

Panel 19: Trade and the Globalisation of Medicine across Asia -

Panel Organiser: Guy Attewell

Panel Description: This panel examines transregional contact and exchange in medicinal knowledge and substance across Asia. The processes of circulation across Asia, through migration, trade, colonial and missionary activity, provide an arena for the study of the contingency of medical knowledge in movement. What attributes are gained and lost in transmission? What are the dynamics of the acculturation of therapeutics, and the local production of healing knowledge in multiply connected Asian environments?

Participants and abstracts

19.01 Missions of Mercy: the Dispersion of *Vaccinia* in the South China Sea.

Michelle Thompson

Long before the World Health Organization declared smallpox eradicated in 1980 this dread disease affected not only the physical health of individuals but the economic health of entire communities in East and Southeast Asia. The economic disruption caused by smallpox was one reason King Carlos IV funded a charitable naval expedition to disperse vaccination for smallpox throughout the Spanish possessions. The Balmis expedition was the first global effort to eradicate a disease and Balmis and his team of nurses, physicians, and the children who were used as live carriers of vaccine first arrived in Asia by landing in Manila on April 15, 1805. Balmis' first action was to vaccinate a number of children to keep the chain of live vaccine going. Due to the medical parameters of vaccination as practiced at that time Balmis depended on local citizens who volunteered their children to be carriers of vaccine to other communities through local shipping networks. For over one hundred years after Balmis' arrival in Asia vaccine was repeatedly lost and repeatedly reintroduced. This essay will examine the movement of vaccine to and from ports first furnished with vaccine by the Balmis Expedition such as Manila, Macau, and Canton. The cases of Bangkok and Singapore, both of which first received vaccine from other sources, will furnish a comparative study.

19.02 Many Lives of Medicinal Substances: Transformation of Substance-Identities in the Indo-Chinese Trade Corridors, c. 1700-1900

Projit Bihari Mukharji
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Medicinal substances have long moved between China and India. One of the principal routes for the flow of these goods had been through north Bengal, Sikkim and Bhutan. Though British attempts to understand and control this trade began almost in parallel with the colonisation of India in the middle of the eighteenth century, the trade was not clearly understood till the middle of the nineteenth century. The identities of the substances themselves proved even more difficult to understand. The precise nature of substances such as Silajit which were widely used in indigenous medicines in India continued to baffle investigators till the beginning of the twentieth century.

By using a fast developing historiography of substances and their circulation, this paper proposes to explore the connections between the structure of trade and the specific cultural identities of these substances. What were the main medicinal substances to move along this route? What social and cultural identities did these substances acquire in the different communities it moved through? Did changing patterns of trade in anyway influence the ways in which these social and cultural identities of pharmaceutical substances changed?

I shall draw essentially on the observation of foreign travellers, indigenous local literature such as the late medieval epics composed in the region and the Board of Control records at the India Office Records Collection.

19.03 Substance, aura and parallel lives: tiryaq in trade and therapeutics in the nineteenth century

Guy Attewell

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This paper examines transregional trade in a medicinal commodity across Eurasia as a study in the changing meanings of a medicinal preparation through processes of circulation. The paper focuses on the moment, in the 1830s, when a commodity – *tiryāq al-faruq* –, a renowned product especially of the Eastern Mediterranean, and famed throughout the Islamic world, received new life through colonial agency in British attempts to treat a tropical affliction - beriberi. The paper asks what we mean by 'local' and 'indigenous' knowledge in the context of the mobility of substance and therapeutics. It points to the contingency of therapeutic value and the ways in which curative attributes are acquired, transmitted and transformed.

19.04 The use of bee products in Chinese medicine and modern apitherapy

By Roland Berger

Apitherapy is the use of bee products like honey, pollen, propolis, royal jelly and bee venom for the prevention, healing or the recovery from diseases. The use of bee products for medical purpose can be traced back to the times of the ancient China and is documented in ancient cultures (Egypt, Greece, Romans). Hippocrates and Paracelsus, the precursors of modern medicine, have used honey and other bee products for their medicine too.

In China and different other Asian countries as well as in Russia and in Latin America, apiculture products still belong to the medical and family pharmacopoeia and apitherapy specialised hospitals treat different patients with serious diseases, such as cancers, multiple sclerosis, etc. Therapy protocols are being presented regularly by teams from these countries during congresses organized annually by the German Apitherapy Society since 2002.

Since several years apitherapy is undergoing a renaissance in Europe too. The well documented history of apitherapy in Chinese medicine and a general boom of Traditional Chinese medicine (TCM) in Europe make it most interesting for us to compare the use of bee products in TCM and in modern apitherapy. For the proper use of the bee products it is important to understand the complexity of the interactions among the 5 elements of the TCM (earth, wood, water, metal and fire) and the correspondent with the 5 most important bee products (honey, pollen, royal jelly, propolis and bee venom). Considering these dynamic interdependences for a wide range of diseases a highly beneficial medical effect can be obtained with the appropriate application of bee products.

19.05 Globalisation in antiquity? - An ethnohistorical analysis of the transmission of Hippocratic concepts of humoral imbalance into Ayurvedic and Unani pharmacopoeias.

Sonia

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This paper argues that globalisation and the incorporation of ideas of high pharmaceutical prestige such as western biomedicine is not a contemporary inexorable process but is a trend that can be traced far back into antiquity. Hippocratic medicine and particularly elements of physical causation of illness such as humoral imbalance, as further developed by Galen in the second century, was transmitted to the Far East through the Roman Empire and was widely adopted by Arabic scholars such as Ibn Sina. Elements of this then 'medical science' can still be found in the Ayurvedic *dosas* and *dhatas*, and Unani *akhlat*. This paper will explore the historical and ethnomedical context that allowed the transmission of Hippocratic medical knowledge, Aristotelian metaphysics and new knowledge on the physical causation of illness into existing Asian ethnomedical institutions. It also aims to identify which elements of ancient Persian, Arabic and Indian traditions allowed for the rigorous and extensive adoption of this body of knowledge in the Middle Ages and its survival to present times. This paper aims to contribute to current discourse in medical anthropology that questions the 'nationality' and 'traditionality' of Asian medical systems using a diachronic perspective.

19.06 Unani TIBB

Dr Amina Ather, Team lead,IFRTK, Bangalore

Yunani medicine is commonly known as TIBB which means medicine in Arabic and as its roots are relative to Greece called as Yunani Tibb meaning medicine of Greece, it also has a synonymic reference to its name as Islamic medicine (practiced by Muslims) , Misri tibt (practiced in Egypt) Arabi tibt (Practiced with Arabic literature) ,Irani Tibb (Practiced in Iran) and so on.

With the concepts from the archives of tibt which are relative to the well being of the person ,it is not only the healthy state which has to be in a proper physiological function and a normal anatomical structure but also the spiritual wellness of a person in other words , the healthy soul or the normal psychological status should also be in proper norms. Among all these factors , the spiritual wellness not only helps in the faster and good prognosis of the diseased but also in the management and rehabilitation of a person during and after the disease.

A person in a normal day to day life experiences a stress full time as he/she is a sandwich between family work and his own self feels like he is not able to free himself /herself mentally from the responsibilities around him/her either professional or social or family as they relate directly to the economic development of oneself.

The stress weakens the self confidence and also it hampers the physical health of the person , one such example is the disorder like fibromyalgia which is not even diagnosed easily by the neurologist also , after a greater research too the exact cause has not yet been determined but the treatment is a mere symptomatic one. When a pilot study was conducted on the night shift working IT professionals and this was complete with proper treatment, diet and religious counseling .During this short term study it was observed that the psychological counseling with religious intervention had a very good impact rather than the treatment group who were on anti depressants .

Hence the mental well being of a person is rather more related to its psychological counseling and lack of knowledge of healing by *DINI ILAM* (religious knowledge) in this fast world of innovations and modern technology.