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EDITORIAL

For some decades a major focus of scholars working on medicine in Asia has been on Western and 'traditional medicine' as representing different medical traditions. These were thought of as antithetical 'systems' that, although practised alongside each other, were based on different philosophical frameworks, variously in collusion, or in collision with each other. Although medical pluralism was acknowledged as a phenomenon typical of medical practice, a major chasm was seen to loom between the two major philosophical divisions: Western medicine, on the one hand, and 'traditional medicine' on the other.

More recently a shift in the conceptualisation of medical traditions has occurred. No longer do we seem to think of a 'medical tradition' as a clearly defined, strictly delimited and never-changing 'system'. Emphasis has been on the interactions and exchanges between 'traditions', on synecry and hybridity. The pluralism within a 'tradition' - both in terms of the variety of ways in which 'a tradition' has been interpreted and codified by different authorities and in cognisance of the great variety of prevailing practices has been much discussed.

The recent change of title of this newsletter from *Traditional Asian Medicine* to *Asian*

Medicine is indicative of the ways in which not only the practice but also the cognition of 'traditional Asian medicine' keep changing. This shift in emphasis is evident also in several of the contributions to the current issue of *Asian Medicine*, and not least in the topics raised during the recent IASTAM symposium on the 'past and present in traditional medical systems'. While the 'traditional' is easily dropped from the heading of a newsletter, important questions remain to be answered. What is 'traditional' about 'traditional medicine'? What happened to 'tradition' in Asian medicine? what qualifies as a 'tradition' in the modern age? What exactly is 'Asian medicine' meant to represent today, in Asia as well as in multi-cultural societies in the West?

Contributions in response to this editorial as well as on any other aspects of Asian and Traditional Asian Medicine are welcome. Please send your contributions (pasted into an e-mail, if possible or a hard copy) to the Editor.

Dr Waltraud Ernst
Department of History
University of Southampton
Southampton SO17 1BJ
England
WER@soton.ac.uk

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VARIETIES IN INDONESIAN TRADITIONAL HEALTH CARE

By Azwar Agoes

According to the summaries of a seminar on Traditional Medicine Health Care held by the Department of Health in 1978, the term of Indonesian Traditional Medicine means:

1. A science and/or art of treatment conducted by a traditional healer, that is in accordance with religious belief, that aims to cure, to prevent the diseases, to re-institute and to improve physical, mental and social health of the community.
2. All efforts conducted to achieve the cure, protection and promotion of the health standard of the community, based on ways of thinking that are at variance with modern medical science, and which are handed down from generations or gained by persons privately and conducted in other ways than modern medical science (inter alia covering acupuncture, faith healing, *shinshe*, arabic medicine, herbalism, massages)

A combination of traditional practices and modern medical care occur sporadically as these are carried out by the general public, well-to-do and educated people or even western-educated medical doctors themselves.

AN ART OF CULTURAL HERITAGE

Most outsiders identify Indonesian Traditional Medicine only with *jamu* (herbs used by the people for prophylaxis or for the cure of diseases). However, according to our studies it would more appropriately be grouped into four categories, namely:

1. Health care system of isolated tribes

2. Phytotherapy (or using herbs)
3. Manual therapy: massage and *kerokan* ("skin coin scrubbing")
4. Psychotherapy by faith healer or spiritualist.

THE HEALTH CARE SYSTEM OF ISOLATED TRIBES

The Indonesian isolated tribes consist of about 1,579,680 people, made up by members of many tribes (Suku): Suku Kubu, Suku Laut, Dayak, Belu, Waropen, Muyu, Mejibrad, Tengger, Baduy, Lio, Tano, Niha, Sasak and others. Medicines used and their healing methods have been reported by Dutch researchers and, following Independence in 1945, by Indonesian observers themselves.

In our field study of the Kubu tribe, we recorded a traditional healing ceremony that was referred to by that tribe with the term "*Besale*". On the chosen evening the materials for the ceremony were prepared in a special house - a kind of miniature house that was hung to the eaves of the house, filled with offerings, *keris* (traditional weapons), knives, and raw eggs. The medicine man and his woman assistant supported the sick person while walking around, chanting monotonous verses until the medicine man fell into a trance. The omen whether the sick person would recover or die was shown when the eggs were thrown out of the window: they would either remain intact (the patient would recover) or they would break (the patient would die).

In Kubu tribes disorders of mood, thought and behaviour are invariably explained in reference to taboo violation, witchcraft, the intrusion of harmful objects into the body, or loss of a vital substance and possession by angry or evil spirits. Incest and murder,

for example, are considered to be taboo violations that result in deleterious effects on the mind of the perpetrator, with punishment in the form of insanity coming from ancestral deities or God, or from the individual's conscience. Witchcraft inflictions are usually associated with ferocious activities of others, such as witches, sorcerers and black magicians, whose special powers or use of magic enable them to "implant" insanity in the victims. Witchcraft is often thought to be responsible for the introduction into the victim of magical or foreign substances that produce illness by upsetting the natural equilibrium of the body. To restore health these substances have to be extracted from the victim's body by blowing, sucking, bleeding etc. Strange behaviour is also explained by the presence of an alien spirit sent by sorcerers or by ancestral deities as a punishment for failure to honour the dead.

Serious illness among the Dayak will be treated by the tribe's medicine man. The healer recites parts of prayers to the Dayak Gods, performs ritual dances around the patient and sprinkles water in which several kinds of flowers and herbs have been soaked, thereby trying to chase away from the body of the patient the evil spirits that cause the illness. In many cases the ceremony of healing is accompanied by "*klentangan*" music. The patient's whole family has the duty to remain within a certain area, close to the sick person, until a designated day after the ceremony. The other members of the tribe are not permitted to enter the sick quarters during that period.

Well known are the shamans of the Bataks, their rhythmic drum music and dance, the practice of inhaling *menyan* smoke (for example incense) and of drinking *tuak* (alcoholic fermented

plant-juice). In trance the shaman would make contact with a spirit. The audience then could ask the shaman about the sick. While in trance the shaman might cry, move violently, fall down, toss about etc. The shaman behaves like the spirit who possesses him or her.

The Madurese Kejiman medicine man, when in trance, might speak in Arabic, Chinese or Dutch, in conformity with the spirit who has taken possession of him. Sometimes a shaman needs a translator for words uttered during the trances.

The most famous witches or medicine man are of the Dayaks from Kalimantan (Borneo) and the Torajas (Sulawesi or Celebes). They would sing long incantations/*litania* that tell about their journey to heaven. Their own spirit would fly away through the main pillar of the house, creep on all fours on the roof top and, thereafter, reach the kingdom of heaven via the rainbow. The *litania* is the idiom of gods or spirits, not the language of the shamans. Sometimes the shamans themselves do not understand this language.

In trance the capability of the shamans is much more enhanced than in every day life. We know, for example, that the Kubus in central Sumatra, while singing and dancing in trance, can walk on glowing coal. Also Balinese child dancers can walk on glowing coal during trance, performing difficult movements they never learned before. Trance or possession usually refers to a relationship between spirit and humans, manifested as the spirit enters the human being and takes control of his or her behaviour.

PHYTOTHERAPY

The use of herbs in the treatment or prevention of disease is common practice in Asia and Africa and is gaining popularity in western countries. Many books have been published on medicinal herbs and their mode of application. Analysis and research in the last few decades have revealed the medicinal compounds present in the herbs, making the manufacture of synthetic pharmaceutical products possible. The process of modernisation has made it possible to introduce herbal medicine (*jamu*) in all parts of the archipelago and even abroad. Mainly women use herbal medicine, but there are also several kinds that are quite popular among men. The purpose ranges from preserving health in general to the crushing of kidney stones and the promotion of sexual prowess. It is said that the sales promotion outside Indonesia is based on the fact that women using *jamu* look younger than they actually are, preserve their slim body build and always render satisfaction to their husbands.

Choosing the right sort of medicinal herb is straightforward and easy as it merely involves reading the indications printed on the label of medicine packages specially prepared for self-medication. However, many *dukuns* or medicine men prepare their own blend of herbs for their patients. Normally the medicine man recites some prayer formulas before handing over the herbs to the patient, either to give more effectiveness to the medicine or for psychological effect.

We have written on the use of *jamu* among women in Palembang municipality (3). Our research was based on questionnaires to which 942 women responded. We came to the

conclusion that the main purpose for which herbal medicines were used was to improve metabolism (slimming 34.65%, tonics 26.73%, appetite stimulant 10.8%, promotion of lactation 47.61%, countering fluor albus 19.04%, inducing delayed menstruation 14.28%, and intensifying sexual desire and pleasure 5.49%). Elderly women generally take *jamu* to maintain good health and to prevent kidney stones, diabetics, and jaundice. Other indications were the stimulation of hair growth, easing of back pain, influenza, cough, odorous perspiration, indigestion, high blood pressure, and prevention of cancer.

Most of the *jamu* users also get "ready for-use" *jamu* from *jamu* peddlers (*jamu gendong*) and *jamu* shops. Others prepare *jamu* by themselves from raw materials bought from markets or by using fresh parts of the medicinal plants. Nowadays large-scale companies using modern equipment have produced finished products of traditional medicines. The products are presented in modern dosage forms such as capsules, tablets, dragees, elixirs and even as beverages. There are now 450 companies producing traditional medicines, most of them supervised by pharmacists. Raw materials for herbal medicines can be obtained locally through wholesalers, collectors or directly from the peasants. Only a small percentage is imported. Since 1976 all traditional medicines produced and marketed with trade names and those produced by traditional medicine manufacturers should be registered every two years.

The Ministry of Health, on occasion of the National Health Day in November 1998, announced the motto: "back to nature: use Indonesian indigenous medicine". There are twelve "Centres for the Development and Application

of Traditional Medicine", constituting a first step towards the creation of 27 such centres in every province.

Our Palembang Centre is staffed by members of the faculties of Medicine, Agriculture, and Mathematics and Natural Science of Sriwijaya University. South Sumatra Province specialises in particular on the health care tradition prevalent among the isolated tribe of Kubu. The Kubu live in the deep forests of the mountainous region of Bukit Barisan and make use of rare medicinal plants.

The aims of the Centres are:

1. To find safe and effective traditional medicines used by people of the region by survey, research and experimental trial. One focus of research is on plants for cancer.
2. To run courses for traditional health care practitioners, especially for those with non-academic backgrounds.
3. To deliver traditional health care for patients, in co-operation with the general/ teaching hospital "Dr Muhammad Husin" at Palembang.
4. To carry out pre-clinical and clinical trials for well-accepted, localised traditional medicines prior to more general production.
5. To establish centres for data collection on traditional medicine and traditional health care.
6. To utilise medicinal plants efficiently and to provide for their conservation.

With all these intentions, we would appreciate and welcome any questions about Indonesian Traditional Medicine or the possibility to co-operate in field research on medicinal plants in Indonesia.

MANUAL THERAPY

Probably the oldest literature on "manipulation" as manual treatment is in the "*kong-fau*", presumed to have been written about 2700 BC. Missionaries returning from Peking to France brought the *kong-fau* to the attention of the western world. This suggests that the practice of manipulation is very old. However, it is also close to being universal. It was practised not only by the Chinese and Japanese but also by the ancient Greeks, Egyptians, Babylonians, Syrians, Tibetans, Hindus, as well as the Aztecs and Incas of Central and South America. Hippocrates, known as the "father of healing", stated that it was necessary to know the nature of the spine and what its natural purposes are, for such knowledge will be a requisite for understanding many diseases - vertebrae of the spine may dislocate and be likely to produce serious complications and even death, if not properly adjusted.

Galen, the celebrated physician, also wrote of the importance of spinal manipulation in treating many physical conditions. In Indonesia a traditional medical healer practising massage is called "*tukang pijit*". This art focuses not only on sprained ankles and other joints, but is used also to treat children and adults suffering from fever, cough, or mental disorders. Skin coin scrubbing is a unique curing method, perhaps specific to Indonesia. The skin of children and adults is scrubbed with a piece of metal (mostly a coin) after the location has been rubbed with oil (coconut oil, olive oil, peanut oil), an ointment ('Vicks') or a balm (tiger balm). The traces of the scrubbing on the skin are very peculiar and impressive to the patients, especially for sufferers of influenza, fatigue and rheumatic pains. This treatment gives a

feeling of relief. Common cold can sometimes be cured quicker than by modern tablets.

PSYCHOTHERAPY

Many traditional healers (*dukun*), both men and women practise this kind of therapy. It is widely accepted in society. The Department of Health held a seminar in 1978, which was attended by many kinds of traditional healers from no fewer than ten provinces. On this occasion demonstrations of their traditional healing methods were also given, such as the one in which a ball-point and human anatomical diagram are used to show the point of trouble, the methods of acupressure, the analysis of colours and chiropraxis, accompanied by magic incantations. To the traditional healers symptoms of disease and the feelings of the patients are more important than their cause. The patient is suffering from headache, has fever, has trouble with eczema, or is insane, impotent, etc.

In Java this category of healer is also called faith healer or spiritualist. Magic incantations are very common means for the traditional healer. In the sequence of the words we can recognise terms originating from the Hindu or Muslim faiths, while the metaphors are adapted to modern times. Water as well as *sirih* leaves and red pepper, which are chewed and then rubbed on the forehead of the patient, are sometimes also used. Healing by prayers takes also recourse to different practices, in line with the different beliefs of the healers. There are also differences in the kinds of media used, basically depending on the type of the sickness.

1. Prayers to the disciples of Mohammed in which are included requests for help.

2. Prayers to Allah, with the request for help to well-known Islamic scholars of the first ten centuries of the Moslem Era.
3. Request for help to Indonesia Islamic scholars of the time when Islam was preached to the Indonesian people and the late *kyais* (great Islamic teachers) of different areas in Indonesia.
4. Prayers to Allah only.

The Moslem *dukun* (medicine man or healer) basically uses Islamic prayers, containing verses of the Holy *Quran*. Many of the verses cited in the prayer are in relation to the pre Mohammed era and mentioned in the Holy *Quran*. To the patient it is explained beforehand, that the prayer for curing the sickness is directed toward Good (Allah) and that God only cures the sickness if He so desires, and that God deserves to be thanked if the patient becomes well again.

In 1951 the Department of Religious Affairs issued a list of 73 "Believers' Sects". The number increased by nearly ten times in 1972 to 644 in all provinces. *Kebatinan* (inner-self) teachings attract all men of all classes. Persons of high rank having heavy obligations need help to deal with the emotional conflicts occurring in their daily lives. Low ranking people are more attracted by magic strength to gain emotional peace.

Some disciples of the "Jawa Dwipa Teaching" believe that their *kebatinan* does not conform to Hindu, Islam and Buddhist learning, but that it conforms with the traditional Javanese order, the way it existed prior to Hindu, Buddhist and Islam influence.

MAGIC AND RELIGION

When we intuitively have the experience that something is supernatural we call it magic or religion. If this experience brings the human being in a mental condition of humility and weakness toward the supernatural powers, it is a religion. Magic means to rule over the supernatural power, to influence this power and to take one's fate and the fate of others in one's own hands. Religion, on the other hand, induces people to pray and to be humble.

In magic one believes that a ceremony will be effective only when the right person performs it at the correct time and in the correct manner. The religious person does not believe in all of these. For the religious person this kind of ceremony would mean to surrender to the will of a supernatural power that holds the fate of humankind in its hands. It is sometimes difficult to tell the difference between what is magic and what is religion.

In general most Indonesians are familiar with two kinds of magic that are practised both in urban or rural society. Black magic causes harms and sorrow, while the community loves a white magician. The latter knows much more about religion and magic. He served as a mediator between the common people and the invisible world of spirits and powers. He is called *pawang* - an expert in religious business and magic. He uses magic or mystic powers by praying and paying tributes, bringing charity and peace. The person who practises black magic is called *tukang sihir* (a witch). He asks devil spirits for help. Mostly he practises black magic for his own benefit, causing fear and sufferings to his victims (witchcraft).

Seeing this from the Islamic or Christian standpoint, the religious *pawang* is a witch, and the spirits he calls are the devils. However, in the sense of folk religion and syncretism, it is to be understood that although these magicians are Moslems or Christians, they do not fully realise the meaning of the new religion they adhere to. There are two kinds of *pawang*: the "familial" and the "mediamic".

The familial *pawang*: because he is the community or village chieftain, the community will turn to him in matters concerning spirits, with offerings, sacrifices and prayers. In modern times there is a separation between worldly or profane powers and spiritual powers.

The "mediamic" *pawang* becomes a *pawang* because of his or her capabilities. Mediamic *pawang*s are:

1. The Shaman, with the capability to be possessed by one or more spirits. Shamans have connections with the spirits directly. When they are in trance or possessed, it is not they who speak, but the spirit who possessed them.
2. The *tukang tenung* (fortune tellers) who act as mediators. They can send their souls to heaven or to the centre of the earth to communicate with the spirits who live there. After they have come back from the outer world or from the center of the earth, they give an account of their experiences, so the people around them know about the spirits' world only indirectly.

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Prof Dr H. Azwar Agoes, SpFK, Director, Centre for The Development and Application of Traditional Medicine, Faculty of Medicine Sriwijaya University, Jl. Jaksa Agung R.Suprpto no. 1383 Palembang, Indonesia. Tel: 062-711-351880, Fax: 062-711-352670, E-mail: agoes@palembang.wasantara.net.id

'LIFE GATE' AND 'POTENTIAL FIRE' – SOME CHINESE FINDINGS ON ENDOCRINAL KNOWLEDGE

**By Zhu Ming, Felix Klein-Franke
and Dai Qi**

A completely new approach towards the integration of Chinese medicine into modern bio-sciences appears to be feasible in reference to the theories of 'life gate' and 'potential fire' (LGPF). LGPF could, from a modern standpoint, be seen as referring to endocrinological knowledge. In 1992 we began research into sources available on this issue in early Chinese literature.

'Life gate' (ming men) appeared in the ancient classics of Chinese medicine, such as 'Yellow Emperor's Inner Classic' (Huang Di Nei Jing) and 'Medical Classic of Difficulties' (Nan Jing). In the latter we found that 'life gate' is 'the place where the primary qi (Yuan Qi) is lodged. In the male it stores the essence, while in the female it maintains the uterus' (*Nan Jing*, Question 36 and 39). Conceived by the physician Zhu Zhenheng (A.D. 1280-1358) in the Yuan dynasty, the theory of 'Potential Fire' (Xiang Huo) became one of the central doctrines of the academic school of Chinese medicine.

'Potential Fire' denoted the desires which were held to be supported and nourished by the body fluids (like blood, the essence and waters within the body), while the 'Monarchic Fire' was referred to one function of the heart which is in charge of mental activities (like thinking). These two kinds of 'Fires' check each other. Zhu taught that the 'Potential Fire' is controlled by the body fluids and he considered that, being led to a state of excess, 'Potential Fire' might become over-flaming so that man loses self-control over his emotions. Based upon Zhu's theory, the physicians of his school aimed at combining physical and psychic control.

Enlightened by Zhu's theory that the 'Potential Fire' originates from and is stored in the abdomen, the 'Life Gate School' (Ming Men Xue Pai) taught that a motivating force (i.e. 'Primary Life Energy' - Yuan Qi) originates from the two kidneys. This was also referred to as the 'Fire from the Life Gate' (Ming Huo). This traditional Chinese theory appears to correspond to the Western theory of the adrenal cortex (cf. The Chart of Zhao Xianke, A.D. 1573-1644).

Among Zhand Jiebin (A.D. 1563-1640) was the leading scholar of the 'Life Gate School'. This school of thought is also known as the 'Warming-Reinforcing School' (Wen Bu Xue Pai) and, referring to the book 'Changing Classic', as the 'School of I Jing Classic and Medicine' (Yi Yi Xue Pai). These physicians taught that the function of the 'Life Gate' concerns predominantly both the 'Inherited Constitution' (Xian Tian) and the 'Acquired Resources' (Hou Tian) referring to food, living conditions, etc. Based upon the theory of 'Life Gate', many means of re-animation were developed to heal diseases considered

to be beyond the hope of healing. From these innovations disciplines arose with the aim of treating diseases like infertility, impotence, diabetes and other gynaecological disorders, as well as some types of emotional disorders. In regard to Chinese *materia medica* and acupuncture, these physicians put particular emphasis on warming-reinforcing methods in order to strengthen and tonify the 'Life Gate'.

Along with this development, Taoist doctrines became influential. One of the taoist sources was 'Huang Ting Jing', an important Taoist classic of the Wei-Jin dynasties during the years A. D. 220-420 which was preserved in the Tao Zang collection. The theory of 'Life Gate' adopted the Taoist interpretation of the cosmos, referring to the 'Life Gate' as the 'Lower Dan Tian' in meditation. Rekindled by the remarkable philosophic speculations (such as 'Song Ming Li Xue in Chinese historical events, as well as the practical accomplishment from the 'Quan Zhen Taoistic School' in the Yuan dynasty) during the periods from the Song to the Ming dynasties (A.D. 960-1644), the 'Life Gate school' enriched itself with these achievements and pointed out that the 'Life Gate' is the 'Tai Ji of the body' (according to 'I Jing Classic', as referred to in the book *Changing Classic*). 'Tai Ji' in Chinese means 'the origin of the cosmos with the two interacting forces of yin-yang'. The physicians of the 'Life Gate school' developed the theory and its practical application to its height in the fourteenth century.

The above findings have been supported also by Joseph Needham who characterised these endocrinal references as 'physiological alchemy' (*China Sciences and Civilization*, Vol. 1, 1983). He also mentioned an important chart - 'Nei Jing Tu' (Vol.

5, Part 5, 1983). 'Nei Jing Tu' means 'the table for introspection' which was used to elaborate the principles of meditation from the Taoist tradition. It was engraved on a stone in A.D. 1886. The original silk scroll colour painting can be traced back to A.D. 1200-1400, in the Song-Jin-Yuan dynasties. The stone is now preserved in the 'White Cloudy Temple' (Bei Yun Guan) in Peking (Beijing). This stone inscription has been discussed and reproduced also by Erwin Rousselle (*Seelische Fuehrung im lebenden Taoismus*, 1933, p. 152). However, both Needham's and Rousselle's introductions to the chart are actually incomplete. To our belief, the chart should be re-interpreted according to its original connotations of Chinese medicine. The chart reveals the high standard of knowledge of Chinese medicine as attained by interpreting what in Western medicine today is called endocrinology. In the 'Nei Jing tu' almost all the endocrinal organs can be recognised (e.g. the pituitary and the hypophysis, the area where they are located was called the 'Upper Dan Tian' or 'Ni Wan Gong'; the thyroid gland is referred to as the 'Shi Er Lou Tai' or 'Twelve Floors of a Building'; the adrenal cortex or suprarenal cortex was mentioned as 'Life Gate'; etc). These descriptions are found along the vertebrae (Jia Ji) of the figure of the chart. A copy of this chart has been preserved in the Wellcome Library for the History and Understanding of Medicine, London. The chart illuminates also how medieval Chinese medicine understood the way the pituitary-adreno-cortico-axis of the human body is functioning.

Based upon laboratory methods and clinical observations patients' urinary excretion of 17-hydroxycorticosteroids (17-OHCS)/24 hours and two-day intravenous ACTH were measured. At

the same time they were categorised according to the symptom-complexes of Chinese medicine. Chinese herbal medicine was applied to those patients and has achieved good curative effects (*Shen Ziyi Report from the Shang Hai Medical University*, 1996).

Through pharmacological research parts of the Chinese *materia medica* and ready-made formulae have been tested by means of pharmaco-kinetics, medicinal chemistry and other monitoring laboratory criteria. *Herba Epimedii* (Yin Yang Huo) and other Chinese herbs work not only upon the adrenal gland, but also upon the pituitary-adrena-cortico-axis (see Li Yikui et al. '*Pharmacology in Chinese Herbs*', 1982). Tests of the traditional prescription Shen Qi Wan have revealed a strong influence upon the body hormone system.

The research of LGPF, currently still unknown in Western countries, reveals fascinating results and will create more scope for the integration of Chinese and Western medicine. First of all we need to acknowledge the important historical achievements of LGPF. These achievements highlight also the fact that Chinese medicine as a medical system continuously developed in harmony with its tradition, founded upon Chinese philosophy, medical empiricism and body practice (Qigong). By presenting traditional understanding together with modern interpretations, we do not only compare the Chinese and the modern medical systems, but also put great emphasis on removing the sophistication of the intellectual background, particularly with regard to diverse patterns of thinking between Western and Eastern people. To our belief, the trend towards the integration of Chinese medicine into modern science will give a beneficial impetus

to the development of world medicine in the next century.

Zhu Ming, M.D., Medical Institute, Postbox 69, Beijing University of Chinese Medicine and Pharmacy, 100029 Beijing, China. E-mail: zhuming@public.bta.net.cn

Prof Dr Felix Klein-Franke, Institute of Asian and African Studies, The Hebrew University, 91905 Jerusalem, Israel. E-mail: profFKF@aol.com

Dai Qi, Department of Geriatrics, Beijing Sino-Japanese Friendship Hospital, 100029 Beijing, China.

RESEARCH IN PROGRESS

By Danuta Penkala-Gawecki

I am a medical anthropologist from Poland. My PhD dissertation, on traditional medicine and the influence of Western medicine in Afghanistan, was based on the fieldwork carried out there during the late seventies. Subsequently I focused on complementary medicine in Poland for several years. Since 1995 I have continued my work in Almaty, Kazakhstan. I have found this place fascinating: on the one hand because of my old Central Asian interests and on the other hand because complementary medicine in various forms is extremely popular here.

My particular focus is complementary medicine and its connections with "scientific" medicine, which seem to be much closer than in European countries. The Centre of Eastern and Contemporary Medicine was founded in Almaty in 1990, and this is a place of close co-operation between healers and physicians. There is a revival of a Kazakh folk medicine and its religious-magical component in particular. Complementary medicine includes also Chinese-Tibetan and Korean

acupuncture, herbal treatment, homeopathy, and many other methods, old and new. One of the methods of self-treatment that is very popular in Kazakhstan, is the so-called Ivanov's system of natural healing. It consists of cold baths, fasting, special ways of breathing and also aims at the moral improvement of the people. I wrote a paper about this method, which was published in C.E. Gottschalk-Batschkus and C.Raetsch, eds. 'Ethnotherapien', Curare, 1998, 14 (Special Issue).

Dr Danuta Penkala-Gawecka, Institute of Ethnology and Cultural Anthropology, Adam Mickiewicz University, Poznan, Poland. Currently in Kazakhstan: Embassy of Poland, 480 100 Almaty, P.O.Box 135, Kazakhstan. E-mail: gawecki@asdc.kz

NEW PROJECT

MADNESS AND THE COLONIAL CONSTITUTION OF MENTAL ILLNESS IN INDIA: HISTORY OF PSYCHIATRY IN COLONIAL INDIA

By Renuka Sharma et. al.

The project is an investigation of the medicalisation of madness in colonial India. It examines the way in which British authorities managed mental pathology and behavioural disorders among the natives using medical categories. Scholars from Australia and India will investigate the interaction of the British-style asylum culture, nosology, and institutions for the mentally ill with indigenous responses and traditional practices. The inquiry draws extensively on the unique and endangered archival

sources in India, and colonial records on mental health services. This study will contribute to our contemporary understanding of identity and mental health, especially in relation to cross-cultural psychiatry.

The project aims to examine the colonial perceptions and representations of 'lunacy' and the characterisation of mental disorders or insanity perceived to be afflicting the native subjects. In conjunction with this detailed analysis the study aims to provide an evaluation of the impact of European models of mental pathology and management regimes prevalent during a significant phase in South Asian history.

Inter-[post]colonial collaborative team:
Dr Renuka Sharma (Monash University), Prof Sanjeev Jain (NIMHANS Bangalore), Prof Purushottama Bilimoria (Deakin and Melbourne University), Dr Jock McCulloch (RMIT University, Melbourne), Prof Mohan Isaac (NIMHANS Bangalore), Prof Warwick Anderson (University of Melbourne), Dr Pratima Murthy, (NIMHANS Bangalore), Dr Vivek Benegal (NIHMANS Bangalore). We invite further collaborative input, information on funding sources, generous support, resources and comments. Further correspondence with interested researchers is welcomed.

Please e-mail to:

rsharma@ariel.its.unimelb.edu.au or
pb1@myriad.its.unimelb.edu.au

CONFERENCE REPORT

SYMPOSIUM ON THE PAST AND PRESENT IN TRADITIONAL MEDICAL SYSTEMS LONDON, 22 OCTOBER 1999

By Vicky Pitman

The purpose of this conference was to bring together in one forum both scholars and current practitioners of traditional medicine to look at the transformation of theory into practice.

Vivienne Lo of the School of Oriental and African Studies presented "The Interface of Practice and Theory in Early Chinese Medicine". The second century B.C. was a period of rapid change in China. Lo based her paper on finds at the tomb of a wealthy family of this period where artefacts of medical interest were found. These include lances and rubbing stones, three medical texts and herbs. In a remedy manual for fifty-two illnesses are found early versions of what was to become future canon. For example one topic was on self-cultivation with pictures of physical exercises and breath control. Lo showed a reproduction of a figure found in the tomb with channel lines running from the extremities to the head; these were notably not the same as later acupuncture meridians, and not related to organs and *chi* flow. It is possible the figure is a model for massage. Concave pressing stones were also found in the tomb. They are thought to have been used warmed for rubbing the channels.

John Tindall of the Yuan Clinic, London presented "Traditional Chinese Medicine in the Treatment of Hepatitis

C". Tindall has been working with Traditional Chinese Medicine (TCM) and herbal-naturopathic approaches to drug addiction for many years within the National Health Service in Britain. Increasingly treatment of his clients has had to include the treatment of Hepatitis C. Tindall uses diagnosis and herbal and dietary treatment strategies from TCM and also works with orthodox medical doctors. Patients are monitored clinically (e.g. blood pathology). According to TCM the condition is due to excess of heat toxins in the system and the spleen channel stores toxins to protect important internal organs. As well as the liver, the spleen is also an important organ-channel for treatment, as is the kidney *yin* and *yang*. Tindall presented herbal formulae that he has developed with the help of TCM doctors in China, pointing out the reasons for each herb included. Important herbs were cooling ones such as *bupleurum* and I, and also motherwort to clear the secondary channels of the liver and kidney. He also discussed some successful case histories and the importance of differentiating herbal treatment. One patient's liver enzyme count went down from 187 to 84 on the programme; platelets became normal; ascites cleared.

Dr. Dominik Wujastyk of the Wellcome Library presented "Fire and Water in Ayurveda". Reading a second century B.C. text by Susrut, Wujastyk was struck by the bold phrase "The whole world is essentially fire and water". Since this seemed in contrast to the usual concepts of five elements and three *dosas*, he began to look for signs of duality in this and other texts. In several other places in Susrut the duality presents itself: in a discussion of humours and tastes, flavours can be fiery or watery; in the context of *virya*

or potency of substances we find hot and cold *virya*; landscapes and seasons can be simplified to solar and lunar. Wujastyk wondered if for Susrut the term *rasa*, meaning sap or juice and, in the body, blood, which is described as starting in the heart and flowing out through the twenty-four *nadis* ("tubes" or channels), is essentially of water or fire. In Vagbhata the year is classified into times of outpouring and absorption; flavours are said to be strong and grasping (i.e. bitter, astringent and pungent) or releasing and gentle (i.e. sour, salty and sweet). In a fourteenth-century text on herb collection, plants are collected in the mountains according to fire and water signs. Wujastyk reported that similar ideas have been present in Western tradition going back to the Greeks but appearing as late as 1808 when a Dr. F. Balfour observed that fevers are regulated by the sun and moon.

Dr. Athique of the College of Ayurveda, Milton Keynes, was able to take the place of his colleague, Dr. Aparna Bapat. Dr Athique insisted that certain concepts in Ayurveda were difficult adequately to express in Western terms but he also wanted to emphasise that Ayurveda needs to evolve with modern times and adapt to current situations.

Professor Philip van der Eijk of Newcastle University (Classics) presented "From Humours to Constitutions to Temperaments: the evolution of an ancient doctrine". He first pointed out that rather than being one monolithic construct, Greek ideas on humours and constitutions display much variety and disagreement among writers from early times, i.e. in Homer, in the Hippocratic writings, in Aristotle and Plato, through to Galen and his contemporaries. (The Doctrine of Four Temperaments is actually an early

medieval concept though derived from earlier Greek ideas.) Humours are both naturally present in the body and the causes of disease. Early ones spoken of are bile and phlegm. Black bile is a later extension of bile but the concept of melancholy as state appears earlier. Aristotle frequently discussed "melancholics" though without giving a complete description, and always in the context of aberrations, not normality. For some, the constitution (bilious, melancholic, etc.) seems to be seen as interfering with the soul's proper function.

Christopher Hedley, a herbalist from London presented "Galenic Humoral Theory in Modern Herbal Medicine". He discussed how, in his herbal practice, he finds the concept of humoral constitution valuable to guide his understanding of his patients and choosing their treatments. A patient's lifestyle is rooted in his or her constitution and as well as giving herbs, lifestyle needs to be moderated to effect a lasting improvement. Hedley's practical approach aims at capturing the essence of each humour. For example, the choleric person is "sharp and shiny", prone to moaning, shouting and complaining when ill and needing some discipline in following treatment. Melancholy can develop from this constitution if the fire is being burnt out. Particular herbs for this type include hemp agrimony. Hedley gave examples from his case histories of how he understood and treated different constitutional types.

Claudia Liebeskind of Auburn University, Alabama presented "What's in a name?: Boundaries and Identities of Unani Tibb". She began by pointing out that *Tibb* has been called different things in different times and places and that this is sometimes a political, sometimes a

religious issue. Liebeskind discussed how attitudes towards traditional *Tibb* medicine have changed in response to Western colonisation and influence. Earlier scientific experimentation was seen as liable to fault; only logical reasoning provided certainty. Now science has become the accepted benchmark and in response even traditional medicines are nowadays presented in what is considered to be a scientific way. The impetus is to standardise theories and practice, education and training.

Hakim M. Salim Khan of the Mohisin Institute, Leicester, presented "Jasmin and Dandelion: the dilemmas and opportunities in the practice of Tibb in Modern Britain".

Kahn gave a brief overview of some concepts of *Tibb*. He contrasted it with orthodox medicine which is especially needed for surgical intervention and trauma treatment, but has limitations; for example, it tends to be suppressive. *Tibb* endeavours to restore balanced health. He presented some case histories and herbal strategies used in each case. He discussed the importance of seeing the individual within his or her family and social context. Echoing some aspects of Liebeskind's talk, Kahn spoke of *Tibb* medicine being somewhat of an orphan; this being partly due to the fact that it isn't associated with one particular country (e.g. China, India). It is usually ignored by mainstream medicine, though his patients in Leicester are not only Muslims, but come from other ethnic and religious groups. Some people in the audience were not even aware that *Tibb* is being practised in Britain today, so Kahn's contribution was particularly welcome. Asked about the title of his paper, Kahn replied that practising in Britain today was bitter like dandelion root and in some ways beautiful like jasmin flower.

It was very different and refreshing to have a conference where both scholars and practitioners were present to present their ideas. I personally wished for more discussion between scholars and practitioners (there was some), rather than only between members of the audience and individual speakers, though I'm sure there was much informal exchange during the breaks. Some felt that we would like a similar conference in future, but structured and presented in ways that would facilitate more of such exchange. We are hoping this can be arranged before too long.

Vicky Pitman. E-Mail: V.pitman@virgin.net

FORTHCOMING CONFERENCE

INTERNATIONAL CONFERENCE ON TRADITIONAL ASIAN MEDICINE

2002, HALLE, GERMANY

Rahul Peter Das from the Department of Indology at the University of Halle is in the process of organising the next IASTAM Conference.

For further details please contact:

Dr Rahul Peter Das.
E-mail: das@indologie.uni-halle.de

REVIEWS

Donald John Harper, *Early Chinese Medical Literature: the Mawangdui medical manuscripts*. London and New York: Kegan Paul International, 1998, pp.549. £85, \$144.50. (The Sir Henry Wellcome Asian Series)

Donald Harper's *Early Chinese Medical Literature* was a long time in coming, but it was worth every moment of the waiting. His 1982 PhD thesis was a prolegomena to and translation of *Wu shi er bing fang* (52 Recipes), a collection of remedies arranged according to illnesses and the longest of the seven medical manuscripts excavated from the Mawangdui tomb. Since then he has published on other aspects of the medical corpus, in particular the sexual and breath cultivation practices. *Early Chinese Medical Literature* is his first book; it is also the first complete, annotated, translation of the medical texts preserved within the Mawangdui silk and bamboo manuscript collection, illustrated with a comprehensive introduction to medical sources, philosophic background, culture, people, theory and practice of the late Warring States and early Imperial periods.

Archaeologists excavating tomb 3 at the Mawangdui site in Changsha, Hunan, during the early 1970's unearthed the largest and most varied trove of excavated manuscripts that had ever been discovered in China. Their owner was apparently a book collector with a wide range of interests; there are treatises on philosophy, astronomy, geography and politics. Tombs 1 and 2 belonged to Li Cang, Lord of Dai, a chancellor of the Western Han Kingdom of Changsha

and his wife. The manuscripts were excavated from tomb 3, thought to be that of one of their sons, the younger Lord of Dai, Li Xi, or his brother who had held a military position.

In the course of his book, Harper reveals the extraordinary diversity of medical traditions and treatments available in that elite society. We come across medicines of Yin and Yang, of magic, ritual incantations, of sexual cultivation; meditations and prescriptions made up of every conceivable herb, animal and household product. Some of the collection seems to be arranged in the form of a household manual made up of remedies for various illnesses that range from haemorrhoids and convulsions to 'child sprite'.

The prescriptions are sometimes recipes that include pounding and preparing herbs and minerals, and making tinctures and potions. Sometimes they are quite fantastical such as incinerating menstrual cloths to promote fast travel, or beating out demons with iron hammers. Among the remedies there are charms, incantations, exorcism, pharmacology, as well as many kinds of heat treatments and basic surgery. Some remedies finish with the single term 'excellent', suggesting that they are tried and tested. It is difficult to know exactly how such a collection might have been used. But one can imagine that, like a family cookbook today, the owner might keep the book for just one or two favourite recipes.

Other texts are early editions of treatises found in the canonical collections of acupuncture and moxibustion compiled a century or so later. Unlike the accounts in these received texts the Mawangdui texts describe an early version of 'channels',

but without referring to acupuncture points, metal needles or indeed even a circulation of *qi*. Exactly what the channels were is a major research topic to which Harper contributes a number of interesting perspectives. Four of the manuscripts describe different forms of self-cultivation, sexual, breathing, dietary and callisthenic techniques for prolonging and enhancing life. There is also a chart of 44 figures engaged in different exercises, some imitating animal movements, others treating specific pains. Taken together these treatises restore to us fine details of the early history of a very vibrant early Chinese health-care tradition.

Harper's translation is characteristically literal, with fine points of nuance carefully explained and argued in the footnotes. It is here in the extensive references to primary sources that the reader will become aware of the true quality of his scholarship. His formidable attention to detail makes the translations an excellent resource for others working in the field. The translations are based upon the photographic reproductions of the manuscripts and the transcripts published by Mawangdui Hanmu boshu zhengli xiaozu, ed. *Mawangdui Hanmu boshu* vol. 4 (Beijing, 1985). The many problems attendant upon transcribing a script that contains many variants that are not included in later manuscripts besets any reading of the manuscripts. Harper has appended important amendments to the 1985 transcript. There are also excellent indexes to the names of ailments, *materia medica* and physiological terms found within the manuscripts.

There may be too much information for the general reader. And given the book's size and range a more exhaustive index would have given

better access to individual topics covered in the prolegomena. But for anyone with a basic grounding in Chinese studies, the broad presentation of the material touches upon and contributes to many important topics in sinology, such as the transmission of texts, history of Daoism, cosmology and divination and the cults of longevity and immortality. Harper's treatment of early magical traditions in medicine is also most striking and unusual.

Early Chinese Medical Literature is the first substantial English language contribution to the study of ancient Chinese excavated medical manuscripts. There are few other scholars working on the Mawangdui medical texts in the West. Annotated texts with extensive commentaries of some parts exist in Chinese and Japanese, notably by Ma Jixing and Yamada Keiji, but this will come as no consolation to most readers.

Having taught a course in the history of Chinese medicine to first year acupuncture students at last I have something new to add to the reading list. Unschuld's *Medicine in China* volumes were published way back in the mid-eighties. But their approaches are not comparable. *Medicine in China* was ambitious in breadth and scope. Harper's strength, in contrast, is in his concentration on the content and circumstances of a particular collection of manuscripts.

What should most distinguish *Early Chinese Medical Literature* is its comprehensive introduction to the world of medical people, ideas and practice as it was developing through the few centuries before and after the establishment of the first empire (221BC). In this short period of rapid political, social, intellectual and

technical change the environment was ripe for fostering the theories and practices at the foundation of acupuncture, moxibustion and Chinese pharmacology. Unlike received texts, such as the *Huang di nei jing*, the excavated texts have not been tampered with by generations of editors keen to re-arrange and re-order according to the prejudices of their own time. We can therefore see straight to heart of elite medical traditions. Harper has gone a long way to making this field more accessible to the next generation of researchers. And with the prospect of more Warring States and Han tombs yielding silk and bamboo manuscripts, it is a field with a future, both in terms of the promise of new materials and with the increasing significance of historical research to the blossoming of 'Traditional Chinese Medicine' in the West today.

Dr. Vivienne Lo, School of Oriental and African Studies, London, UK.
E-mail: viv.lo@iname.com



Ashok Majumdar, *Ayurveda: the Ancient Indian Science of Healing*. Allahabad and New Delhi: Wheeler Publishing, 1998, pp. xix, 324. £24.99.

In the plethora of popular books on Ayurveda, Majumdar's work comes as a welcome relief. It provides a lucid and accurate presentation of ayurvedic theory and practice from the point of view of a practitioner active in India today. In a Preview section at the start of the book, Majumdar gives a brief overview of ayurveda, ending with a genealogy of his own family which has provided no fewer than ten generations of ayurvedic physicians. Chapter one is a general introduction, which

includes a nod towards history both divine (from Brahma) and mundane (Agnivesa 6-7th century BC). Majumdar gives figures for the number of licensed ayurvedic pharmacies in 1990 (6202), and the number of hospitals (1485) as well as other quantitative figures. This is characteristic of Majumdar's book, which gives close attention to the institutional infrastructure of ayurveda in India today.

Chapter two introduces the ayurvedic concepts of natural philosophy, starting with an outline of the *samkhya* philosophy. Again, in a feature that is characteristic of the book in general, Majumdar provides a number of helpful diagrams and tables, to help the student grasp the essentials of a complex subject. The presentation of facts is laudably close to the original traditions of classical ayurveda, and is uncluttered by New Age superimpositions. Chapter three describes the three *dosas*, their relationship with the other elements of the body, and the typology of persons according to humoral dominance. Majumdar gives text references to Caraka and other major classical sources to underpin his statements concerning the functioning of the *dosas*. This chapter includes ayurvedic pathology and nosology. Again, helpful charts and tables are much in evidence.

Chapter four addresses the central ayurvedic subject of the interior of the body and the digestive process. Original Sanskrit terminology is used, with English equivalents being given in parenthesis. The tastes or *rasas* are the topic of chapter five, which gives a good account of ayurvedic pharmacology (*dravyaguna*) and goes so far as to list the classes of plants

(*ganas*) given by Caraka and Susruta, as well as giving a table comparing the drug-groups of these two authors. Chapter six is a short but excellent discussion of pathology, with attention being given to the classical concepts of *asatmyendryarthasamyoga*, *prajnaparadha*, and *parinama* (roughly, 'the improper use of the body', 'violation of good judgement', and 'the passage of time'). Chapter seven discusses diagnostics (*nidana*), and demonstrates a historical awareness that diagnostic methods expanded and diversified after the time of the author Madhava. Chapter eight is a short overview of therapeutics (*cikitsa*), with chapter nine giving a fuller discussion of the five canonical therapies (*pancakarma*). This chapter includes a number of photographs, both colour and black and white, of massage scenarios. The author covers specifically Keralan massage and oleation techniques as well as those specific to the classical Sanskrit texts.

Chapter ten surveys the better-known ayurvedic pharmaceutical preparations, giving their contents and typical applications. Chapter eleven focuses on the therapeutic uses of minerals, metals and gems. Only a short introduction is given to this topic, but there are extensive lists of substances arranged by traditional groupings. Chapter twelve discusses the ayurvedic notion of pulse diagnosis; Majumdar is unequivocal about the fact that pulse examination entered ayurvedic practice only shortly before Sarngadhara's description of the technique in his fourteenth-century work *Sarngadharasamhita*. In chapter thirteen, Majumdar struggles with the concept of tubes (*nadis*) in ancient texts. Usefully, he gives lists of the names and numbers of (*nadis*) listed in various texts from early Sanskrit literature, demonstrating the great

variability of ideas on this topic. Chapter fourteen discusses *prana* or life breath, giving reference to various tantric views of the body's functioning (*cakras*, etc.). Chapter fifteen is rather original in conception: it gives an outline for how one might set up an ayurvedic health resort according to traditional principles of health and nutrition.

In chapter sixteen, Majumdar gives an historical survey of early ayurvedic and related literature. Majumdar relies on Winternitz for some of his information, so his overview is chronologically aligned with the contemporary scholarly consensus, rather than with more fanciful fundamentalist chronologies. He describes the vedic, post-vedic, *darsana*, epic, puranic, tantric and medical literatures, and again gives a number of helpful chronological charts and tables of contents.

The book's final chapter is on the globalisation of ayurveda. Majumdar cites such items as a report from the *Times of India* of 12/3/1997 which noted that ayurveda was now 'on the Internet'. He attempts to position ayurveda relative to other types of medicine, especially other alternative therapies. However, this chapter is not very successful in my view, since it shows insufficient awareness of sociological and anthropological issues that are so important to a proper understanding of this topic. Nevertheless, the author is right, at least, to address the issue, and he does give a number of useful facts and contact addresses for further enquiry.

Appendices I-III are exceptionally useful. Majumdar gives the addresses and details of over a hundred ayurvedic colleges active in 1995--6 which were registered with the New Delhi Central

Council of Indian Medicine. He also provides the Council's regulations governing ayurvedic education and qualification at undergraduate and postgraduate levels. The book closes with an eclectic bibliography and a glossary of ayurvedic terms.

This book is certainly a great deal more dependable and historically accurate than many ayurvedic books currently in print. It can safely be given to students in the history or anthropology of medicine as a course textbook, of course alongside other standard works like those by Jolly, Meulenbeld, Zimmermann, and Zysk.. There is one annoying qualification to this, however: the use of diacritical marks and spelling for Sanskrit terms - - which are many -- is erratic. This means that students may get muddled by yet *another* spelling of a familiar term. This is one of the books few serious flaws. It would have been far better if the author had not attempted to use diacritical marks at all, rather than having used them partially and often inconsistently. This should only detract slightly, however, from an otherwise very useful work that presents ayurveda with a great deal of authenticity from the point of view of an ayurvedic practitioner in contemporary India sensitive to the historical dimension of classical Indian medicine.

Dominik Wujastyk, Wellcome Library,
London, England.
Email: d.wujastyk@ucl.ac.uk



THE ROOTS OF AYURVEDA. SELECTIONS FROM SANSKRIT MEDICAL WRITINGS.

**Selection, translation and
introduction by Dominik
Wujastyk. New Delhi: Penguin
Books India (P) Ltd., 1998.
(Penguin Classics. Rs 250.)**

For the past several decades, an anthology of translations from the Indian medical classics has been a desideratum in Ayurvedic studies. Dominik Wujastyk, Sanskrit scholar and Associate Curator for the South Asian Collection at the Wellcome Library for the History and Understanding of Medicine, has now filled that lacuna with *The Roots of Ayurveda*. Wujastyk's meticulous examination of the original sources, his critical evaluation of previous scholarship in the field, and his accurate translations have resulted in an authoritative and informed overview of Ayurvedic medicine and its history. His introduction provides the background necessary for viewing the intellectual history of Ayurveda in its proper perspective. From the numerous possible Sanskrit texts on Ayurveda, he has selected 'the most famous and well-respected texts of the tradition' (p. 12). These include the *Caraka Samhita*, the *Susruta Samhita*, the *Bower Manuscript*, the *Kasyapa Samhita*, the *Astangahrdaya Samhita*, and the *Srngadhara Samhita*. In selecting the passages, he has tried to avoid unclear and repetitive passages and based his choice on both contemporary and historical interests (p.13).

The chapters correspond to the texts mentioned above. Each chapter consists of an introduction discussing

the work's history, content, and special features. This is followed by a translation of selected passages in the order in which they occur in the original texts.

Many of the passages are chosen with the historian of medicine in mind. There are verses from the *Caraka Samhita* pertaining, among others, to hospitals and to epidemics. The last bears the same name as chapters in the *Corpus Hippocraticum*. Similarly, from the *Susruta Samhita*, a text traditionally recognised for its emphasis on surgical medicine, there are passages on the 'use of knives', 'gaining surgical experiences', 'starting out as a surgeon', 'plastic surgery on the ear and nose', 'blood and bloodletting', and toxicology. The last is an ancient art in India, reaching back to the *Atharvaveda*; and, as reported by Arrian, Indian skills in treating poison were recognised even among the Greeks who accompanied Alexander on his campaigns in the fourth century B.C.

For those today interested in how ancient Ayurveda utilised certain plants and medicines, Wujastyk has translated a section on the uses of garlic from the *Bower Manuscript*, which, as a whole, is a collection of Buddhist texts. The medical portions reflect practical rather than academic medicine, and it was most probably utilised as a sort of medical handbook.

Important are selections from the *Kasyapa Samhita*, a treatise generally regarded as specialising in obstetrics, gynaecology, and paediatrics. From this work, Wujastyk translates the section of *Revati* (Lady Opulence), the demoness child-killer. These verses reflect the strong influence of magical medicine in early Ayurvedic paediatric medicine, which persists to this day.

The passages from *Vagbhata's Astangahrdaya Samhita* illustrate a more consistent formulation of the Ayurvedic theory and practice than is found in the earlier treatises. One should resort to these pages (236-301) in order to obtain a good understanding about the general content of Ayurvedic medicine, the daily and seasonal regimens, the tastes (*rasa*), the system of humours (*dosa*), the lethal points (I), and the notions about insanity and its cure.

Finally, an innovation in the paradigm of classical Ayurveda is found in the *Srngadhara Samhita*, dating from about the fourteenth century. It remains today a very popular and essential text among practising *vaidyas*. Being a work that includes, among other things, a description of diagnosis by examining the pulse, it reflects a period of syncretism in Indian medicine, which in varying degrees has occurred right up to modern period. From this work, we find passages 'on weights, measures, and definitions'; on 'pulse, omens, and dreams'; on 'introducing medicine through the skin'; and 'on the human body'.

The survey provided through these translations may not cover all the subjects offered in the entire system of Ayurveda, and not all scholars and students of Indian medicine would have chosen the same passages for translation. Nevertheless, in this reviewer's opinion, the selection of texts and excerpts from them provide both a varied and an informative introduction to Indian medicine, reflective of the Ayurvedic tradition itself. Students of Indian medical history, of general medical history, and of Indian history and culture will find a

wealth of interesting and important information in this book.

Space does not permit a detailed discussion of the individual translations. A random perusal indicates that they are faithful to the Sanskrit originals. Moreover, Wujastyk has taken special care to make his renderings reader-friendly and thus accessible to the non-specialist. The *Roots of Ayurveda* therefore can confidently be recommended to those readers who desire an authoritative and accessible introduction to the history, principles and practices of Ayurveda from its original texts.

I have just one caveat. Do not expect to obtain this book easily. Although published by the Indian branch of Penguin Books, the book is virtually inaccessible outside of India, except through specialised booksellers who handle Indian imprints. One can only hope that Penguin India will make this important book available to its branches in the UK, USA, and Australia, so that more people can benefit from reading it.

Kenneth G. Zysk, Copenhagen, Denmark.
E-mail: zysk@hum.ku.dk

PUBLICATIONS RECEIVED FOR REVIEW

Ayseguel Demirhan Erdemir, Lectures on Medical History and Medical Ethics. Istanbul: Nobel Tip Kitabevleri, 1995.

Esin Kahya and A. Demirhan Erdemir, Medicine in the Ottoman Empire, Istanbul: Nobel Tip Kitabevleri, 1997.

Shigehisa Kuriyama, The Expressiveness of the Body and the

Divergence of Greek and Chinese Medicine. Zone books, 1999.

G. Jan Meulenbeld, A history of Indian medical literature. Groningen: Egbert Forsten, 1999.

Hakim Mohammed Said

'I have always shunned politics. I never joined any political party. But I was a sincere supporter of the Pakistan Movement.'

(Hakim Mohammed Said, 1953)

The founder of *Hamdard* in Pakistan Hakim Mohammed Said was a great humanitarian, a man of vision as well as a man of action. His dream of building Madinat al-Hikmah became a reality in his lifetime. He was shot dead while entering his Clinic at Arambagh, Karachi, on 17 October 1998. A leading Pakistani physician, Hakim Said did not charge consultation fees and provided poor patients with free medicines. His valuable contributions, especially in the fields of health care and education, his messages of peace, his love for his country, Pakistan, and his service to humanity will be a source of inspiration to many people.
(*Hamdard Medicus*, XLI(4), 1998, p.18).

Hakim Mohammed Said started his mission for the revival of Unani (Greco-Arab) medicine in Pakistan in 1948. The first clinic was held in a small room with rented furniture. The first lady physician was Tabiba Fakhr Jahan, a teacher in the Unani and Ayurvedic Tibbia College in Delhi (Hakim Said's *alma mater*). The clinic soon attracted a large number of patients, both men and women. In time, the clinic at Arambagh Road expanded and centres in other parts of

the city had to be set up, employing more physicians. The fame of Hakim Said as a physician spread far and wide and clinics were opened at Lahore, Rawalpindi and Peshawar. Subsequently, at Dacca, too, until the creation of Bangladesh. Hakim Mohammed Said visited them once a month and treated patients. Besides the practice in Pakistan, a clinic was started in London at the request of patients in Britain. It is visited roughly once every four months.

For patients from far-flung areas, Hakim Said has set up mobile dispensaries. Distribution of medicine free of cost for indigent and disabled patients has also been arranged. To quote Hakim Said: 'This is my quiet service carrying no publicity or public glamour, no exhibition or self-advertisement, asking no reward or praise. Such service can be appreciated by humaneness alone. There is a secrete covenant between God and the physician, for He alone is the Supreme healer.'

Hamdard is a pharmaceutical venture started in a small way, employing three persons. By 1953, Hamdard had gained the status of a fully fledged pharmaceutical industry through the dedicated work of Hakim Mohammad Yahya and a core of loyal workers. To quote Hakim Said: 'this was when I decided to fulfil my responsibility and trust. I was the sole owner of a growing and flourishing enterprise. In 1953, I converted this enterprise into a *Waqf* in which Allah and his creatures become owners of the organisation.... I can say truthfully that my family and I have never bought any land in Pakistan.' Today Hamdard has over 2,000 scientific, technical and administrative personnel.

In 1958 the Jamia Tibbia Sharqiya (College of Eastern Medicine), subsequently to be known as the Hamdard Tibbia College, was inaugurated. The College was fortunate in securing a loyal and industrious staff, many of them being erstwhile teachers of the earlier Delhi Tibbia College. The College has gained in fame and respect and since its inception 679 students have graduated. Hamdard Foundation maintains and subsidises the College.

Tibb has had a chequered history in the early days of Pakistan. Hakim Mohammed Said has served as physician of heads of state, one of them being the late Field Marshal Mohammad Ayub Khan, President of Pakistan (1958-1969). It was during his tenure that the Federal Health Minister, General Wajid Burki, who was pro-Western medicine, tried to ban Unani Tibb, but Hakim Mohammed Said mounted a vigorous campaign in support of Tibb, which obliged the Minister to revoke the proposal. Since then the Greco-Arab medicine has gained in stature and excellence. The late President of Pakistan, General Mohammad Zia ul-Haq, supported Tibb and gave it the formal stamp of approval when, in 1978, he appointed Hakim Said as Advisor to the President of Pakistan on Tibb with the rank of Federal Minister. But the wheels of bureaucracy turn slowly and no effective mechanism has evolved yet at state level for the further growth and promotion of Tibb.

It was thought necessary that for the revival of Tibb, its precise definition, its assessment in academic terms, and its scientific status, an organisation should be formed to promote and popularise it nationally and internationally. Accordingly, Hakim Mohammed Said established in 1958

the Society for the Promotion of Eastern Medicine (SPEM). Membership was open to qualified hakims, doctors and members of allied professions. It challenged the World Health Organisation by pointing out that it could not claim global success without taking cognisance of the traditional systems of medicine which are practised in nearly half the world's countries. Tibb has now gained world-wide recognition.

In order to popularise Tibb internationally Hakim Mohammed Said introduced two journals of medicine, namely *Hamdard Medicus* (in English), *Hamdard-I-Sehat* (in Urdu), the SPEM newsletter and various other publications in English and Urdu.

Adapted from *Hamdard Medicus*, XLI (4), 1998, pp. 5-11.

LETTERS TO ASIAN MEDICINE

I enjoyed the Newsletter. I really hope the news on Hakim Mohammad Said is not true (a while ago I tried to get into contact with him, but did not succeed). ... In February I spent ten weeks in India (Delhi, Kerala, Mumbai). It will be my last time for collecting data for my PhD-thesis.

Dr Maarten Bode, Medical Anthropology Unit,
O.Z. Achterburgwal 185, 1012 DK
Amsterdam, The Netherlands



AROOR RAVI MEMORIAL AYURVEDIC RESEARCH CENTRE

This is to announce that the Aroor Ravi Memorial Ayurvedic Research Centre (ARMARC) functioning at Koppa, Chikmagalur Dt., Karnataka - 577 126, India, has a new e-mail address.

For information regarding the research activities of our centre and the Newsletter of ARMARC, please enter your queries into an e-mail message and send it to armarc@hotmail.com

Vaidya P. Ram Manohar, Research Co-ordinator (ARMARC)



IASTAM India

"I have received the IASTAM Newsletter which is very informative. I am also happy to observe the re-emergence of this Newsletter which will be of great help to continue our exchange. The interest in Traditional Asian Medicine has greater significance now in view of the increased usage of alternative care. In fact, it will be more vital for appropriate applications of these systems in the light of academic reviews and studies. Maybe in future IASTAM should concentrate on this aspect so as to provide a platform to examine the use of these systems in a more scientific and appropriate way.

I am also happy to inform you of the activities at our end. The first Pt. Shiv Sharma Memorial oration by Vd. Bhagwan Dash, a well known writer and speaker on Ayurved and Tibetan medicine and the first Prof. K.N. Udupa Award in research for Ayurved to Dr. (Mrs.) G.V. Satyavati, the former

Director General to Indian Council of Medical Research, were organised on 31 January 1999. The Symposium entitled 'GLOBAL DEMAND OF AYURVEDA' was held on the same day where subjects such as education, profession, research and industry were addressed by eight experts."

Dr. Narendra Bhatt, Indian Chapter of IASTAM

e-mail: drnsbhat@bom3.vsnl.net.in

IASTAM DUES AND FEES

Currently the regular IASTAM membership fee is fixed at \$20/£13 per annum for all members. 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/£6.50 per annum.

Payment should be by cheque or money order. Three-year memberships are available and are discounted.

One year: \$20 / ,13 regular membership, \$10/6.50 associate membership

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Please send dues to Professor Vincanne Adams, Treasurer, Department of Medical Anthropology, History and Social Medicine, University of California, PO Box 9850 3333, California Street, San Francisco, CA 94143-0850, USA. Cheques payable to V. Adams, please.

If you prefer, you could send your cheque/postal order (in pounds sterling) to Dr Dominik Wujastyk, Wellcome Library for the History and Understanding of Medicine, 183 Euston Road, London NW1 2BE, England. Cheques payable to D. Wujastyk, please.

IASTAM WEB

<http://www.ucl.ac.uk/~ucgadkw/iastam/>

IASTAM discussion list

See the web page on "Joining IASTAM". The new list is based at www.egroups.com.

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PRESIDENT

Lawrence I. Conrad
Wellcome Institute (London, UK)
l.conrad@wellcome.ac.uk

GENERAL SECRETARY

Kenneth Zysk
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(Denmark)
zysk@coco.ih.ku.dk

VICE PRESIDENT

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International Research Center of
Japanese Studies (Kyoto, Japan)
kuriya@nichbun.ac.jp

TREASURER

Vincanne Adams
University of California
(San Francisco, USA)
vadams@itsa.ucsf.edu

SECRETARY

Dominik Wujastyk
Wellcome Library
183 Euston Road
London NW1 2BE (UK)
d.wujastyk@ucl.ac.uk

CONFERENCE ORGANIZER

Rahul Peter Das
University of Halle (FRG)
das@indologie.uni-halle.de

NEWSLETTER EDITOR

Waltraud Ernst
University of Southampton (UK)
wer@soton.ac.uk
