonstrating efficacy/safeguarding authenticity of traditional practices that characterises this domain, and (ii) discussing possible strategies for resolving the tension between the competing attractors that characterise research in each domain. Group discussions will be followed at the end of the day by presentation of the key findings to a plenary session of all participants.

Day 2: Moving on from core themes and problems that have emerged during the previous day there will be a number of keynote presentations intended to direct discussions from specific domains of medical practice to the a more generalised level of debate. Once more, these papers will be discussed in small working groups with a plenary session at the end of the day.

Conference: Saturday/Sunday

In order to involve a wider group of clinicians and researchers in our discussions the Workshop will be followed by a Conference open to the general public. The format of the conference will consist of a series of lectures presented by some of the workshop participants followed by panel discussions.

Output

It is envisaged that papers presented during the workshop and conference will be published in an edited volume. Abstracts will be published in a special volume of *Complementary Therapies in Medicine*.

Inviteees

Prof. Vincanne Adams: Department of Anthropology and History of Medicine, University of California at San Francisco.

Terje Alraik, BA: Department of Public Health and Primary Health Care, Division for General Practice, University of Bergen, Norway.

Dr. Dan Bensky: Chinese medicine practitioner; Director Seattle Institute of Oriental Medicine (SIOM); Chief Editor, Eastland Press

Mark Bovey: Acupuncturist, Director of ARRC.

Dr. Benno Brinkhaus: Physician and CAM researcher. Charité University Medical Center, Berlin, Germany.

Dr. Francesco Cardini: Gynaecologist and TCM practitioner; Researcher Istituto Superiore di Sanità, Rome.

Beverly De Valois: PhD Candidate, Thames Valley University, London.

Prof. Judith Farquhar: Department of Anthropology, University of Chicago.

Dr. Richard Hammerschlag: Research Director Oregon College of Oriental Medicine.

Prof Marta Hanson: History of Chinese Medicine; history of epidemics and disease in China, Institute for the History of Medicine, Johns Hopkins University.
Secretary General IASTAM

Dr. Elisabeth Hsu: Senior Lecturer, Department of Anthropology, Oxford University.

Dr. Eric Karchmer: Chinese medicine practitioner and medical anthropologist, Chapel Hill

Prof Fredi Kroneneberg: Director of The Richard and Hinda Rosenthal Center for Complementary and Alternative Medicine, Columbia University.

Prof. George Lewith: Reader in Complementary Medicine, University of Southampton; Visiting Professor, University of Westminster.

Dr. Vivienne Lo: Chinese medical practitioner; Convenor of Asian Studies, Wellcome Institute, University College London.

Dr. Hugh MacPherson: Chinese medicine practitioner; Senior Research Fellow, Department of Health Science, University of York.

Dr. Albert F. Molsberger: Forschungsgruppe Akupunktur und Chinesische Medizin, Duesseldorf, Germany.

Jennifer McQuade-Shankman: PhD Candidate and Chinese medicine practitioner, University of Texas

Charlotte Paterson: Medical Research Council Special Training Fellow in Health Services Research, University of Bristol.

Prof. Greg Plotnicoff: CAM researcher and Kampo physician; Keio University, Tokyo.

Prof. Laurent Pordié: Director of the Department of Social Sciences, French Institute of Pondicherry.

Prof. Mike Saks: Chair of the Research Council for Complementary Medicine and Pro-Vice Chancellor (Research), University of Lincoln.

Dr. Jeanne L. Shea: Associate Professor, Department of Anthropology, University of Vermont.

Dr. Karen J. Sherman MPH: Associate Scientific Investigator, Center for Health Studies, Group Health Cooperative, Seattle

Dr. Volker Scheid: Chinese medicine practitioner; Senior Research Fellow, School of Integrated Medicine, University of Westminster.

President, IASTAM

Roisa Schnyr: Research Associate, Osher Institute, Harvard Medical School.

Sylvia Schroer: Ph D Candidate, Department of Health Sciences, University of York and Chinese medicine practitioner.

Trina Ward: PhD Student, School of Integrated Health, University of Westminster.

Dr. Claudia Witt: CAM Researcher, Institute of Social Medicine, Epidemiology and Health Economics, Charite University Medical Center, Berlin, Germany.

Prof. Yili Wu: Medical Historian: Chinese medical gynaecology, Albion College.

Chris Zaslowski: Director, University of Sydney College of Traditional Medicine.

Dr. Franz Zehentmayr: Sinologist, Physician, and Medical Researcher, Salzburg.

Authenticity, Best Practice, And the Evidence Mosaic

The Challenge of Integrating Traditional East Asian Medicines into Western Health Care

University of Westminster
(London)

19 - 20 April 2007

Day 1: Thursday 19 April 2006

9.30 - 10.00 Registration
10.00 - 10.30 Welcome and Introduction: Laying Out the Challenge
10.30 - 13.00 Small Group Workshops (including 30 min tea/coffee break)
13.00 - 14.30 Lunch
14.30 - 17.30 Small Group Workshops (including 30 min tea/coffee break)
17.30 - 18.00 Plenary Session
19.30 Dinner

Day 2: Friday 20 April 2006

9.30 - 12.15 Plenary Session (including 30 min tea/coffee break)
12.15 - 13.45 Lunch
13.45 - 16.15 Small Group Workshops (including 30 min tea/coffee break)
16.15 - 17.15 Final Plenary Session
17.15 - 17.30 Close

Day 1 Small Group Workshops (10.00 - 17.30)

For the small group workshops on Day 1, the suggestion is that we will divide up into three groups based thematically around the following three themes: (i) the body/pain, (ii) the psyche-spirit/depression, and (iii) women/menopause. These have been chosen because they reflect widely-

shared research interests among invited participants, because we believe they will provide focus to discussions without being too constraining and because as a whole they cover a sufficiently large territory to ensure a certain validity to what will hopefully emerge in the course of the day.

Within each group we will discuss ca. 8 papers. These will be pre-circulated at least 6 weeks prior to the meeting, allowing each group member to read all papers discussed in the group before coming to the workshop. At the workshop, one group member (not the author) will give a 10 minute summary of a paper, and a second group member (again not the author) will raise points of discussion with the author, and other group members can then participate in this discussion.

We have allocated 20 minutes of discussion, i.e. 30 minutes for each paper altogether, or 4 hours for 8 papers. This will leave 30 minutes at the end of the day within each group to sum up the main points that arise out of the papers and discussion during the day.

Day 1 Plenary Session (17.30 - 18.00)

There will be a brief 30 minute plenary session at the end of the day for workshop groups to feed back to the plenum the main outcomes of their discussions, flagging issues and questions that should be discussed during Day 2.

Day 2 Plenary Session (9.30 - 12.15)

There will be three main presentations of ca. 45 min each including some time for discussion. We are still discussing details but the idea is that these papers will discuss broader themes than those of

the previous day that will relate the nexus of evidence, best practice, and authenticity to broader topics such as power, modernisation, professionalisation, and truth but also to patient needs and their manipulation by/integration into official medical discourse. The questions that these papers raise will serve as the focus for small group discussions in the afternoon.

Day 2 Small Group Workshops (13.45 - 16.15)

The purpose of these workshops is to discuss the issues that have arisen from the morning session by relating them back to the topics that have emerged in the workshops of the previous day. The intention is that each group arrive at a draft one page statement that defines how “best practice” might be defined or developed, including who should do the defining, for what purposes, and in what contexts.

Day 2 Final Plenary Session (16.15 - 17.15)

The goal of the Workshop is to produce a statement (similar to the STRICTA Recommendations for Acupuncture Research) that defines criteria that researchers should take into account and make explicit when defining and measuring “best practice.” This implies to raise in clinical researchers an understanding that research is not a value neutral activity but that it changes, in the course of defining outcomes and what is to be measured and for what purpose the very practices that are to be researched. In as much as that is inevitable and an implicit aspect of all human agency, it should still be brought to the foreground to those activities that

claim to be “objective” and “value neutral.” Producing such a statement would then serve as another tool according to which research evaluating (and changing) traditional East Asian medicines might be evaluated in the process of peer review.

Maarten Bode’s Visit to the Ibn Sina Academy of Medieval Medicine and Sciences

Dr. Maarten Bode, University of Amsterdam,
International Institute of Asian Studies

In the context of my post-doctorate research project “The politics of Value and the Construction of Cultural Commodities: Ayurveda and Unani Tibb in Popular Culture, 1982-2007” (PVCCC) I visited Ibn Sina Academy (ISA), Aligarh, India, from 3-7 September 2005. On Sunday 4 September 2005, Ibn Sina Academy organized an informal meeting with some experts of Unani Medicine including Prof. K.M. Yusuf Amin (pharmacologist), Dr. Taj Uddin (Chairman, Department of Ilmul Advia, Ajmal Khan Tibbiya College), Dr. Saud Ali Khan (Principal and Superintendent, Ajmal Khan Tibbiya College and Hospital) and Mr. Kafil Ahmed (Manager, Ajmal Khan Tibbiya College Dawakhana: AKTCD). The meeting was chaired by Prof. S. Zillur Rahman (president ISA). Other people present were: Dr. Abdul Latif (joint secretary ISA) and Dr. S. Ziaur Rahman (treasurer ISA). On Monday 5 September, I visited the Tibbiya College and the Dawakhana. Mr. Kafil Ahmed informed me that right from the start, social objectives and not profit making have dictated the policies of AKTCD. Instructing students on how

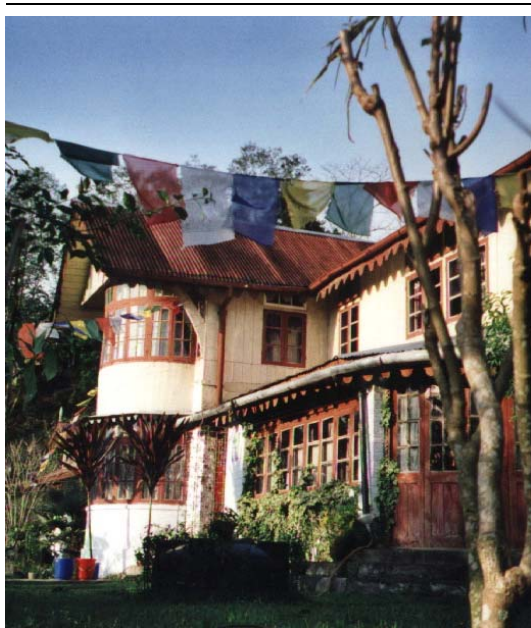
to prepare Unani formulas and supplying medicines to rural poor, testify hereof. On Tuesday 6 September, I continued my discussions with Prof. Yusuf Amin at his residence. Prof. Amin argued that there are two ways of looking at Unani notions such as humours, elements and other concepts such as rooh (vital life force). For those who work within the paradigm of modern laboratory science rooh is oxygen but when we look upon rooh from within a holistic humoral framework rooh becomes “vital breath”, a concept with strong metaphysical overtones. The latter paradigm is based on the ontological notion that a natural order underlies all empirical phenomena. Professor Amin expressed the opinion that nowadays the laboratory no longer is the sole arbiter for determining the efficacy of medicines because health clinics and their clientele have become equally important in this respect. In his reaction towards PVCCC and the field of social anthropology at large, Prof. Amin expressed the view that for him social-cultural factors do not represent the final level of analysis.

I spent the afternoons in the ISA library and I looked into articles on Unani dealing with history, ethics and exchanges with other cultures. On these occasions, Prof. S. Zillur Rahman enlightened me on themes such as origin and fundamental concepts of Unani medicine, Unani medicine in India, global aspect of Unani Medicine, secular scientific character of Unani Tibb, its relation with medical ethics, interaction with China and Central Asia in the field of Unani Medicine. Dr. Abdul Latif also emphasised Unani’s secular identity and mildly criticised a passage in my PhD-thesis “Ayurvedic and Unani Health and Beauty Products: Reworking India’s

Medical Traditions” in which, after having described the logo of AKTCD, I state that because the logo contains a representation of the Holy Koran and the tree of knowledge there is a reference to Islam. Dr. Latif expressed the opinion that the logo merely emphasises the fact that the Dawakhana is part of AMU. Dr. Latif also informed me of his visit to China in August 2003 where he was present at a conference on Uyghur Medicine. According to him, the similarities between Uyghur Medicine and Unani Tibb in terms of concepts, medical formulas and names, are striking. I also benefited from talks with Dr. S. Ziaur Rahman, a pharmacologist by occupation, who emphasized the need for awareness of adverse reactions (ADR) caused by Unani medication. Dr. S. Ziaur Rahman offered me a tour of the department of pharmacology of AMU and brought me into contact with a colleague Prof. K. C. Singhal who is an international expert in the field of ADR.

In Delhi I had two meetings with Prof. Hakim. Jamil Ahmed - ex-dean of the Unani College of Jamia Hamdard and ex-director of the central government manufacturing unit for Ayurvedic and Unani formulas - who represents the clinical wing of Ibn Sina Academy. He showed me two of his clinics and answered questions in relation to commoditization, medical ethics and basic concepts of Unani Tibb. I also had an interview with Dr. Shakeel Tamanna, superintendent, Majeedia Hospital, Jamia Hamdard, New Delhi. Dr. Tamanna again emphasised the secular character of Unani Tibb and medicine in general. He also stressed the need of providing good social treatment because such physician behaviour, apart from

installing trust and compliance, mobilises self-healing mechanisms within patients. In this context dr. Tamanna stressed the nominal charges levied on patients in his hospital. This in contrast to the commercial agenda of many biomedical clinics. In the capital I also visited the Noor Nagar research unit of the CCRUM (Central Council of Research in Unani Medicine) where I was received by Hakim Usmani who informed me on Unani treatment and diagnosis, as well as on medical ethics and change in the attitudes of patients over the last thirty years. I was present when Hakim Usmani diagnosed and treated his OPD-patients among whom were people from the lower middle class as well as the upper middle class. Some came from places as far as Patna and Kolkata. On 14 September Hakim Mohd Khalid Siddiqui, Director CCRUM, bestowed a great honour on me when he asked me to give the Hakim Abdul Hameed lecture on the occasion of the 97th birthday of the man who shaped Unani Tibb in the second part of the 20th century. Possibilities and constraints of exporting Unani Tibb to the West was one of the topics of my talk titled “Hakim Sahib’s Project of Elementology and the Acceptance of Unani Tibb in the West”. On the last day of my stay in Delhi, I visited Rex Remedies, a firm who says to be the first Unani Company in the possession of a GMP-certificate and exports its products to the Gulf States and Russia. One of the disadvantages faced by Unani Tibb in comparison to Ayurveda, is the fact that its name is hardly known in Western Europe.



For Bookings (limited spaces) contact:
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Ethnographies of the Darjeeling Hills & Sikkim

**With Prof. Geoffrey Samuel,
 Cardiff University, UK,
 (Author of *Civilized Shamans*)
 as visiting scholar**

Convenor: *Barbara Gerke*

This seminar will give ethnographers working in the Darjeeling Hills and Sikkim the opportunity to share their research projects with each other, discuss fieldwork experiences, and

analyse current developments in anthropology in the region. Participants are welcome to arrive earlier and/or stay longer at ITTM to use the library and continue discussions.

Participants are invited to give a 45-minute presentation of their project. The evenings will provide time for ethnographic film presentations.



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**RESEARCH AND WRITING
 OPPORTUNITIES**

THE INTERNATIONAL TRUST FOR TRADITIONAL MEDICINE was founded in 1995 as a non-profit, registered public charitable Trust dedicated to the study and research of Indo-Tibetan and allied medical systems. The ITTM centre,

Vijnana Niwas ('House of Knowledge') is located in the village of Madhuban ('Honey Forest'), three kilometres outside the town of Kalimpong at an altitude of 1,350 meters (4,500 feet). Set in India's eastern Himalayas in a large wooden British colonial house, ITTM is surrounded by extensive gardens of Himalayan medicinal plants. ITTM is a dynamic community of academics and volunteers from all over the world that has thrived for over ten years by fostering the skills, interests, and passions of those who have chosen to take part in it.

ITTM offers an excellent base for ethnographic fieldwork and a meeting place for anthropologists, ethnobotanists, medical students, and other researchers. ITTM's extensive network of contacts with local medical practitioners and experts in traditional medicine, its library of traditional medicine and Himalayan culture, and its quiet ambience offers an exceptional place to study, conduct fieldwork, write up notes, or work on one's thesis, books, or papers.

Researchers include undergraduate students and students conducting field research for their Masters, Ph.D., and postdoctoral theses. To support research and other interests, ITTM offers contacts with the local Tibetan, Nepali, and indigenous Lepcha communities, medicinal practitioners, healers, herbalists, and others. While most research can be conducted in English, we have contacts with translators and people who can teach you Hindi, Nepali, or Tibetan. Researchers often enjoy augmenting their academic studies by getting involved in other activities at the centre.

Depending on visiting researchers and their interests, we conduct occasional discussion rounds, lectures, and conferences on such subjects as fieldwork methods, Tibetan medicine, social and medical anthropology, traditional medicine of the Darjeeling Hills, and ethnobotany.



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 and
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