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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.

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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 acupuncture, 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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Congress of the Indonesian Obstetric and Gynaecological Society, Medan.

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'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.

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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).

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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.

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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.

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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.

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