IASTAM

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INTERNATIONAL ASSOCIATION FOR THE STUDY OF TRADITIONAL ASIAN MEDICINE

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from the editor:

TRAVELLING THERAPIES

Debiprasad Chattopadhyaya, the late historian of Indian medicine and philosophy and author of Science and Society in Ancient India, *once told the story of receiving a letter and airplane ticket from representatives of a Japanese pharmaceutical firm, requesting him to meet them in Delhi. Calcutta-based Marxist historians received few offers of free travel in those days, Chattopadhyaya related, and he took the company up on their mysterious offer.*

They met at the Janpath Hotel in Delhi. The representatives from Japan were interested in Chattopadhyaya's earlier ethnobotanical research among the Santal communities of West Bengal, and in particular in any plants which might lead to promising pharmacological analysis and ultimately to reformulation and commodification as new drugs. Chattopadhyaya recalled his initial

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HISTORY AND THE EVANESCENT

A problem from cultural anthropology

Judith Farquhar
University of North Carolina, Chapel Hill

To the extent that the present eludes us (and that is a very great extent indeed), anthropologists are always historians. Though we most often describe cultural processes in the present tense, and derive much of our authority from having personally lived "in the field," everything we write is, of course, a retrospective account. Like historians, we must consider how to narrate the past, how to discipline our memories, how to evaluate sources, and how to select topics of contemporary interest from massive archives. The history of science and knowledge, and consequently the anthropological study of the world's scientific traditions, has its own special methodological problems. In particular, I want to draw attention to a residual triumphalism or Eurocentrism that affects our work at the fundamental level of identifying a topic. In the brief notes below I will use an example to sketch the dimensions of this problem.

I am a cultural anthropologist who studies traditional Chinese medicine (TCM). This is a large field in the China of the late 20th Century; in the last few decades a huge literature — textbooks, annotated classics, clinical studies, reference works, and more — in modern Chinese has been added to an already formidable and ancient archive. In addition, the institutional forms, both clinical and scholarly, in which traditional medicine does its work are, thanks to continuing state support, many and various. For those of us who have glimpsed the wealth of cultural and scientific resources that is currently arrayed under this almost hackneyed rubric "TCM", problems of topic formation loom large: What is most important to learn and report? From whose point of view will this or that topic be considered interesting?

Thanks to the work of writers, publishers, librarians, and collectors, we can comfort ourselves that very little in this field will disappear completely. There might be time to consider most of the "important" movements in 20th Century Chinese medi-

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Treasurer's Report

As of 10-18-95, the IASTAM International account had a total of $7,002.01. The account was opened on 3-23-95 with $7,233.39.

Debits to the account have been: $281.38: (Bank charges:$23.90, AAA room for IASTAM North America: $150.00, Libra Printers for IASTAM stationary: $117.48).

Credits added to the account have been: $60.00 (membership dues).

An additional £1000.00 ($1,670.00) will be debited to the account within the week. These are being drawn by Lawrence Conrad in order to pay air travel expenses for two Indian participants in the IASTAM Conference in November.

Vincanne Adams, Treasurer

IASTAM on the World Wide Web

With the explosion of information becoming available via the Internet and the World Wide Web, IASTAM is not being left behind. We are currently building our very own WWW Home Page for IASTAM, which should be ready for testing by the time you read this. The address is **http://www.ucl.ac.uk/~ucgadkw/iastam.html**.

IASTAM's WWW home page carries news about IASTAM events, extracts from the Newsletter, and live links to relevant organizations such as World Health Organization and Kew Gardens. Fire up your Web Browser and check it out!

Dominik Wujastyk, Secretary

IASTAM FEE STANDARDIZED - *Associate Membership established*

The IASTAM Council recently gave special consideration to the level of the IASTAM membership fee. The fee has been stable since the foundation of IASTAM, but a small increase from $15 to $20 *per annum* has been found necessary in order to cover costs and to provide members with the services they expect, such as the Newsletter, as well as an increased frequency of meetings at more local levels.

One of the issues seriously discussed by the Council was the question of the difficulty some members from developing countries might have in paying the membership fee, which might be thought to be relatively high compared to other society memberships in such countries. On balance, it was felt by the Council that by all standards $20 is modest as a membership fee for an international organization. The costs incurred by IASTAM on behalf of members in developing countries, such as in mailing and other significant areas, are higher than for members in, say, the USA and UK. It was also felt that it would be invidious to charge different fees for members in different countries, as it would introduce the idea of "favored status", which would be extremely undesirable. The real distinction the Council felt it should be recognizing is that between individual members of different economic abilities, rather than that between larger entities such as nations which, even with developing countries, may include wealthy individuals.

Therefore, at the present time the regular IASTAM membership dues is fixed at $20 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. Students, pensioners, and those with annual salaries less than $20,000 per annum may join IASTAM as Associate Members with dues at $10 per annum, and are thereby entitled to all of the privileges and rights of IASTAM membership.

Larry Conrad, President

NEXT ISSUES: **SUMMER 1996: SUBMISSIONS BY MAY10**
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excitement: the medical knowledge of the economically and politically marginal Santal might be taken seriously on the international stage. Like many other Bengali intellectuals of his generation, Chattopadhyaya's long interest in the Santal reflected a mixture of urban nostalgia for an imagined premodern and egalitarian India and a recognition of the bloody history of Santal resistance to colonial power. Like the Calcutta anthropologist in Satyajit Ray's film The Stranger, *Chattopadhyaya as a young man spent years working with the Santal and writing about Santal medicine. The international pharmaceutical representatives had heard of his earlier work and of the medicinal claims he had made for several plants known to the Santal.*

But as the representatives detailed their plans to gather these plants and take them back to Japan for analysis, Chattopadhyaya grew increasingly worried. When they began to discuss his potential share of future profits, he decided he could not be a part of the endeavor. "I could not sell my country's resources," he related to me. "I left the hotel and returned home."

Chattopadhyaya told me this story with a clear moral vision in mind: I am less sure of how to read it. Nostalgia, nationalism, and a resistance to global capital and commodification are imploded here into a single dense encounter over the historian's memories of Santal secrets. Scholars of Ayurveda know from the work of Charles Leslie and Paul Brass of the relevance of nostalgia and nationalism in the revivalist politics of twentieth-century traditional medicine and from the work of Mark Nichter and Vandana Shiva of the extensive effects of commodification. I retell the tale here as a metaphor for moral engagement in the field of traditional Asian medicine. Like Chattopadhyaya, many of us are faced with a barrage of choices in which the relationship between our clinical and scholarly practice and these issues of nostalgia, nation, and commodification is critical, yet seldom is our response as obvious as it was for Chattopadhyaya.

The work of activist physicians like D.N. Banerji in Delhi and of groups like the Medico Friends Circle have extensively documented the pills-for-poverty strategy of the local and international health market in India; Nichter's work has documented the entry of mass-marketed Ayurvedic formulations into the tonic and vitamin sector. While Ayurveda's international coin grows—with the continued spread of diasporic communities of Non-resident Indians abroad, with the activity of institutions like Maharishi International University, with the immense popularity of Dr. Deepak Chopra, and with Ayurveda's ascension to the first ranks of "complementary medicine"—the distinctions in India and Nepal between so-called Ayurveda and so-called allopathy continue to blur.

The anthropologists and physicians Jim Kim and Paul Farmer not long ago issued a call to arms for international scholars of medicine and health to document the recent and radical effects of post-Cold War "structural adjustment" and the New World Order upon the lives of the people we write about and the practices of the clinicians with whom we study. Such a call to arms seems increasingly distant from the global vision of Chopra-esque Ayurveda in which the promise of long life goes hand in hand with the proffered secrets of business success: scholarly medicine as "infomercial." Not surprising that Maharishi International University, a center for Ayurvedic practice in the United States, has been rechristened the Maharishi Institute of Management.

The impact of economic liberalization in India upon local and international commitments to community health and in particular upon the rhetorics of state support for "traditional medicine" need to be examined carefully. The global penetration of Ayurveda™ may reflect less the triumph of subjugated medical knowledges than a radical retranslation of "traditional medicine" as it travels within ever more streamlined commodity circuits.

IASTAM was founded upon the assumption that we—practitioners, historians, classicists, ethnographers, and policy makers—were all in this together, committed to the rigorous study and development of Traditional Asian Medicine and to the provision of effective and affordable health care for all. But just as the language by which many of us describe "traditional medicine" has shifted away from the easy certainties of systematicity or epistemological coherence to a renewed engagement with the logics and indeterminacies of practice, so the assumption that IASTAM addresses or comprises a unified audience with shared concerns long ago collapsed.

I hope that the IASTAM Newsletter can remain a site for fruitful debate on Traditional Asian Medicine as it continues to travel and transmute, as both a symptom of the intensified turning of the ever more global screw of

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Tel 510 642 3391

late capitalism and yet a critical resource through which a more open and hybrid medicine can yet be imagined and embodied.

Arthur Kleinman, anthropologist and scholar of modern Chinese medicine, has spoken of the project of the humanities and social sciences of medicine as going beyond the clinic to ask "what is at stake" for the sufferer and his or her world. I hope the Newsletter can be one forum where that which is at stake in the study and practice of Traditional Asian Medicine can be continually reframed. I encourage your letters, articles, polemics, reports on work-in-progress, reviews, critiques, and other submissions.

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CHINESE MEDICINE IN HISTORICAL OBJECTS AND IMAGES

Exhibition in Berlin 1995-1996

On September 25, 1995, the Berlin Museum of Ethnology opened an exhibition on "Chinese medicine in historical objects and images." Based on more than 1100 items dating from the 9th through the 20th centuries, from the private collection of Paul Unschuld, Munich, this exhibition displays objects closely associated with the practice of traditional Chinese medicine in previous centuries. At the center of the exhibit is an original Chinese apothecary's shop from the early 19th century. It is surrounded by a display of all sorts of instruments and containers used to prepare and dispense drugs. Other sections show the instruments used by Chinese physicians in the past to diagnose and treat illnesses, items explaining the close link between Chinese health care and religion, and rare examples of medical subjects in Chinese art. A large section is devoted to Chinese medical literature, with an emphasis on ancient manuscripts and illustrated books. A generously illustrated book was published by Paul Unschuld to accompany the exhibition and suggest the value of the exhibitions as sources of medical history. After 9 months in Berlin the exhibition will be shown in several German cities and possibly abroad.

MEDICINAL PLANTS NETWORK LAUNCHED IN NEW DELHI

Jason Holley, IDRC New Delhi

Participants in a February 1995 workshop held in the Indian state of Kerala, "Healing Forests, Healing People," launched a Medicinal Plants Network, operating out of the New Delhi office of Canada's International Development Research Centre(IDRC). The network will support collaboration between researchers, local and international NGOs, donors, indigenous industries, and traditional medical practitioners to address the economic and environmental threats to sustainable medicinal plant use. Ongoing research is being conducted in Bangladesh, India, Nepal, and Sri Lanka, with plans to widen the scope to include East and Southeast Asia as well.

The network is user-driven, focusing on the villages and communities whose economic and physical well-being depends upon sustainable use of medicinal plants. The network has three core themes for projects: Traditional Medicine, focusing on documentation and strengthening the capacity of indigenous health care; Biodiversity Conservation, researching methods for sustainable cultivation and utilization of the resource base; and Community Empowerment, studying preparation, marketing, and trade of herbal, and building indigenous capacity for more equitable relationships and the use of value-adding technologies.

The network is very interested in collaborating with people working on these issues in Asia. If you are interested and would like more information, please contact:

Cherla B. Sastry, IDRC Medicinal Plants Network, 17 Jor Bagh, New Delhi 110 003, India, or
cherla@idrc.ernet.in on the internet.

ICTAM IV: A CHALLENGE POSED

Shigehisa Kuriyama
International Research Center of Japanese Studies, Kyoto

Large meetings tend naturally to be sprawling, multifaceted affairs. The 4th International Congress on Traditional Asian Medicine (ICTAM IV) held last August in Tokyo was no exception. There were some fine philological analyses of ancient texts; there were also reports of intriguing experiments performed with the latest technology. There were papers about the history and cultural contexts of medical beliefs in China, Korea, Vietnam, Japan, India, Tibet, southeast Asia, and the Arabian peninsula. There were also presentations about therapies and diagnostic procedures which, their presenters seemed to presume, would be effective regardless of context. To summarize would be impossible.

One impression, however, stands out, and that concerns the divergence of views about what IASTAM is and/or should be about. I interpreted one day for a Japanese reporter as he interviewed former IASTAM president Charles Leslie. Asked about the origins of the organization and of his own interest in traditional medicine, Leslie spoke of the fascinating issues traditional medicine presents for the interpretation of history and of culture, and of its social functions in health care today. But he also highlighted the relationship between politics and belief systems, and expressed skepticism about the rigor of many of the experiments that purported to prove, scientifically, the efficacy of traditional medicines and cures. He resisted committing himself on the question of how much of traditional remedies and theories really 'worked'. The reporter was visibly disappointed. And stuck: he had obviously intended to write a promotional piece, to tell the story of ICTAM IV as reflecting a new medical consciousness, a historically significant movement, a vision of a pluralistic future in which biomedicine didn't rule absolute and supreme. Leslie wouldn't let him. The concerns that motivated IASTAM members, he insisted, were far more diverse and complex. He was right, of course. One had only to browse through the collection of paper abstracts to recognize the enormous variety of interests and approaches represented at the meeting. At the same time, the reporter's expectations were not entirely unrepresentative. Many participants, and perhaps the greater part of the nonparticipant audience clearly *were* interested in traditional medicines as a complement or alternative to biomedicine; for them, the celebratory affirmation and articulation of traditional virtues were exactly what ICTAM IV was about. A featured event of ICTAM IV was a panel discussion, taped in front of a large audience, and subsequently broadcast on national television, promoting traditional medicine as leading the way toward a gentler, more caring system of health care in the twenty-first century.

The expression of alternative themes and problematics remained largely confined to individual papers. Patricia and Roger Jeffrey, in their Basham Prize lecture, and Charles Leslie, in his special address, made characteristically shrewd and pertinent observations about the intellectual problems and challenges involved in the study of traditional medicine; but there were few sessions which, as sessions, focused on the challenge posed by the Leslie interview.

What *are* the aims and significance of studying traditional Asian medicine? Is this endeavor somehow different from the study of traditional Western medicine—or, for that matter, of modern cosmopolitan medicine? What should be the relationship between the historical and anthropological studies of traditional medical beliefs and the clinical and experimental research into its present applications? In short, what is IASTAM all about? ICTAM IV revealed the diversity of perspectives on these questions. It also suggested that the continued vitality of IASTAM will depend importantly on direct, focused, and ongoing discussion of them.

The Tokyo meeting drew some 580 Japanese participants and about 100 researchers from abroad. An additional 1,000 individuals registered to attend the three days of lectures, panel discussions, and poster sessions. Numerous local inquiries about IASTAM after the meeting indicate that it generated considerable interest and enthusiasm. The

total costs exceeded $535,000, of which registration fees covered just a third. As these numbers suggest, the logistical and fundraising challenges of ICTAM IV were formidable. Without the extraordinary labors of Dr. Shizu Sakai of Juntendo University, the meeting would not have been possible. IASTAM owes her special thanks.

INDO-TIBETAN MEDICAL PROJECT

New Program at Columbia University

The Indo-Tibetan Medical Project of the Dharam Hinduja Indic Research Center was established in an effort to respond to the growing public demand for health care options which join Western scientific techniques with traditional healing knowledge. Beginning as a working group of internationally renowned scholars of Ayurveda, the initiative has grown into a full scale project devoted to an intensive investigation of Ayurveda and Tibetan Medicine.

Both Ayurveda and Tibetan medicine share several features which distinguish them from Western or allopathic medicine. In addition to attributing the cause of disease to imbalances in the bodily humors (wind, bile, and phlegm), both emphasize the fundamental interaction between the mind and the body, integrate spiritual and practical therapies, and stress proper diet and wholesome daily living.

These two closely related traditional systems of healing contain medical knowledge from antiquity that is as relevant now as then. The Indo-Tibetan Medical Project is devoted to teaching and studying the wisdom contained in these medical traditions in three specific ways:

Educational and Public Information Programs

- These include conferences, teaching seminars, and lectures and presentations.
- An international conference on Health, Science and the Spiritual was held at Columbia University in October, 1994.
- A major conference on Women's Health is planned for Spring, 1997.
- A Two-Day Teaching Workshop on Ayurveda with Vaidyas from South India was held in July, 1995, at Columbia University. It focused on South Indian massage therapy.
- A series of Teaching Workshops on topics pertaining to healthcare professionals is planned for Spring, 1995 at Columbia University.

Practical and Scientific Applications

- Nearing completion is a scientific protocol to study the effectiveness of Ayurvedic treatments for *osteoarthritis*.
- Also nearing completing is a scientific protocol designed to study the effectiveness of Tibetan medicine in the treatment of *breast cancer*

Scholarly and Textual Research

- A extensive bibliography of Indo-Tibetan medicine is currently being planned.

To be put on the mailing list or for further information, please contact:

Ms. Nancy Braxton, Coordinator, or
Dr. Kenneth G. Zysk, Director of the Indo-Tibetan Medical Project, DHIRC, Columbia University, 1102 International Affairs Building, New York, NY 10027.
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DON'T FORGET TO REJOIN IASTAM AND SEND IN YOUR ANNUAL DUES (SEE P. 2)

FARQUHAR — *continued from p.1*

cine before the 21st Century is too far advanced. But I am skeptical of this little word, "important." Our conventional judgements of import tend to be fickle, even unjust. In this respect, the subject of Natural Dialectics is instructive.

The Dialectics of Nature, a book written between 1878 and 1882 by Friedrich Engels, was translated into Chinese and widely taught in the early 1980s as *Ziran Bianzhengfa*. Engels' book attempted to link the 19th Century natural sciences to dialectical materialism; it placed nature and history on a shared ontological ground, speculating on such matters as the role played by labor in the evolution from ape to man and the universal interdependence of apparent opposites. Engels' book is almost an embarrassment to European and American Marxists due to what they see as its scientific naivete; it is no longer appropriate in the best circles to assert that nature and history obey the same laws.

Mao Zedong, however, was not afflicted with any *a priori* commitment to a nature-culture divide. And Maoist Chinese theorists at one point took *The Dialectics of Nature* very seriously. When I began to study Chinese medicine in Guangzhou in 1982, texts derived from this work formed the basis of required courses in history and philosophy for both medical college undergraduates and specialist post-graduates. Engels' original text had been supplemented with brief discussions of 20th Century developments such as historicism, systems theory, and logical positivism, and the names of Popper, Kuhn, and even Rorty were known to Chinese historians of science by way of these texts. I have fond memories of long discussions with my historian advisor and his graduate students about the suitability of various grand theories of history for the particular situation of Chinese medicine. We were enjoying a certain turning point in intellectual history: It was only from the end of the Cultural Revolution until about 1985 that all explicitly historical or philosophical assertions about Chinese medicine were made in idioms derived from the discourse of Natural Dialectics.

Nowadays these texts only gather dust. Natural Dialectics is never mentioned among the achievements in Chinese medicine that can be traced to the early 1980s. More empiricist histories of medicine and science are appearing to serve medical college courses in history and philosophy which are seldom, any more, required. When I have asked scholars whatever happened to Natural Dialectics, they have been slightly embarrassed, insisting that increasingly the task facing Chinese medicine is neither better history nor deep philosophy but scientific legitimation. Historians in particular are grateful for the opportunity to return to their pre-modern sources, once denounced as "feudal," and are attempting new syntheses of the history of East Asian medicine based on empiricist principles and simple chronologies. Few in the field wish to be reminded of a period in which all work had to be justified in relation to Marxist-Leninist thought, and all are well aware of the opprobrium the rest of the world attaches to "politicized" scholarship in the former socialist states. On this point scholars in China and "the West" tend to agree: Maoist policy, intellectual or otherwise, was in error, a deviation from the true path of history.

Yet all manner of interesting arguments are likely to be eclipsed in the brightness of a clear-cut victory for Capitalism, Science, and History. From the triumphalist perspective of a victorious liberalism, Natural Dialectics could never be very important: it is most efficiently understood as a mere survival of Maoism, an epistemological gesture that died less abruptly than Mao and the Cultural Revolution, but died for the same reasons. Still, there are good theoretical and methodological reasons to separate the idea of the evanescent from that of the epiphenomenal. Things that are short-lived are not by definition trivial.

Certainly the task that faced my Natural Dialectics teachers in Guangzhou in the early 1980s did not impress them as trivial. They were engaged in the monumental work of demonstrating that the philosophy and history of medicine can serve the people. Armed with a powerfully synthetic theory of change and progress, dialectics, they were able to propose a framework within which the highly miscellaneous lore of sever-

al thousand years of Chinese medicine could be systematized and refined. The new system of TCM they helped to design was relatively easy to teach. It also lent itself to orderly professional exchange and ready retrieval of medical information. The foundational principles of medicine could be articulated discretely and rigorously using theoretical practices (definitions, illustrations, logical arguments) that emulated not only Engels but also western–influenced Chinese modernizers of the 20th Century. The yinyang logics that are taken to be near the heart of Chinese medicine's specificity may, to this day, owe more to 19th Century German philosophy than anyone is willing to acknowledge.

More significantly, perhaps, Natural Dialectics embodied a certain "naturalization": the yinyang logics of ancient Chinese medicine, considered through the lens of Engels' dialectics, were true and scientific because they were completely in tune with Nature's (and History's) own teleology. For a few years, from the late 1970s until at least 1985, Chinese medicine's claim to be scientific rested more on a very broad Marxist notion of science than on a modern western model of laboratory experimentation. This claim to scientificity was able to depict Chinese medicine as good for the people because its perceptions of the body and nature were true. The work that remained, in this model, was simply to systematize and refine the fundamentally correct practices of the field, and ensure that all practitioners were equally responsible in implementing the new system.

What has replaced this now discredited project? In the world of scientific Chinese medicine one sees an underfunded and undertrained catch-up game, in which the most rigorous research is that which succeeds in turning traditional medical processes into "Western medical" objects. As for health care delivery, profit-oriented private and public physicians have been cut loose from "official knowledge" to develop whatever aspects of traditional medicine work best to attract and satisfy patients (esoteric prescriptions, electro–acupuncture, martial arts, and divination are particularly popular). And historians and philosophers struggle simply to be allowed to work at their craft, now separated entirely from the world of clinical practice, while watching their students build careers overseas.

Particularly for an anthropologist, there is much to be learned in the newly differentiated and globalized field of "traditional" Chinese medicine. But there were intellectual riches to be found in the bad old days of Maoism as well, for historians and practitioners alike. Though Natural Dialectics could only, perhaps, have flourished within a state socialism which has, we are told, "failed," there still might be something of value to be learned from it. The specific ways in which this ambitious intellectual movement united history and philosophy should be instructive to a Western tradition that pits them against each other. We are challenged to ask which is more important, disciplinary purity and the ideal of a value–free science, or a philosophical history that can engender and promote a popular healing craft.

MODERN MEDICINE AND ITS NON-MODERN CRITICS: *A study in discourse*

Excerpts from a work in progress, A carnival for science

Shiv Visvanathan, Centre for the Study of Developing Societies, New Delhi

1

In this essay we review the implicit visions of health and knowledge which scaffold modern medicine in South Asia, and in the process provide an outline of the world-view and the concerns of some of the more explicit criticisms of modern medicine produced in the country. We provide this stock-taking with the awareness that the intellectual debate on modern medicine in South Asia is organized around 2 philosophical positions. For the 1st, a critique of modern medicine has to be primarily contextual; for the 2nd, it has to be both contextual *and* textual. We locate our analysis in the space defined by these 2 groups and try to expand the scope of the debate by reconstructing some of the debates which took place earlier in this century.

We are aware of the excellent work done on traditional systems of medicine by academics such as Charles Leslie, Paul Brass, Roger Jeffery, and Francis Zimmermann. But they bypass intellectual concepts in attempts in India, often from outside academia, to grapple with the social relations and political content of modern medicine in contemporary India. And we, living in a post Bhopal world, are forced to define our intellectual responsibility mainly in terms of the politics of knowledge with which live the social critics and political activists working in the domain of health in India today.

2

[Visvanathan chooses 3 sites of medical criticism in India: Theosophy, Gandhianism, and Ayurveda. The following excerpt is from the section on Ayurveda.]

The theosophists, despite being fascinated by the mysterious East, are primarily carriers of the underground traditions of western science. Their critique of modern science had to be sometimes a play on the absurd, given the near-total dominance of the target of their criticism. Gandhi's critique, on the other hand, was a more down-to-earth attempt to represent both the dissenting traditions of the West and the surviving traditions of medicine in his own society. Because he linked his theory of the body to the theory of politics on the one hand and the politics of culture on the other, his resistance to medicalization was necessarily part of a larger theory of resistance.

A 3rd possible baseline of criticism still remains to be worked out. We have not asked till now which way a critique of western medicine would go if the point of view is that of a traditional Indian medical system, unaided by critical western thought?

We shall try to answer this question by briefly describing what in many ways was a brilliant critical response to western medicine, given in the post-Swadeshi era by G. Srinivasmurthi on behalf on Ayurveda. A remarkably versatile man, Srinivasmurthi was an outstanding Sanskrit scholar and man of letters who had translated *The Merchant of Venice* into Telegu. Though he described himself as a 'humble votary' of western medicine, he was a trained modern doctor, fashionable enough to become personal physician to John Barrymore, the actor. But while he respected western science, Srinivasmurthi was not awed by it. In fact, he was prescient enough about modern science to remark in 1923, 'fortunately for the world, western scientists have not been able to release this [atomic] energy. He had the bilingual's confidence that a dialogue between different medical systems was possible. His minute on indigenous systems was part of the Usman Committee Report but can be read independently as an argument for a more plural encounter among medical systems.

Srinivasmurthi realized that the official history of western medicine acted as a filter, preventing the possibility of such an encounter. For the official history saw the authorities derived from the scriptures and science as antithetical. Such a history would not be sympathetic to a medicine which cited the authority of the scriptures as one of the guides to right knowledge. Western science, he realized, would read such an appeal to authority as a 'petrified dogma,' which denied the freedom of individual action so essential

to their pursuit of science.

Srinivasmurthi argued that the idea of scriptural authority in indigenous knowledge was radically different from that in the West. Scriptural authority in India did not have 'the sterilizing touch...that sought to burn away the tender seed of science which Galileo planted at the risk of his life.' The minute says,

> no one who has not entered the very soul of Hindu thought can appreciate what scriptural authority means to the Hindu and how two persons paying the profoundest possible veneration to the same scriptural texts can yet interpret them in ways as diverse as the poles; a classic example that occurs to my mind is how all schools of Vedanta—from uncompromising duality (*Dwaita*) to absolute non-duality (*Advaita*)—purport to be based on the same scriptural text.

The minute observes that no orthodox pandit would admit that the Vedas were in error, but one pandit could claim that his commentary was more in conformity with the truth of the texts than that of others. 'In other words, differences of views were expressed through commentaries on texts rather than by altering the texts themselves.' This absence of dogma, and this playful invitation to a festival of interpretations, allows for as many commentaries and editions of the scientific method as of a religious text.

Srinivasmurthi...invites one to a dialogue of medical systems similar to a dialogue of religions. The dialogue would not be a search for uniformity through a search for similarities. Nor would there be an attempt to mechanically translate terms such as *vayu, pitta, kapha* into wind, bile, and phlegm, thus reducing Ayurveda to the old abandoned humoral theory of the Greek physicians. Rather, it would be an attempt to grapple with systems and systemic differences, without strapping indigenous systems to the procrustean bed of western medicine. It would not even be a search for equality between the intellectual systems of the colonizer and the colonized but a fraternal disputation on differences....

3

It is in this spirit that Srinivasmurthi ventures a critique of western medicine from an Ayurvedic vantage ground. An elaborate exercise, it centers on 3 related sets of ideas: (1) the opposition between external and internal conceptions of disease, (2) the relationship between the disease and the patient, and (3) the relationship between clinical and laboratory conceptions of disease.

[*Visvanathan devotes several pages to the first 2 of these ideas, and then continues:*]

The stress on disease by itself rather than on disease-and-patient is identified as a by-product of the shift from the clinical to the laboratory view in western medicine.

> The laboratory worker obtains his results by a delicate mechanical contrivance, but the physician has to train his senses to recognize these different sensations. As a consequence of his inability to acquire this knowledge, he ignores information which it reveals particularly about the early signs of disease.

Prognosis, according to the Ayurvedis, has been given inadequate significance in allopathy, even though much information exists about the stages of a disease. To the Ayurvedi, it seems strange that the importance of interrogation, the elaborate liturgy of procedures by which the doctor interrogates the patient, is disregarded in allopathy.

The laboratory view of treatment is found objectionable not merely morally, as an instance of objectification, but cognitively:

> ...experiments on healthy animals may easily lead us astray; and it is fallacious to judge the effect of a drug on a human being by the effect it produces on an animal; ...it is also fallacious to judge the effect of a drug on a diseased human being by the effect it produces on a *healthy* animal; then again, there is the clinical fact that 2 persons may not react to the same drug in the same way in 2 different conditions of ill health; in a very real sense then, every dose of a drug that we administer to a patient is a new experiment.

Srinivasmurthi goes on to wonder, given the discoveries of the botanist J.C. Bose, if one may some day obtain from experiments on plants the sort of help presently derived from experiments on animals.

From A Carnival for Science, *unpublished manuscript.*

FRLHT's Pioneering Initiative for Medicinal Plants Conservation

The Foundation for Revitalisation of Local Health Traditions (FRLHT), is a non-governmental organization which has spearheaded a medicinal plants conservation program in South India.

FRLHT found ready support in 1993 from The Ministry Of Environment & Forests, Government of India & DANIDA for a pilot project to demonstrate a comprehensive medicinal plants conservation strategy in 3 states of South India and to initiate the building up of a computerized database on medicinal plants and traditional systems of medicine.

Under the project *in situ* conservation of medicinal plants diversity in South India is sought to be carried out through a network of 30 Medicinal Plants Conservation Areas (MPCAs); 12 in Karnataka, 7 in Kerala and 11 in Tamil Nadu. Nine of these MPCAs are within the existing PA network & 21 of them are located in reserve forests. Typically, each MPCA is about 200 ha and harbors representative vegetation / forest type of a given category. Spatial and altitudinal distribution of the MPCAs attempts to syncopate the ecological variation in the region. The big advantage of this MPCA network is that besides capturing the maximum possible species diversity, it holds promise of substantial representation of genetic diversity, within and across species, as well as a good measure of ecosystem variation.

One key element that FRLHT and Forest Departments (FDs) are emphasizing in the management and sustainability of the MPCAs is the involvement of local communities in their protection and conservation.

Detailed botanical & bio-cultural studies are being conducted in the MPCAs which form a basis for management decisions and prioritize conservation action. These studies would indicate the floristic diversity present, the patterns of species distribution and the approximate population levels of species within each MPCA as well as across all 30 of them. The bio-cultured value of the MPCAs could also be determined from the local utilization pattern of the plants.

These studies would also indicate the adequacy or otherwise of the MPCA network; in terms of numbers of MPCAs or their optimum size. Baseline data for any future monitoring of vegetational change would also be available. From this, indicators to monitor the health of many forest ecosystems could be developed and used for biodiversity measurement in similar vegetational-eco-bioclimates.

Once the health or conservation status of an individual species or a group of species like medicinal plants is known in the wild, appropriate and focused conservation action at policy, administrative, management & implementation levels can be carried out.

In *ex situ* conservation FRLHT is supporting the establishment of a chain of 15 ethnomedical forest gardens & the establishment of 3 field gene banks. The ethnobotanical gardens will try to conserve all the plant species traditionally used by the ethnic communities of South India & will act as live repositories of the natural & cultural history of the regions in which they are located. The field gene banks will collect germ plasm of species that are under threat In nature due to heavy exploitation. These gene banks are expected to use the germ plasm of threatened species for breeding programs, so that in the future cultivation of such species can replace their collection from the wild.

While conservation action (*in situ* and *ex situ*) and community participation is the core of the project, other critical activities relating to conservation research, computerized databases, training and communication serve as essential adjuncts to the conservation action.

FRLHT has also started a Green Health Campaign aimed at promoting the use of medicinal plants for householders through nurseries that can grow and sell a medicinal plants package for primary health care. FRLHT has carefully selected a number of plants for treating common ailments like fever, headache, dysentery and stomach problems. The package includes plants used for preventive and promotive health care.

The establishment of a nursery network is crucial for the Green Health Campaign to succeed. Villagers will be encouraged to obtain seedlings from nearby nurseries and plant them in their backyard, fields

or even in pots; housewives will be asked to collect their seeds and saplings to grow in their homes and gardens, and nurseries in strategic places stocked with a plentiful supply of medicinal plants will be essential to meet demand.

FRLHT has also prepared well-illustrated booklets on how to grow, and use medicinal plants in primary health care. These publications are seen as important supportive measures for the campaign to achieve its objectives. Other scientific, botanical and educational material on the Green Health Campaign will be periodically released by FRLHT. All these publications will be available in Kannada, Tamil, Malayalam and English.

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CURRENT AND FUTURE PUBLICATIONS

INDO-TIBETAN MEDICAL SERIES, University of California Press

A new publication series on Indian and Tibetan medicine has been started at University of California Press. Unlike previous series on Asian medicine, the publications in this series will have a decidedly practical thrust and will focus on the history, theory and practice of Ayurveda and Tibetan medicine. Emphasis is placed on accessibility to the rich sources of potentially useful medical information. The majority of volumes in the series will be monographs, but the overall practical aims of the series require that translations of important Ayurveda and Tibetan medical treatises and references works, such a dictionaries of medical terminology and pharmacopoeias, also be included. It is important that knowledge of these medical traditions be accurately transmitted, so collaborative work between scholars and Indian and Tibetan doctors and medical specialists is encouraged.

A preliminary list of titles include:

1. *History of Indo-Tibetan Medicine*
2. *Principles of Ayurveda*
3. *Principles of Tibetan Medicine*
4. *Reader in Ayurveda*
5. *Reader in Tibetan Medicine*
6. *Glossary of Indo-Tibetan Medicine*
7. *Pulse Lore and Diagnosis in Indo-Tibetan Medicine*
8. Translations:
   - *Caraka Samhita*
   - *Susruta Samhita*
   - *Astanga Hridaya Samhita*
   - *Astanga Samgraha*
   - *Rgyud bzi or the Four Books*

Those who have manuscripts book proposals to submit are asked to contact Professor Kenneth G. Zysk, Editor of the Indo-Tibetan Medical Series, Religious Studies Program, New York University, 7 East 12th Street, New York, NY 10003. Email: Zysk@is2.NYU.EDU.

SIR HENRY WELLCOME ASIAN SERIES, The Royal Asiatic Society of Great Britain and Ireland, 60 Queen's Gardens, London W2 3AF, UK

Series Editors: L. I. Conrad (London), P. Unschuld (Munich), D. Wujastyk (London)
Editorial Board: R. E. Emmerick (Hamburg), D. J. Harper (Tucson), L. Richter-Bernburg (Leipzig)

Need for a fresh initiative

The history of Asian medicine is a discipline that has been developing rapidly in recent decades, and it has become increasingly clear that, the present state of the field, a central priority must be to focus attention on the primary sources. Throughout the various branches of study one finds that research is plagued by problems with respect to these sources. Many important works—in Arabic, Persian, Sanskrit, Chinese, Japanese, and other languages—are

either not published at all or are available in outdated or highly defective editions. Translations are in almost all cases unsatisfactory, and we lack even such basic reference tools as lexical aids, studies of the development of terminology, guides to the relevant literature, and biographical and prosopographical compendia. In sum, the serious study of the field is held up at the most fundamental level, and both the professional scholar and the aspiring student encounter great obstacles at every step of their work.

This would be a lamentable state of affairs in any field,but in the case of Asian medicine it is perhaps particularly so. The history of Asian medicine is inseparably linked to the history of Asian society and culture, and many of the most important medical texts derive their importance precisely from the great extent to which they address broader historical and cultural issues. The underdeveloped state of the field is thus a problem with effects extending beyond the domains of medical history per se.

The inadequacy of mass-market publications

Closely related to this is the problem that, as interest in the field expands and develops, the resulting market for studies and translations generates an enormous bulk of popularizing and romantic work that simply perpetuates the misconceptions of the nineteenth and early twentieth centuries and abounds with errors of every kind. It often happens that when university level teachers are approached by a colleague or student interested in a particular problem or text pertaining to an Asian medical system, they cannot offer the required guidance — either because the work needed has yet to be done, or because it has been done I badly. Again, progress is obstructed at the most basic level, and in ways that have a distinct impact, as suggested above, on more generally oriented efforts to achieve an understanding of Asian cultures.

Aims of the new series

The Sir Henry Wellcome Asian Series has been founded in London by the Royal Asiatic Society, in collaboration with the Wellcome Institute for the History of Medicine, specifically to meet these needs. This series offers, first, critical editions of primary sources in Asian medicine and the allied sciences, in their original languages, as well as translations into English, French or German. Secondly, the series includes works that cover philological, biographical and bibliographical aspects of the field, and other works that promote knowledge of the textual basis of the the subject.

The first title in the series is currently in press: Gerrit Bos, *Ibn al-Jazzar on Forgetfulness and its Treatment: Critical Edition of the Arabic Text and the Hebrew Translations with Commentary and Translation into English*. Further volumes are currently in preparation. Contributing authors include J. C. Burgel, J. G. Meulenbeld, A. Rosu, D. Harper, and P. Buell.

—D. Wujastyk

***The European Journal of Herbal Medicine (Phytotherapy)**: The Journal of the National Institute of Medical Herbalists*, National Institute of Medical Herbalists (NIHM), 56 Longbrook Street, Exeter, Devon, EX4 6AH, UK

The journal began publication in 1994 and at the time of this writing it has reached its third issue, vol. 1, no. 3. The editors are Mary Swale and Michael McIntyre (editorial office: Summerfield, Fowgill, Bentham, Lancaster LA2 7AH, UK. FAX: +44-1993-830957). The journal is priced in the range 19.50 - 30.00 pounds per annum (three issues) according to subscriber's status.

The NIHM's roots go back to the middle of the nineteenth century, when it was founded in London by a group of herbalists who wanted to create a sort of union of existing herbalist organizations. The official date of founding was 1864, although meetings had been held for over a decade before that time. Today the Institute promotes the activities of herbal practitioners and organizations, and seeks to represent their interests at national and international