

Newsletter

Number 11 September 1988

Centre d'Etudes de l'Inde et de l'Asie du Sud EHESS, 54 bd Raspail, 75006 Paris, France



International Association for the Study of Traditional Asian Medicine

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3rd International Congress to be held in INDIA

The first International Congress on Traditional Asian Medicine (ICTAM I) was held in Canberra in 1979 under the auspices of the Australian National University. In the wake of this first congress, IASTAM was founded by the late Professor Arthur L. Basham, and by Prof. Charles Leslie (University of Delaware). The second ICTAM was organized in 1984 by Airlangga University at Surabaya, and it was sponsored by the highest Authorities of the Republic of Indonesia. This very successful congress was attended by 495 participants coming from 24 countries.

The Third International Congress on Traditional Asian Medicine (ICTAM III) will be held in India at the end of 1989 or in the first week of 1990. It is being organized by Dr. K. M. PARIKH, who played

already an essential role in founding the Indian Chapter of IASTAM. The Chairman of the Programme Committee is Prof. Charles Leslie.

We are modifying the publication rhythm and agenda for IASTAM NEWSLETTER in order to keep our members and readers informed of the latest developments, in preparation for this major international conference, and the next issue will appear in late October and carry all necessary details.

editorial *Crossing cultures & crisscrossing approaches*

It is hoped that delays in publishing this issue of the newsletter will be compensated for by the variety of information and book reviews. In composing and shaping each and every issue of the newsletter, the line which has been taken is to compare and combine news and reviews from various cultural areas and to keep a fair balance between, for example, South Asia and East Asia. Thus, in the present issue, important books on China by A. Kleinman and P. Unschuld are given due attention in substantial reviews, and broadly the same amount of space is devoted to articles and books on India. Thailand and Malaysia are also present today.

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IMPORTANT BOOKS REVIEWED

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Arthur KLEINMAN

Arthur KLEINMAN, M.D.

Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China, New Haven & London: Yale University Press, 1986

XII-264 pp., bibliogr., index

Reviewed by FREDERIC OBRINGER

Prof. Arthur KLEINMAN had already given us important works such as *Patients and Healers in the Context of Culture* (Berkeley: Univ. of California Press, 1980), in which he reported on his field studies of health care in Taiwan, and began to elaborate a model of medicine as a cultural system. With this new book, A. KLEINMAN is perfectly in the tradition of those great scholars who have initiated a new direction of research.

In the summer of 1980, the author carried out a clinical study in China, at the Hunan Medical College, aiming at elucidating (p. 68) "the connections between neurasthenia, depression, and somatization in Chinese culture and thereby to help clarify the conceptual issues in the relation of culture and affect." At that time he interviewed one hundred patients with the diagnosis of neurasthenia, who were chosen according to particular criteria. Conditions are described in Chapter Four, and results given in Tables 3-34.

Three years later, in April 1983, A. KLEINMAN returned to China and followed up various cases from the 1980 sample, who were suffering from both chronic pain syndrome and major depressive disorder (Chapter Five). It was an opportunity to evaluate the evolution of these patients in answer to social problems and to medical treatment.

The thirteen cases presented in Chapter Six reveal the use of depression as an expression of social and cultural distress, for instance during the Cultural Revolution. While we still know very little about daily life in China, and especially about the private and social tensions the Chinese have to face, these personal cases are illuminating. They illustrate the repercussion of social and political dramas on everybody's mental equilibrium.

The first three chapters deal with three interrelated subjects: neurasthenia, depression, and somatization. Neurasthenia - which is the translation of *shenjing shuairuo* (1) - is one of the most common diagnoses in China, while this nosological category is almost no more used by Western psychiatrists. Its characteristics, as defined by Chinese laymen, are - according to Cihai (2), 1979, p. 3628 - bodily weakness, excitability, lack of attention, memory disturbance, dizziness, headaches, sleep disorders. It seems that this definition results from the

integration of Chinese traditional medical theory, materialistic views of Russian neuropsychology and biomedical theory into a synthesis which gives greater place to somatopsychic orientations (p. 23). On the other hand, depressive disorder rates in China are either unreported or extremely low (p. 37). As already noted in his field studies in Taiwan, the author observes that (p. 43) "Chinese cultural idioms of distress and popular symptom terms tend to emphasize physical, not emotional complaints."

The problem of the prevalence of somatization, i.e., the presentation of distress as a physical complaint, in the Chinese illness experience may be explained by this emphasis on physical complaints. Being based on his field studies, the accounts the author assumes are related to the social sources and psychocultural significance of somatization (Chapter Seven). Here, the distinction between illness and disease is to be introduced (p. 144). When a man falls sick, he first experiences illness. This experience is guided by personal, social and cultural norms. But when the patient is examined by a specialist, a change occurs. "The practitioner begins to construe the patient's problem as disease" (p. 147), thus integrating the morbid situation into its nosological system. However, according to A. KLEINMAN, (p. 152) "neurasthenia is both illness (a socially and culturally shaped type of somatization) and disease (a category in China's medical classification)."

Why are neurasthenia and somatization so prevalent in China? Two possible explanations would be that, on the one hand, in China somatization is sanctioned positively by cultural norms, while psychologization is condemned, and on the other hand, that depressed affect is unacceptable because it means breakdown of social harmony (pp. 148 and 178). Nevertheless, I think we have to further research into the reality of this alleged condemnation of psychologization in Chinese culture; in the domain of Chinese poetry for example.

It may be worth noting that most of the cases the author studied in 1980 could be rediagnosed by using American psychiatric criteria as cases of depression (p. 75). Looking for the way psychotic or neurotic disorders were conceptualized in traditional Chinese medicine would provide us with a key to better explaining the influence of the cultural background on today's practice. The author broached this topic. After quoting the Chinese scholar Xu Youxin (p. 31), who "concluded that the symptoms of conditions resembling neurasthenia could be found in discussions of Wind Disorders, a category which covers a range of psychiatric diseases," A. KLEINMAN says (p. 154) that neurasthenia might have replaced some traditional medical categories like weakness of qi (3) in the biomedical paradigm. We must >> p.8

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M. Nichter

Mark NICHTER, "Kyasaur Forest Disease: An Ethnography of a Disease of Development," *Medical Anthropology Quarterly*, New Series, Vol. 1, No. 4, December 1987, pp. 406-423

[Prof. Nichter is at the University of Arizona, Dept. of Anthropology, Tucson, AZ 85721, USA.]

The Kyasaur forest disease [KFD] is an example of a disease of development associated with deforestation in the Tulu country of South Kanara (South India). This ethnographic account discusses the ways in which this unfamiliar debilitating disease was interpreted by villagers during an epidemic outbreak, and associated with some specific features of Tuluva cosmology and the *bhūta* [spirits] cult rituals. Highlighted is the manner in which physical aspects of the disease served as natural symbols for its social construction. Also noted is the metonymic relationship of body and land that underscored explanations linking the duties of feudal kings to the well-being of their kingdoms at a time following land reform and the division of estates. (On metonymy, compare: this issue, below p. 11 column B; also IASTAM NEWSLETTER no. 6, Dec. 1985, p. 2 on E.V. Daniel & J. Pugh eds., *South Asian Systems of Healing*; IASTAM NEWSLETTER editorial, on 'Medicine & Landscape', in no. 9, Nov. 1986, p. 3.) Beyond a consideration of co-extensive ideas of etiology, health-care decision making during the KFD epidemic is explored. The last paragraph of Dr. NICHTER's lucid and elegant essay is worth citing (p. 420): "In the past, it was the forest's encroachment into the world of humans that led to the destruction of order, for example, the destruction of fields by wild boars and elephants. In the case of KFD, it was the encroachment of humans into the forest, coupled with a patent disregard for ecology, that led to the catastrophic epidemic. The forest's contact with humans through virus-infected ticks in a disrupted ecosphere was perceived as complementary to the *bhūta*'s contact with humans in a disrupted social universe. Within an ordered ecology, the activity of ticks kept within bounds by a balance of nature. In a similar way, within an ordered social universe, the activity of spirits is controlled. . . by ritual transactions. . . KFD is truly a *bhūmidoṣa* [Sanskrit], 'a trouble of the land,' merging the

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ancient and modern relations of people, the state, and the environment."

This article is consonant with the new ethnography produced by authors like E.V. DANIEL, Margaret TRAWICK, and others who are interested in both medical anthropology and semiotics. It includes a number of well-selected references to these authors (esp. Margaret [TRAWICK-]EGNOR's paper on the Smallpox Goddess), and to the topic of *karma*. This new approach, most respectful to local discourses, takes the contextual factors into account to incorporate them with an interpretive anthropology of medical problems. FZ

Editorial

Crossing cultures, and crisscrossing approaches

Continued from page 1

All the various countries and cultures of Asia will be taken care of, in the future, and the Middle East will receive its due share. To be reviewed in the next issue, for example, is an impressive collection of essays edited by Mary-Jo DelVecchio Good, Byron J. Good, and Michael M.J. Fischer, on "Emotion, Illness and Healing in Middle Eastern Societies," that was recently published in Culture, Medicine and Psychiatry.

The second type of boundaries we want to cross are the ones that divide the field of social sciences and the humanities into specialized disciplines. In each and every number of the newsletter, we are trying to associate anthropology with history, and contextual studies (of public health, economy, & geography) with interpretive studies (of medical discourse). Readers may benefit from this exposure to other disciplines than their own. This is why the magnificent Monsoons book edited by Jay S. Fein and Pamela L. Stephens is reviewed below in pp. 14-15. It is intended for medical geographers and policy-makers, but it might prove of interest to philologists and classicists as well. Similarly, in the next issue, a presentation of Charles Le Blanc's masterpiece Huai-nan Tzu will come along with a review essay of recent works on Hindu mantras, and with a review of Roger Jeffery's sociopolitical study of the Politics of Health in India.

Authors are kindly requested to send review copies and offprints for review to the IASTAM NEWSLETTER editors, whose address is given in back page.

Thailand J. Mulholland

Jean Mulholland

*Medicine, Magic and Evil Spirits
(Study of a Text on Thai
Traditional Paediatrics),*

Canberra: Faculty of Asian Studies,
Australian National University, 1987
ISBN 0 7315 0016 4 xi-316 pp. approx. US\$ 10.-
Distributed by Bibliotech, Australian National Uni-
versity, Box 4, Canberra, ACT 2601, Australia

Thai traditional medicine is one of two legally recognized systems of medicine practiced in Thailand, the other being Western medicine. The authorized teaching syllabus for the licensing examinations in Thai traditional medicine and pharmacy is a group of medical texts handed down for generations among a small elite of court physicians. These texts belonging to the king were made available to the people during the 19th century (p. 4). The present book is an examination of one of these texts, *Khamphee prathom chindaa* [KPC], compiled in 1871 from earlier texts of unknown origin. The KPC is a text concerned specifically with paediatrics, but its significance goes beyond the limits of this speciality. The central theme of the KPC is a group of children's diseases called birth saang or saang of the seven days. The concept of saang, "children's disease," appears to be totally independent of any Indian influence, although it coexists with several other concepts or patterns of diagnosis like demonology and Ayurvedic ideas, on reproduction, birth and humoral diseases, borrowed from India. The KPC is an exceedingly syncretic compilation that offers the doctor many diagnostic alternatives. Take, for example, a passage based on the Indian theory of the five gross elements: "Symptoms of the abnormal fire element: the baby has flatulence, distension of the abdomen. . . . There is no place here for birth saang. . . . Here we have a pattern of diagnosis of children's diseases rigidly following the Ayurvedic derived system of the elements on which the principles of Thai traditional medicine are based. This is quite unadulterated by any effort to accommodate to the birth saang theory, which must be a very ancient local system still found to be of value diagnostically after the adoption of Ayurveda. Thus the traditional Thai doctor may follow either system or a combination of the two, in his diagnosis of children's diseases" (pp. 103-104).

Dr. Mulholland carefully delineates the influence of Ayurveda, which is known to have been brought to South-East Asia at least eight centuries ago,

since it is mentioned in the inscriptions of Jayavarman VII (A.D. 1181-1220) of Kampuchea (p. 255; ref. to L. Finot, BEFEO, III (1903), p. 24). However, some of the medical theories appear to be indigenous to Thailand, or brought there by the Thai when they migrated from their former homeland (Yunan?). The use of the seven day week as a key factor in the medical theory of birth saang does not provide any way of pinpointing the time when the theory was first postulated, although the seven day week is mentioned in inscriptions of the 14th cent. A.D. (p. 255 f.).

Various appendixes, glossaries and a bibliography enhance the usefulness of this scholarly book by a former student of the late Emeritus Professor A.L. Basham, the Founding President of IASTAM. We can only regret that it was set up and printed with very limited means and by typewriting. Nevertheless, Thai specialists will appreciate that Dr. Mulholland was able to print the Thai technical terms (for drugs and diseases) in the original script along with their transliteration in the glossaries and the concordances for plant-names.

This book should be used along with Viggo BRUN & Trond SCHUMACHER, *Traditional Herbal Medicine in Northern Thailand*, Berkeley, 1987 [reviewed in IASTAM NEWSLETTER no. 10, May 1987]. The former (Dr. Mulholland's) is more historical, and the latter more anthropological. Both have some bearing on the history of the reception of Ayurveda in South-East Asia. FZ

Classics

Vivian NUTTON, *From Democedes to Harvey*, Collected Studies in the History of Medicine, London: Variorum Reprints [20 Pembridge Mews, London W11 3EQ], 1988 ISBN 0 86078 225 5 332 pp. £ 32.00

From the beginning, we decided to record in IASTAM NEWSLETTER the publication of important books of medical history on classical Antiquity that may be of interest to Asianists on various points such as their touching on the drug trade between Asia and the West, or their dealing with the status of classical languages (Greek, Latin) in relation to medical practice.

Asianists will find a wealth of information and comparative material in the collected papers of Dr. Vivian NUTTON (London), who is an outstanding authority on Galen and Roman medicine, and is well-known for his style of philological analysis extremely concise and precise. Of special interest to IASTAM members: "The seeds of disease: an explanation of contagion and infection from the Greeks to the Renaissance."



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International Association for the
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Paul UNSCHULD,
Nan-ching

Nan-ching, The Classic of Difficult Issues
Translated and annotated by

Paul U. UNSCHULD

Berkeley-Los Angeles-London: University
of California Press, 1986

(Comparative Studies of Health Systems and Medical
Care) ISBN 0-520-05372-9 viii-760 pp.

With commentaries by Chinese and Japanese authors
from the 3rd through the 20th century

Reviewed by CATHERINE DESPEUX

Finding proper ways of interpretation and translation of Chinese medical texts is one of the most topical problems for Western scholars to address, and for the Chinese as well. It was thoroughly discussed at the Munich symposium held in August 1986 under the aegis of IASTAM, the proceedings of which will be published in a few months' time (Paul U. UNSCHULD, Ed., *Approaches to Traditional Chinese Medicine*, Dordrecht: D. Reidel, 1988). Good translations of medical texts are badly needed, and urgently, but the task is an arduous one and a number of fundamental notions conveyed by the basic terms of Chinese medicine still require investigation.

Two translations of the Nan-ching were available so far in the West: a partial translation brought out by Hübotter at the beginning of this century, and a French translation by P. Grison published in 1979. However, Paul UNSCHULD's translation is the only one worth considering, the only one to comply with the requirements of rigorous philology.

Part I of the book is a discussion of the date, contents, origin, and historical significance of the Nan-ching, and of its reception at various periods in the history of Chinese medicine. Part II is comprised of the translation of the Nan-ching text itself along with about twenty commentaries selected from among the most significant ones, and numerous annotations by the translator. In distributing the eighty-one "Difficult Issues" addressed into six chapters, Paul UNSCHULD follows the classification worked out by the commentator Wu Ch'eng (1247-1331):

1. The movement in the vessels and its diagnostic significance (1-22);
2. The conduits and the network-vessels (23-29);
3. The depots and the palaces (30-47);
4. On illnesses (48-61);

5. Transportation holes (62-68);
6. Needling patterns (69-81).

A third part comprises several appendixes: A. a survey of commentated Nan-ching editions by Chinese authors from the 3rd through the 20th cent.; B. Chinese 20th cent. essays on the Nan-ching; C. commentated Nan-ching editions by Japanese authors in the Takeda and Fujikawa libraries; D. Chang Shih-hsien's (1510) graphs depicting the eighty-one Difficult Issues. A glossary of technical terms in the Nan-ching and an index to the prolegomena of Part I, to the commentaries, and to the translator's notes conclude the book. We regret that Dr. UNSCHULD did not include in this last part the graphs depicting a number of Difficult Issues which are to be found in the first part of the Taoist Canon edition of the Huang-ti pa-shih-i nan-ching tsuan-t'u chü-chieh (T. 1029 fasc. 668-670) by Li Ch'ung (1269), a commentary otherwise translated by Dr. UNSCHULD.

The word nan in the title has been interpreted in various ways by the commentators, the meanings most commonly given to it being: difficult issues, dialogues, instructions. Although the authorship is traditionally attributed to a half-legendary physician of the 6th-5th cent. B.C., in fact, the Nan-ching is likely to date back to the 1st or 2nd cent. A.D. According to Dr. UNSCHULD, this text "contributed to the formative period of the medicine of systematic correspondance by creating a conceptual system of medical theory and practice that for the first time consistently accounted for the 'discovery' of a circulatory movement in the organism" (p. 13). It marks also the end of this formative epoch because it concentrated on nothing but the most advanced concepts of systematic correspondance and constituted an homogenous whole. It is just the opposite of the Huang-ti nei-ching which is made of heterogenous fragments coming from various times and traditions tied together into one text in the 1st cent. B.C. or so, and which compares with the Hippocratic Corpus for its composite aspects.

The first phase in the reception of the Nan-ching in Chinese medical history is characterized by an unquestioned faith in this text as the authoritative exegesis of the fundamental principles of the medicine of systematic correspondance (p. 39). The second phase corresponds to the attempts made during the Sung era to reconcile the "discrepancies" between the Nei-ching and the Nan-ching (p. 41). The third phase is when the supremacy of the Nei-ching is proclaimed, and the Nan-ching is blamed for its not being strictly grounded in the Nei-ching.

The publication of a high-quality English translation of the Nan-ching marks a turning point in the history of ideas on Chinese medicine in the West. First, to non-Sinologists this translation gives access to one of the most important medical classics,

which was overshadowed by the Nei-ching at certain times in China but broke new ground compared with it in the domain of diagnosis. Furthermore, Paul UNSCHULD innovates in translating not only the text itself but also its main commentaries. This approach models itself partly on the traditional Chinese attitude, which is of studying a classic text in the light of the various extant commentaries. These commentaries now accessible to Western readers will give a fair view of the various lines of thought and historical evolution of medical concepts. There might be some inconvenience, however, in the commentaries being divided up into 81 sections and printed under the text of each one of the Difficult Issues. Readers might wrongly assimilate the meaning of a given technical term in the Nan-ching text to meanings developed later in the commentaries. It might have been useful to characterize more precisely the system of thought underlying the commentaries, and to further define the notions specific of the Nan-ching text itself.

Paul UNSCHULD's translating technique has the most welcome advantage of conveying as far as possible all the connotations of a given term that are related to the system of correspondence within which it makes sense, while avoiding English words that would bring in specifically Western notions. He is quite right to reject English "energy" as a rendering of the Chinese word ch'i. However, one wonders whether the word "influence" is a satisfactory choice. Let us face facts, the polysemy of Chinese characters makes translation a very difficult enterprise. One may well ask if the translation of such technical Chinese texts can even exist without a detailed glossary defining the basic concepts used in a well-defined context at a given period. Again, the translation of the words mai as "vessels" and ching as "conduits" is better indeed than all translations suggested so far; it relies on the analogy often made between these mai ching and streams. However, the First Difficult Issue, for example, reads literally (p. 65): "In an exhalation, the mai 'proceeds' (hsing) three inches"; which Dr. UNSCHULD translates as: "[the contents of] the vessels proceed three inches". However, when reading this passage, one may well ask if the mai was the container of something contained, or else, both a container and a content, a kind of flux moving along precise lines without being similar to vessels.

The translation of nosological terms is still more tricky. The criteria according to which the pathological signs are cut out and put together are so different from those of the Western medical schools that any attempt to find Western equivalents is illusive. Besides, the definitions of these

nosological terms and the corresponding clinical descriptions are lacking usually. Here also, Dr. UNSCHULD's translations are generally better than the ones given so far, but one regrets that he sometimes uses one Western word for rendering several different Chinese terms that correspond to specific nosological groups. For example, ch'i-shan is translated as "seven accumulation ills" (29th Difficult Issue, note p. 338), chi as "accumulations" (Glossary p. 740), chü as "concentrations" (Glossary p. 741), chia as "concentration ills" (p. 338), chia-chü also as "concentration ills" (29th Difficult Issue). But, the terms chi and chü are often used together and constitute a well-defined nosological group, that of accumulations, one term designating the accumulations of the yin type, and the other one the accumulations of the yang type. Moreover, the pathology of shan is different enough from that of chi-chü to require more marked distinctions in the translation.

For all these remarks which bear on mere details, Paul UNSCHULD's translation obviously is one of the very best we have of an Asian medical text, an accomplishment which results from an enormous amount of work. It should be acknowledged as an indispensable reference work for all students of Chinese medicine, and should be on the reading list of anyone interested in Chinese medicine.

Reviewed by Catherine DESPEUX,
Co-Editor of IASTAM Newsletter

Prof. Paul Ulrich UNSCHULD, President of IASTAM, teaches at the Institute for the History of Medicine at the University of Munich. The book under review is part of a set of three books on Medicine in China published in the same series, "Comparative Studies of Health Systems and Medical Care" edited by John M. Janzen and published by the University of California Press, the two other volumes being: *Medicine in China: A History of Ideas* and *Medicine in China: A History of Pharmaceutics*, both published in 1985. The History of Ideas volume is now available in paperback.

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The Proceedings of our Munich Symposium referred to in Dr. DESPEUX's review were presented in detail in IASTAM NEWSLETTER No. 9. Back issues sent on request.



Newsletter

International Association for the
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the Hot-Cold "syndrome"

Medical beliefs and practices in the classical systems of ancient Greece, India and China are based on the concept of elements, each with an associated quality. The similarity of humoral thought in these cultures is partly due to early and continuing cross-fertilization through traditional crossroads like Persia (between Greece and India), or Tibet and the Malay peninsula (between India and China). Take the complex, multifaceted theory of humoral balance in its most simplistic formulation, and you will find it widespread everywhere in the Ancient and the New World in the form of a dichotomy that has been labeled as "the Hot-Cold syndrome". Foods, remedies and other substances are believed marked both by (usually) unchanging Hot and Cold metaphorical qualities, and by fluctuating thermal temperatures that reflect environmental exposures of the moment. Hot and Cold illnesses are treated according to the principle of opposites with Cold and Hot remedies.

One of the most heated debates of the moment in medical anthropology - hot, you've said it! - is between the ones who trace the Hot-Cold syndrome back to pre-existing notions in a given indigenous culture, and the others who believe that it is a simplified folk variant of the classical humoral systems. This debate has political implications in the context of international health planning. The diffusionist hypothesis, i.e., the opinion according to which the Hot-Cold theory observed by anthropologists in the field results from the diffusion of classical humoralism, tends to suggest to health planners a pattern of medical colonization of indigenous cultures by Western ideas. Quite a few authors, in the course of their field-studies, have observed that people tend to integrate humoralism with cosmopolitan medicine rather than jettison one in favor of the other, and the Hot-Cold theory appears to be so basic and universally followed that it could provide a rationale for participatory action in modernizing health care, and for selling Western ideas of medical care and nutrition. However, some critics who are more sensitive to epistemological fallacies and to the polysemy of indigenous languages have argued that the Hot-Cold syndrome was a reification and medicalization of humoral thought, an artifact resulting from field methodology itself: see Barbara TEDLOCK, "An interpretive solution to the problem of humoral medicine in Latin America," *Soc. Sci. Med.* Vol. 24, No. 12, pp. 1069-1083, 1987.

In presenting the classical systems of Greek, Hindu and Chinese medicine as antiquated traditions and showing that they reduce themselves to folk superstitions in today's medical beliefs and practices, the supporters of the diffusionist hypothesis have contributed to disqualify Asian medicine as a whole. Of course, it is not Asia but Latin America which has been at the center of the debate, and, in his most recent paper to support the diffusionist hypothesis, George M. FOSTER, "On the origin of humoral medicine in Latin America," *Medical Anthropology Quarterly*, New series, Vol. 1, No. 4, pp. 355-393, December 1987, traces the apparently well-documented history of classical medicine from Greece and Persia to Latin America, where it was disseminated via formal medical education, hospitals and missionary orders, home medical guides and pharmacies. But Dr. FOSTER's article implicates also Asianists in the debate. The conclusion he wants to establish is that the complex system of humoral medicine, when it passes down from a highly literate classical culture to nonliterate populations is simplified and reduced to a minimal set of components. Thus, all the various pairs of opposites: Hot-Cold, Wet-Dry, etc., which are combined with one another to define the "temperament" of a given being or substance in the Galenic system, or in Ayurvedic medicine, tend to merge and to yield a simplified folk system of only one pair of opposites, namely, the Hot-Cold dichotomy. In order to confirm this hypothesis, Dr. FOSTER reviews a few articles about medical beliefs and practices in South and East Asia where the classical humoral systems are marked by Wet-Dry as well as Hot-Cold dimensions. He uses the presence/absence of the Wet-Dry dimension as a kind of genetic marker: if (as he thinks it is) the Wet-Dry opposition occurs only quite rarely in popular knowledge, contrary to the common conception of the Hot and Cold, this is (he thinks reasonable to conclude) because humoral medicine has been simplified in the process of its diffusion among the nonliterate sections of the community. "From the comparative data it is clear that all [his emphasis] classical humoral medical systems - Graeco-Persian, Ayurvedic, and Chinese alike - have followed a common pattern of simplification from a complex literate to a less complex nonliterate cultural domain that has largely and usually entirely eliminated the Wet-Dry dichotomy" (p. 382). This conclusion will puzzle all the people who have some experience of the Monsoon and some knowledge of the Monsoon symbolism (including the Wet-Dry dichotomy) which pervades everything in Asia. The whole article thus is rendered unconvincing.

A special issue of *Social Science and Medicine*, Vol. 25, No. 4, 1987, is devoted to "Hot-Cold Food and Medical Theories: Cross-Cultural Perspectives," and it offers several excellent articles on Asia: Carol LADERMAN, "Destructive heat and cooling prayer: Malay

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Arthur KLEINMAN

remember that in the Chinese biomedical system traditional terms are often employed with derived meanings.

Furthermore, the author (pp. 41-43) assumes that the traditional nosological entity yu (4) can be understood as the equivalent of the modern term yu ("depression" in modern Chinese), at least in the Jing Yue quanshu (5) (1624), by the great physician Zhang Jiebin (6). The way of thought that consists in applying a modern medical concept to a traditional term which underwent shifts of meaning is dangerous and mistaken (as Dr. KLEINMAN points out in p. 42). But the particular definition of youyu (7) - yu resulting from sadness - given by Zhang Jiebin is worth noting, as it demonstrates at least his interest for emotional disorders. However, it seems true to say that there was no impassable frontier between the affective domain and the physical domain in traditional Chinese medicine. Compare terms difficult to explain like fan men (8).

Out of the one hundred patients he interviewed, the author says that (p. 84) forty-one "were either unfamiliar with or could not articulate a traditional Chinese medical assessment of their problem, while those who could do so half claimed not to believe in Chinese medical theories." I think several reasons might explain this situation. Of course, the process of deculturation is already strong both in communist and in non-communist China. As in many other non-western countries, the fascination for modernity, synonymous with westernization, contributes to depreciating the tradition, especially in urban areas. It would be worth surveying opinions about traditional Chinese medicine according to the various sections of the community. Moreover, the patients Dr. KLEINMAN interviewed were willing to participate in a study conducted by an American doctor. How to assess the exact reliability of their responses? One should address the question of Chinese patients' behavior towards a foreign physician. Besides, the distinction made by modern doctors between illness and disease is relevant to traditional Chinese medicine, since traditional medicine makes use of an elaborate and specific language, and its nosological system is not a popular one. Patients have difficulty using the concepts of traditional Chinese medicine to describe their illness, although in the field studies conducted by A. KLEINMAN there was greater demand for Chinese drugs than for western drugs.

This rich book is to be read by psychiatrists, medical anthropologists, and everyone interested in cross-cultural relations. It is only unfortunate that, as in many American books, nearly all of the relevant publications that were not written in English (or, here, in Chinese) or translated into this language are ignored, even in the bibliography. Dr. KLEINMAN cites a few German and French works in the form of their

CONTINUED FROM PAGE 2

English translations, but without mentioning the original language nor the first publication date. Thus, Michel FOUCAULT's *Naissance de la Clinique, Une Archéologie du Regard Médical*, first published in Paris in 1963 is cited as a book published in English in New York in 1973, without any further details. But these are minor remarks on a most important book. The core question this book addresses is how to build an interdisciplinary discourse on a topic - depression - well suited for our integrating psychiatry and anthropology. It gives us an opportunity to account for one and the same cultural behavior in different cultural systems. Says Dr. KLEINMAN (p. 199): "The dominant theories of the self are almost wholly derived from the Western cultural tradition's ethnopsychological models; studies of non-Western populations, including Chinese, have sought to incorporate findings into these dominant Western ethnotheories (psychoanalytic, behavioral, cognitive, and so forth). . . . These theories tend to see the self as unchanging . . . This Western bias contrasts with the anthropological vision of the self as a work of culture in particular social interactions that changes with changes in those transactions. . . . It is high time we created alternative dialectical theories of the self, based on studies with Chinese and other non-Western populations."

Reviewed by Frédéric OBRINGER

Transliterations

- | | |
|----------|----------|
| (1) 神經衰弱 | (5) 景岳全書 |
| (2) 辭海 | (6) 張介賓 |
| (3) 氣 | (7) 憂鬱 |
| (4) 鬱 | (8) 煩悶 |

Arthur KLEINMAN, IASTAM Council Member, is a psychiatrist in the Department of Social Medicine at Harvard Medical School and in The Cambridge Hospital, and Professor of Medical Anthropology and Psychiatry at Harvard University. He is the founding Editor-in-Chief of *Culture, Medicine and Psychiatry*. Another book of his, *Culture and Depression*, Edited by Arthur KLEINMAN and Byron GOOD (Berkeley: Univ. of California Press, 1985), was cited briefly in IASTAM NEWSLETTER no. 9, November 1986, p. 16. The book under review, *Social Origins of Distress*, was commented on by several scholars in *Current Anthropology*, Vol. 27, No. 5, December 1986, with the author's Précis and a Reply where (answering to Prof. Ronald

Arthur KLEINMAN/Continued

J. FRANKENBERG, University of Keele, UK, who criticized his efforts to integrate anthropology and psychiatry) he makes his intellectual orientations perfectly clear: "My vision (for what it's worth) is of an anthropological psychiatry and a psychiatric anthropology (a vision which Sapir held and one that, while a heresy in British social anthropology, is still of interest to some American cultural anthropologists.)" [p. 508b] His approach to illness and culture is both clinical and interpretive. Medical practice, conceived of as a vocation, is at its best in the work of Dr. KLEINMAN, M.D., who dedicated his life to "that central task of doctoring" [p. 503b]. But in the clinical observations, "the chief line of analysis is interpretive" [p. 507b]; the accounts of illness experiences are compared to literary texts [p. 503b]. What we do appreciate in Dr. KLEINMAN is just this passionate and enthusiastic blending of the two attitudes: that of the doctor who loves his art, and that of the interpretive anthropologist who concerned himself with questions of style, and the emotional markers of narratives and discourse. His latest book, *The Illness Narratives: Suffering, Healing & the Human Condition*, New York: Basic Books, 1988, carries further this most compelling and innovative enterprise. FZ

Dr. Frédéric OBRINGER, who reviewed Arthur KLEINMAN's book for IASTAM Newsletter, is a pharmacist and a sinologist attached to RCP 798, the research group on the History of Science and Technology of China, Japan and Korea directed by Professor Jacques GERNET at the Collège de France, a group from which IASTAM Newsletter has received intellectual and financial help. Write to:

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Hot-Cold syndrome

Continued from page 7

humoralism in pregnancy, childbirth and the postpartum period," Laurel KENDALL, "Cold wombs in balmy Honolulu: ethnogynecology among Korean immigrants," Mark NICTER, "Cultural dimensions of hot, cold and sema in Sinhalese health culture," Robert POOL, "Hot and cold as an explanatory model: the example of Bharuch district in Gujarat, India,"

The Hot-Cold syndrome/Continued

Soheir SUKKARY-STOLBA, "Food classifications and diets of young children in rural Egypt," Linda C. KOO, "Concepts of disease causation, treatment and prevention among Hong-Kong Chinese: diversity and eclecticism." E.N. ANDERSON Jr, "Why is humoral medicine so popular?," has data from China. FZ

News of people

Dr. Carol LADERMAN, who teaches at Fordham University, has received fellowships from the John Simon Guggenheim Foundation, the National Endowment for the Humanities, and Fordham University to complete her study of Malay shamanism. Her paper "Wayward Winds: Malay Archetypes and Theory of Personality in the Context of Shamanism" is forthcoming. She participated in the Hot-Cold syndrome symposium mentioned this page, left column, and her contribution: "Destructive heat and cooling prayer: Malay humoralism in pregnancy, childbirth and the postpartum period," was published in the special issue of *Soc. Sci. Med.*, Vol. 25, No. 4, Pp. 357-365, 1987.

This paper shows that humoral ideas were readily accepted by Malays, since they are highly congruent with pre-existing notions among aboriginal peoples of the Malay peninsula involving a hot-cold opposition in the material and spiritual universe. Islamic Malays have adapted these aboriginal beliefs to correspond to the Greek-Arabic humoral model in matters concerning foods, diseases, and medicines. However, unlike any other major humoral doctrine, Malay reproductive theory (like that of non-Islamic aboriginal peoples of Malaya) equates coldness with health and fertility, and heat with disease and sterility.

Carol LADERMAN, *Wives and Midwives, Children and Nutrition in Rural Malaysia*, Berkeley: Univ. of California Press, 1983 (re. IASTAM NEWSLETTER no. 6, February 1985, p. 2) is now available in paperback.

Write to: Prof. Carol Laderman, Dept. of Sociology and Anthropology, Fordham University, Bronx, N.Y. 10458, USA

Dr. Amanda LE GRAND, whose mission report on "Herbal Drugs in Primary Health Care in Thailand" was cited extensively in IASTAM NEWSLETTER no. 10, May 1987, pp. 5-6, intends to draw an inventory of Primary Health Care projects concerned with the promotion of herbal medicine in South-East Asia. She is asking for cooperation and information. Write to Dr. Amanda LE GRAND, Center for Health Policy Studies, Faculty of Social Sciences and Humanities, Salaya Campus, Nakorn Pathom 71370, THAILAND, or Royal Tropical Institute, Rural Development Programme, 63 Mauritskade, 1092 AD Amsterdam, THE NETHERLANDS

Medical Geography

Rais AKHTAR and A.T.A. LEARMONTH, Eds.
Geographical Aspects of Health and Disease in India

New Delhi: Concept Publishing Co., 1985

xxiii-466 pp. about Rs. 150.-

[Concept Publishing Co.]

H-13, Bali Nagar, New Delhi 110015, India.]

CONTENTS

I/ INTRODUCTORY: R. Akhtar, "Scope of geography of health and geomedical research in India" [pp. 3-21]; A.T.A. Learmonth, "Reflections on the regional geography of disease in late colonial South Asia" [pp. 23-35 = Soc. Sci. Med., 14, pp. 271-276, 1980]; A.K. Dutt and H.M. Dutta, "Disease dynamics in South and South-East Asia with special reference to India" [pp. 37-47]; M.J. Joshi and C.D. Deshpande, "The pattern of disease distribution and ecology in Southern Asia with special reference to the Indian subcontinent" [pp. 49-70]; A.K. Tewari, "Geomedical method with illustration in the study of Rajasthan" [pp. 71-88 = Rajasthan Medical Journal, 12, 181-190, 1973].

II/ DISEASE ECOLOGY: M.K. Dutta, "The diffusion and ecology of cholera in India" [pp. 91-106 = Geographical Review of India, 35, 243-262, 1973]; R. Akhtar and A.T.A. Learmonth, "The resurgence of malaria in India 1965-1976" [pp. 107-123 = Geo-Journal, 1, 69-80, 1977]; R. Akhtar, "Geographical distribution of cancer in India" [pp. 125-137 = International J. of Environmental Studies, 20, 291-298, 1983]; Indra Pal and H.S. Mathur, "Ecology of helminthic diseases in Rajasthan, India" [pp. 139-149 = Proc. 21st Intern. Geographical Congress, 1, 400-404, 1968]; J.P. Sharma, "Incidence, ranking and intensity of major diseases in District Tehri [i.e., the Tehri Garhwal], U.P." [pp. 151-167 = Geographical Review of India, 38, 37-49, 1976]; B. Hyma and A. Ramesh, "The geographic distribution and trends in cholera incidence in Tamil Nadu" [pp. 169-219 = Indian geogr. J., 51, 1-32, 1976]; R. Akhtar, "Goitre zonation in the Kumaon region" [pp. 221-235 = Soc. Sci. Med., 120, 152-163, 1978]; S. Singh and H.M. Dutta, "Smallpox pattern and its correlates, A case study of an Indian city [Patna]" [pp. 237-241 = Geo-Journal, 5, 77-78, 1981].

III/ NUTRITION AND DEFICIENCY DISEASES: R.P. Misra, "Nutrition and health in India A.D. 1950-2000" [pp. 245-258 = J. of Human Evolution, 7, 85-93, 1978]; M. Shafi, "Food production efficiency and nutrition in India" [pp. 259-264 = The Geographer, 14, 23-27, 1967]; Mohammed Farooq Siddiqi, "Concentration of deficiency diseases in Uttar Pradesh" [pp. 265-274 = The geographer, 18, 90-98, 1971]; Kailash Choubey,

"Diseases of Sagar city in the light of environment and nutritional deficiency factors, A case study in medical geography" [pp. 275-287 = Geographical Review of India, 33, 88-100, 1971]; R. Akhtar, "Geography of nutrition in the Kumaon Himalayas" [pp. 289-311].

IV/ SOCIO-ECONOMIC ASPECTS TOWARDS HEALTH: L. Schuyler Fonaroff and Arlene Fonaroff, "The cultural environment of medical geography in rural Hindu India" [pp. 315-335 = Pacific Viewpoint, 7, 67-84, 1966]; Surinder M. Bhardwaj, "Attitude towards different systems of medicine, A survey of four villages in Punjab" [pp. 337-359 = Soc. Sci. Med., 9, 603-612, 1975]; A. Ramesh and B. Hyma, "Traditional Indian medicine in practice in an Indian metropolitan city [Madras]" [pp. 361-388 = Soc. Sci. Med., 15D, 69-81, 1981]; B.N. Mukherjee, "A simple method of obtaining a health hazard index and its application in micro-regional health planning" [pp. 391-436 = Regional Studies, 10, 105-122]; R. Akhtar and Nilofar Izhar, "Inequalities in the distribution of health care in India" [pp. 437-460].

This is a useful collection of reprinted articles, although the editing is badly done. Original versions that appeared in leading journals like Social Science and Medicine should be preferred to their reprints: Andrew T.A. Learmonth's "Reflections...", for example, was printed in Soc. Sci. Med., 14D, 1980 with important maps and histograms in a very clear format; this Indian reprint on low-grade paper displays them in a size so much reduced as to render them totally illegible. The selection is weak sometimes, and a few contributions (especially, the ones by Misra, the Fonaroffs) are really superficial or antiquated. More generally, the selection as a whole and the bibliographies (which, for most of them, are dating back to the 1970s) appear to be slightly outmoded. These shortcomings maybe reflect the state of the field, since (as far as we know) no other book of similar range is available. It does not supersede the special issue of Social Science and Medicine, Vol. 14D, 1980 edited by Ashok K. DUTT, and devoted to "Contemporary Perspectives on the Medical Geography of South and South-East Asia."

Technical Sanskrit

Just published is Pierre-Sylvain FILLIOZAT's fascinating Grammaire Sanskrite Pâninéenne, Paris: Picard, Publ. [82 rue Bonaparte, 75006 Paris; ISBN 2-7084-0362-1], 1988, which presents Sanskrit grammar from within the linguistic consciousness of a Hindu pandit. We want to draw attention to a six-page appendix, "Note sur le style du commentaire sanskrit," which teaches how to read and render the most common turns of phrase in the Sanskrit Fachprosa of medieval commentaries.

G. J. Meulenbeld
and D. Wujastyk,
Indian Medicine

Edited by

G. Jan Meulenbeld and Dominik Wujastyk,
Studies on Indian Medical History,

Papers presented at the International Workshop on
the Study of Indian Medicine held at the Wellcome
Institute for the History of Medicine 2-4 September
1985 [in London]

Groningen: Egbert Forsten Publ., 1987
(Groningen Oriental Studies, Vol. 2)

ISBN 90 6980 015 2 247 pp. Dfl 65.-

Designed and typeset by D. Wujastyk at the
Wellcome Institute, London

This volume of studies presents the papers
given at the second workshop of the European
Ayurvedic Society, a group which was formed in
Groningen in 1983. The volume is thus a sequel to
the "Proceedings of the International Workshop on
Priorities in the Study of Indian Medicine" pub-
lished in 1984 [reviewed in IASTAM NEWSLETTER
No. 5, August 1984; available with Dr. Meulenbeld,
De Zwaan 11, 9781 JX Bedum (Gr.), The Netherlands].
It covers a wide variety of approaches from Sans-
krit philology through medical history to Tibetan
studies, pharmacognosy, and psychiatry. The his-
torical sources used range from ancient Sanskrit
manuscripts and Tibetan blockprints, through 19th
cent. Indian newspapers and government reports, to
conversations held in the consulting rooms of
contemporary vaidyas. It is nice to see that this
excellent publication has been dedicated to the
memory of Vayaskara N.S. Mooss [see IASTAM NEWS-
LETTER No. 9, November 1986].

The book is divided into three complementary
parts: On the classical tradition, on colonial
interactions, and modern observations. In Part I
the approach is mainly philological.

Dr. G. Jan MEULENBELD's knowledge of Sanskrit
medical texts is unparalleled in the West. His
"Reflections on the basic concepts of Indian
pharmacology" is an authoritative contribution to
the study of the rasa, vipāka, vīrya and prabhāva
concepts in the classic texts and medieval com-
mentaries. However, this paper being much condensed
and somewhat elliptical makes difficult reading
even to scholars specializing in the subject. They
will have to scrutinize the numerous references
given in the footnotes; a concordance of technical
terms is badly needed. Take, for example, p. 9 and
note 24: "Suśruta distinguishes between local (rasa-
lakṣaṇa) and general (rasaguna) actions of the

tastes (Su.Sū. xlii. 9-10)." The idea of a "local"
action of rasa-s, that is, a pharmacognostic action
localized on the map of the body, is a modern one,
just like the modern idea of a local diagnosis which
implies a mapping, an anatomical approach to pathol-
ogy. This is an interesting but modern interpretation
of the passage referred to in Suśruta, and the words
"local" vs. "general" should not be mistaken for
exact renderings of lakṣaṇa ("characteristics") vs.
guṇa ("proprieties"), an important pair of technical
terms. The approach to any substance is twofold:
first, the "signs" (lakṣaṇa) permitting to define it,
and then, the "attributes" (guṇa) ascribed to it;
first, a process of identification, and then, a
process of evaluation. Rasalakṣaṇa should, it seems,
be translated as "signs [which consist of] tastes".
Similarly, the discussion and translation of a number
of technical terms cited by Dr. MEULENBELD would
benefit from comparisons with the use of these terms
in grammar and logic. For example, in p. 5 bottom:
upaçāra is rendered as "metaphore", and sahacarya
as "association", but "metonymic use [of a word]"
would be more exact for upaçāra (see L. RENO,
Terminologie Grammaticale, p. 102), and sāhacarya
connotes the logical (the Nyāya) concept of recip-
rocal implication.

Rahul Peter DAS's contribution "On the identi-
fication of a Vedic plant" is a very clever, and
philologically impeccable, study of the Vedic plant-
name paṭā and its possible connections with Cannabis.
The Vedic texts adduced are given in full, with
excellent translations and discussions and, by the
way, we learn a lot about other possibly connected
realia such as French truffles, or the non-differ-
entiation between red and golden on the Sanskrit
color spectrum.

Antonella COMBA's "Carakasamhitā, Śārīrasthāna I
and Vaiśeṣika philosophy" again is an extremely
useful contribution, because of its precision, clar-
ity, and exhaustive apparatus of references. She
has traced a number of well-delimited Vaiśeṣika
quotations in Caraka, and she provides us with
detailed discussions of some fundamental concepts
like upadhā (allurement, enticement, deceit), showing
that philosophers and physicians shared the same
theory of passions as maladies.

As usual, Ronald E. EMMERICK's contribution,
the Tibetan text of Rgyud-bzi iii. 79 on epilepsy
edited and translated with its Sanskrit parallels
(Aṣṭāṅghrdaya, Uttara. vii), overwhelms the reader
with admiration. Marianne WINDER discusses the
possible identity of "Vaidūrya" in Tibetan medicine,
the Pāli Canon, and Chinese interpretations; it
seems that (Skt.) vaidūrya, (Pāli) velūriya and
(Chinese) liu-li mean "beryl". Arion ROSU's "Les
carrés magiques" [Magical squares] is part of a
longer essay to appear in Z.D.M.G., vol. 138 (1988),

