

Panel 20: Empiricisms in Transition: Intersections of Science in Asian Medicines

Panel Organizer: Prof. Vincanne Adams (UCSF)

Email: AdamsV@dahsm.ucsf.edu

Efforts to unravel the thorny question of “science” in relation to Asian Medical Systems have led to important contributions to the field (Leslie, Needham, Bates, Nandy, among others). Analysis of “medical empiricisms” has sometimes served a way to avoid the debate over whether Asian Medical traditions are scientific or whether science is uniquely emergent from European enlightenment. In either case, the effort to demarcate interactions of empirical practices in medicine have been growing over the past decades. This panel builds on this important work. Continuing the effort to move beyond the “either/or” question of science, this panel 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. We ask how debated notions of “science” are themselves influencing the ways that Asian medical practitioners are making claims about validity, efficacy, rigor and certainty. How are notions of empirical validity being debated as Asian medicines are brought into and marketed in international arenas? How are concerns about the integrity of traditional theories being dealt with by practitioners of Asian medicine? For exploration of these themes, we are suggesting invitations to scholars who are familiar with the historical and with contemporary formulations of these processes and problems. The following list of speakers is a starting point for developing this session. More speakers will be added.

Participants and abstracts

20.01 Transforming medical traditions in 20th and 21st Century India: The local and the global in the evaluation of north Indian therapeutic practice.

Helen Lambert

Department of Social Medicine
University of Bristol

Drawing on two decades of ethnographic and archival research into the practice of both vernacular (orally transmitted) healing traditions and textually-based scholarly traditions in Rajasthan, this paper reconsiders the effects of European biomedicine on indigenous medicine over the past century. The remodelling of formal traditions (Ayurveda, Unani Tibb) on a biomedical template emphasised certain types of therapeutic intervention – in particular, the use of ingested pharmacological agents – over others. This resulted in the progressive decline in status and patronage of other traditions such as bonesetting and physical manipulation (practised in Rajasthan by *had vaidya* and *pahalvan*), despite underlying continuities in conceptualisations of the body that inform all types of practice and attest to the intertwining of local therapeutic traditions.

In the 21st century, emphasis on drug-based therapy has been given further impetus by the commercialisation of indigenous pharmaceutical products and the globalisation of evaluative practices under the rubric of Evidence-Based Medicine, prompting a growth in the conduct of randomised controlled trials of indigenous pharmacological treatments. The growing emphasis on empirical efficacy defined within the terms of global science further decouples indigenous therapeutics from considerations of contextual effectiveness and hence from the epistemological bases upon which these therapies rest. The paper highlights discrepancies between informal evaluations of the grounds for effectiveness held by lay people and practitioners and the formal requirements for the production of medical evidence in a globalising medical market.

20.02 Science and the Reinvention of Tibetan Medicine in Exile

Stephan Kloos, UCSF

This paper will explore the trajectory of the Dharamsala Men-Tsee-Khang's (MTK) engagement with modern science since the 1980s, culminating in a number of clinical studies after 2000. Unlike in China, the MTK and Tibetan medicine (TM) in India remain, for the time being, outside the officially regulated domain of health care. Furthermore, at the Dharamsala MTK, only traditionally trained practitioners of TM – not professional scientists – control the aim, form, and direction of this interaction. This means that the capitalist market, international quality and safety regulations, and the reductionist epistemology of science are matters of choice rather than compulsion. Thus, although they do play a role, the MTK's engagement with science is shaped more by its institutional decisions and policies, the Tibetans' political status and interests as refugees, and traditional Tibetan medical/Buddhist ethics.

I will show that rather than science being seen as a threat to the “traditional” ethics, epistemology, and practices of TM, the MTK administration – and a majority of physicians – actually regard it as a means of validating and preserving TM. Analyzing the tensions and convergences between the discursive and the practical levels of the MTK's employment of science, this paper will discuss whether, and in how far, the practices of actual clinical research, quality control, and pharmaceutical standardization fulfill this vision of simultaneously “reinventing” and “preserving” TM in exile.

20.03 Validity and Efficacy in Tibetan Medicine in Xining

Vincanne Adams (UCSF)

Vincanne Adams

Tibetan medical experts use a variety of techniques to establish both validity and efficacy—two related but different notions—in their medical practices and research. Use of historical records, for example, can serve to establish a certain kind of validity, as can evidence of theoretical coherence with established claims, even when little evidence of efficacy in clinical practice is available. Still, this constitutes one kind of efficacy in the context of Tibetan medicine, in the sense that it establishes guidelines for clinical engagements that are seen to ultimately “work.” Reversing the process, clinical efficacy is often used to validate Tibetan theory, rather than change it, despite the fact that Tibetan medical theory shows a good deal of revision and modification if looked at over time. This paper explores the range of epistemological routes taken by Tibetan practitioners to establish both efficacy and validity in medicine as seen among physicians and researchers of Tibetan medicine in the Arura Group in Xining city in Eastern Tibet, Sichuan Province, PRC.

20.04 Writing Chinese Medicine Textbooks for the Nation: The Science Wars in Early 20th Century China

By Eric Karchmer

“Chinese medicine is not scientific.” Generations of observers have made this charge, beginning with European imperialists in the 19th century and followed by Chinese intellectuals in the 20th century. The real significance of this debate about the epistemological status of Chinese medicine has not been its indeterminate conclusions, but rather the manner in which doctors of Chinese medicine have responded to it. In this paper, I consider two important and closely related ways in which doctors responded to this charge in the early and mid 20th century. First, in the early 20th century, scholars of Chinese medicine countered their opponents through a mixture of acquiescence and resistance. They acknowledged “deficiencies” but also championed their “advantages.” They developed a fascinating comparative scholarship that tried to assess the relative strengths and weaknesses of Chinese medicine and Western medicine. Second, at the same time, they also called for the “reform” and “scientization” of Chinese medicine. One of the most widely agreed upon ways of achieving this goal was through the development of schools and textbooks. From the late 1920s to the early 1960s, leading scholars of Chinese medicine developed a series of textbooks that became the foundation of the modern educational system for Chinese medicine in China. In this paper, I will show how the engagement with Western medicine, the scholarship of “strengths” and “weakness,” and the development of Chinese medicine textbooks ultimately came together to define some of the basic characteristics of “Chinese medicine,” as we know it today.

20.05 Ayurvedic Medicine in Post Independence India: Revivalism, Heritage, and Modernity

By Sameer Gupta

Ayurvedic medicine, India's oldest indigenous medical system still in practice today, was at the center of the debate of modernization and cultural revivalism in post-independence India. While Ayurvedic medicine served as a cultural symbol of the nation and was used as such in nationalist discourse before and after Indian independence, I argue here that it was only made viable as a state endorsed and sponsored medical system in the decade after independence by continuing to be packaged in western biomedical institutions. This irony is observed in the decade immediately following India's independence in the national rhetoric propagated in Indian research journals such as *The Antiseptic*, the creation of new "scientific" Ayurvedic research institutions such as the Central Institute of Research in Indigenous Systems of Medicine in Jamnagar, and national policies implemented as the fledgling nation tried to weigh and balance the importance of culture and modernization. However, India's national healthcare seems initially to have only been viable with Ayurvedic medicine's inclusion in the national planning. The nascent Indian government utilized the deeply entrenched indigenous system to improve overall healthcare coverage by modernizing Ayurveda through western institutions of research and teaching. This initial adoption and transmission of Ayurvedic medicine under western institutions carry deep legacies that significantly impact how modern healthcare is distributed and delivered in India today. For three thousand years, Ayurvedic medicine had served as India's predominant medical system, and in the midst of modernization, it still serves as an important vehicle for healthcare delivery in post-independence India.

20.06 Tibetan Medicine, Science, and Religion in the 17th – 19th Centuries

By Janet Gyatso

Professional and academic Tibetan medicine has incorporated a range of international trends in Asia since the inception of its written history, from Indic, Chinese, Greco-Arabic, and Central Asian medicine. Less studied have been the distinctive interactions between Tibetan medicine and religion, particularly Buddhism. This paper will reflect on how Buddhist values simultaneously served to facilitate, and to reign in, a growing empiricist and scientific mentality in Tibetan medicine. That mentality became a flashpoint for debate in the 16th and 17th centuries, and was still evolving through the twentieth century.

This paper will explore three representative sites of contestation: one having to do with the use of live models; one regarding authorship and authority; and a third having to do with medical epistemology and ethics. The varying positions on these questions taken by medical writers and administrators during the 16-17 centuries indicate a far deeper tension between Buddhist and medical values than has been previously imagined. And yet the same examples also show how Buddhist concepts were adapted and developed by Tibetan medical writers for distinctively scientific purposes. Even if the nature of the relations between Buddhist and state institutions in 17 and 18th century Tibet meant that true scientific experimentation was difficult to contemplate, contemporary Tibetan apologists in China today are drawing on advances made by the leading empiricists of the premodern period in their efforts to reconcile Tibetan medical theory with modern biomedicine.

20.07 The state of indigenous medicine in British Ceylon 1900-1948

By Rathnayake M. Abeyarthne

Though, the British had an enormous interest in Ceylon's religions, history, literature, and archaeology, they had a lower interest both in publishing, researching, and promoting its indigenous medical practices during their rule. On the contrary, the majority people still resorted to their native medicine at time of illness, especially, in rural areas where the access to Western medicine was rather limited under British reign. However, the colonial government could not continue its negligence of the importance of indigenous medicine due to various socio-political developments that took place at the dawn of the twentieth century.

In my presentation, first I will argue as to why that colonial government did not recognize the value of indigenous medicine during its rule. Under that theme, I will illustrate contesting, sometimes, contrasting perceptions and attitudes of colonial official's towards Ceylon's native medicine. Then, the presentation will focus on the socio-political developments that affected the government to redress its policy in the field. The study findings reveal that there were four main factors that affected the government to reevaluate its policy on the subject. They were the ongoing nationalist movements both

in Ceylon and India, the growing similar indigenous revival movements in other parts of the world, the political and constitutional reforms that the government brought about to ease colonial domination in the country, and the role that the Oriental Medical Science Fund and trade unions played in influencing the government to change its stance on the subject during their rule.

Finally, I will evaluate how the colonial government's policy in the field of indigenous medicine contributed to modernize its education and health care services in line with Western medicine, and challenges that the field itself faced in transforming a completely novel tradition to fit into modern Western medical institutional frameworks.