



ASIAN MEDICINE

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Study of Traditional Asian Medicine

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EDITORIAL

A new IASTAM council has now been constituted (see the section on "Getting to Know the New IASTAM Council Members"), following the earlier call for nominations of candidates. As is appropriate for an international network such as IASTAM, the new members come from a wide range of disciplines and national backgrounds, which is bound to facilitate scholarly exchange and institutional (and individual) networking on Asian medicines. This is of particular importance in the run-up to the next International Conference on Traditional Asian Medicine. Also, I am sure that the new Council members would, like me, appreciate any ideas and suggestions from IASTAM members about what could or should be done in our field. Please take this as an invitation to make the Council aware of relevant or contentious or just simply interesting issues. You may also wish to contribute to future issues of the newsletter. Letters to the Editor, like those in response to the last Editorial on the meaning of "traditional medicine" in the "global age" (see section in this issue) are most welcome. However, information on new projects or networks, on new approaches or

the enduring value of old ones, are equally encouraged.

Having got carried away a bit, at my desk as well as in the kitchen, when reading about soups and meat broths in the Mongolian, Chinese and Ayurvedic medical traditions (see *A Soup for the Qan* and *The Aroma of Meats* in this issue), I would be interested to hear if other scholars and practitioners, too, have been intrigued by the fact that in some medical traditions the boundaries between a *medical* recipe and dietary prescriptions are not as clear as seems to be the case in modern Western biomedicine. When is food merely a square meal, a luxury feast or gluttonous excess, and when is it an aide to better health? Even in Western countries the role of diet in disease prevention has lately gained an increasingly high profile and professional dieticians have come to join public health care teams and general practitioners' surgeries.

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SOURCES ON SENNA IN TRADITIONAL INDIAN AYURVEDIC MEDICINE

By Dominik Wujastyk

Senna is prepared from cassia. There are several members of the Senna/Cassia family, probably mentioned in Sanskrit ayurvedic texts from about the beginning of the common era (2000 years ago). Cassia *absus L.*, *C. auriculata L.*, *C. fistula L.*, *C. occidentalis L.*, *C. tora L.*, *C. alata L.*, *C. glauca, Lam.*, *C. mimosoides, L.*, *C. obovata, L.*, *C. obtusifolia, L.*, *C. siamea, Lam.*, and *Senna sophera, (L.) Roxb.* (= *C. eoromendeliana*) are all apparently present in the texts. I say "probably" and "apparently" since of course there is the historical problem of matching up a 2000-year-old Sanskrit name with a more recent Linnean name.

Of these, *C. fistula L.* is really the only one which plays a major part in the old traditional Indian materia medica. English names for it are golden shower tree, purging cassia, Indian laburnum, and pudding pipe tree. The Sanskrit name is "*aragvadha*", with many synonyms. In many recipes from the earliest period it is used, as one would expect, as a laxative (pulp of pods) but also for skin diseases, for example ringworm (leaves, stem bark), and for fever (leaves).

Other relatively old plants, but not commonly used, are *C. absus L.* (Sanskrit names: *kulatthika, caksusya*), which is used especially for eye conditions, and *C. tora, L.* = *Senna obtusifolia (L.) Irwin & Barneby* (Sanskrit names: *cakramarda, prapunnata*).

Some other Cassia/Senna plants have apparently been cultivated in India since about the sixteenth or seventeenth century, but as relative newcomers they have no well-established Sanskrit names. These include *Senna alexandrina Mill.*, "True

Senna", or "Alexandrian Senna" (which is probably the same as *C. lanceolata, L. & Forsk.*). This is the plant best known in western herbal medicine as an effective laxative under the simple name "Senna". The English names used in India are Tinnevely Senna or Indian Senna. But there is no really old Sanskrit name for this plant (although some recent sources call it "*svarnapatri*" i.e., 'gold leaf', a name also used for *C. fistula*). Therefore it may have been introduced to India by Arab or Persian physicians in the last few hundred years, during the time of the Delhi Sultanate or the Mughals ("Senna" is originally an Arabic word, *sana*). Nowadays it is mostly cultivated in South India. The leaves used as a purgative.

C. occidentalis L. (= *Senna occidentalis L.*) has the following English names: Coffee Senna, Negro coffee, Stinking Weed, or Styptic Weed. The Sanskrit name is "*kasamarda*". It is used in many recipes, but especially to quell coughing and wheezing. Although this plant has a Sanskrit name, *Senna occidentalis* is another fairly recent import to India. However, there is evidence that in the eighteenth century the term "*kasamarda*" was applied to *Senna sophera (L.) Roxb.* But again, *S. sophera* is a South American plant in origin and would not have reached India before the sixteenth century. So ancient "*kasamarda*" could be any similar plant that was present in India in ancient times.

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INTERNATIONAL TRUST FOR TRADITIONAL MEDICINE KALIMPONG, NORTH- EASTERN HIMALAYAS, INDIA - A PROFILE.

By Barbara Gerke

On the fringes of the Darjeeling Hills, a 12 km drive uphill from the river Teesta, at an altitude of about 1250 metres, a small but fast growing township appears on the summit - Kalimpong. The area offers a temperate climate throughout the year, and many nurseries have sprung up on the various hill sides over the years.

Once the seat of Bhutan's ministers, and the gateway to the Lhasa-Kalimpong trade route, the township has attracted many Tibetan and Indian scholars since the 1930s, including Dr. George Roerich, Rahul Sankrityayana and Gedun Choepel.

Inspired by its historical legacy and congenial climate, the International Trust of Traditional Medicine (ITTM) was founded in 1995 by a small group of dedicated researchers and scholars (of Mongolian, Indian and German origins). The Trust's main aspirations are to pursue the study and research of traditional medicine, especially that of Indo-Tibetan and allied origins. The Centre "Vijnana Niwas", 3 km outside of town, offers a natural and scholastic environment for research and intensive group activities on self-renewal and inter-personal effectiveness.

Currently, a medical glossary database is being prepared. The medical terms are based upon the seventh-century Ayurvedic Sanskrit text Astangahrdayasamhita by Vagbhata and its eleventh-century Tibetan translation, along with German and English equivalents.

The library offers a reasonably good collection of original Tibetan medical

literature. From these texts, an annotated bibliography is being prepared. Two young Tibetan Research Assistants, who have been trained at ITTM with the support of Asian Classics Input Project (ACIP), have been working on the input of all available Tibetan medical texts into computers since April 1999.

The garden premises, belonging to the Founder Patron and Trustee, Professor Lama Chimpa, an eminent Mongolian scholar specialising in Tibetan Studies, have been transformed over the past three years into a biodynamic garden. The garden is presently undergoing expansion for the purpose of cultivating Tibetan and local medicinal plants under biodynamic conditions. The project is supervised by a specialist on biodynamic cultivation and a qualified Tibetan doctor.

Both traditions, Ayurveda and Tibetan medicine, require an immense amount of translation, research and documentation in order to find their rightful place within the Western Alternative Health Care matrix. ITTM attempts a modest contribution in this direction.

The Trust publishes a periodical, *AyurVijnana*, with research articles, book reviews and interviews with medical practitioners. Six volumes are available on request, and articles can also be downloaded from the ITTM Homepage at: www.kreisels.com/ittm
All publications are funded by the support of individual(s) and institutional sponsors.

Creating an ambience of healthy learning and unlearning experience that allows intensive research in medical traditions as well as for personal healing and growth has been one of the mainstream activities of the Centre.

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TRADITIONAL CHINESE MEDICINE AT THE UNIVERSITY OF TECHNOLOGY SYDNEY, AUSTRALIA

By Warren M. Cochran

The College of TCM exists within the Department of Health Sciences, Faculty of Science, at the University of Technology (until 1985, the New South Wales Institute of Technology) which is a vocational education-based central Sydney university with a student population of about 24,000. A health science degree in acupuncture has been offered since 1992, and in 1996 a degree in Chinese herbal medicine was added. In 1999 the first intake of undergraduates for the new combined four-year degree in both acupuncture and herbal medicine was enrolled. On offer is also a two-year part-time course work Masters degree in Chinese herbalism. The current intake for the latter programme is 40, with about 250 students in total for the College of TCM. This also includes a number of international full-fee paying students.

My association with UTS began in 1995 while I was in private practice as a practitioner of Traditional Chinese Medicine. I set up a course in the historical development of TCM which I have been teaching, modifying, and developing ever since. The twelve two-hour lectures are currently taught in the second semester of the second year. I also offer the same series

as a guest lecturer at both the Sydney Institute of TCM and the undergraduate programme at the University of Western Sydney. This aspect of the course complements the clinical / practical components of the curriculum, which also contains a thirty per cent Western science module. Most of our graduates end up in some form of private practice.

The clinical requirements of the degree stipulate 700 hours of supervised training in both the college acupuncture and herbal medicine clinics. Our students are also encouraged and assisted to undergo a one-month internship programme in a teaching hospital in the Peoples Republic of China. I was very fortunate to experience three months working in the Red Cross hospital, Hangzhou, Zhejiang Province in 1989. Currently I am running the UTS Herbal Medicine Clinic, treating patients one day a week, as well as teaching herbal medicine to both undergraduate and Masters students. My colleagues are all trained practitioners of TCM and all six of them work regular hours in either of the two clinics. Both are open to the general public.

Last July, UTS hosted the Fifth Australasian Acupuncture and Chinese Herbal Medicine Conference, with a total of 20 papers being delivered on all aspects of Chinese medicine. The event alternates each year between UTS and the sister institution, Victoria University of Technology in Melbourne. Although new to the university fraternity in this country, TCM is gradually establishing a research profile. Currently we have seven candidates in the Masters by Research programme with one PhD student so far.

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THE ASIAN AGRI-HISTORY FOUNDATION

By Y L Nene

The Asian Agri-History Foundation (AAHF), a non-profit trust, was established and registered in 1994 to facilitate dissemination of information on agricultural history to promote research on sustainable agriculture in the South and Southeast Asia region. This region had generally provided food security to its population for several millennia, with only occasional famines in a few limited pockets (due primarily to drought). Farmers in the region had evolved some of the most sustainable agricultural management technologies suitable for different agro-eco-regions. In recent years, however, South and Southeast Asia have often been projected as food-deficient regions where mass-scale starvation could occur in the future despite the fact that modern technologies have been adopted over large areas. Ironically, in the past few years, the sustainability of agriculture by following modern technologies has been questioned, and with good reason. How can we make the agriculture in South and Southeast Asia sustainable? The trustees of AAHF believe that there is a great deal to be learnt from the traditional wisdom and the indigenous, time-tested technologies that have sustained the farmers of south and Southeast Asia in the past. The historical perspective of gradual development of traditional technologies will provide clues for understanding how farmers adjusted to changing environment in the past, and for developing appropriate technologies leading to prosperous, sustainable agriculture.

Objectives: 1. To disseminate information on the history of agriculture in the South and Southeast Asia region. 2. To stimulate interest in research on the history of agriculture in South and Southeast Asia.

Activities: Publishing an international quarterly journal called Asian Agri-History; publishing translations of old manuscripts/papers into English; encouraging and supporting research in universities and other institutions; promoting inclusion of Agri-History in the curriculum of agricultural universities; organising seminars, conferences, and lectures to promote exchange of information and collaboration among interested scholars; establishing a database and a library dealing with publications on the history of Asian agriculture.

The April 2000 issue of Asian Agri-History (Vol. 4, Number 2) contained articles on 'The Royal Botanic Garden, Calcutta', 'A Future for the Indian Village', 'Agrarian Structure and the Peasantry in Pre-modern India', 'Coconut in the Folk Culture of Orissa', 'A Note on Surapala's Vrikshayurveda', 'Useful Plants of India: Opium Poppy and Tobacco', and 'Kautilya's Artha-Sastra: Forests and Wild Life'. Volume 4, Number 3, contains 'History of "Soma": The Divine Liquor and other Spirituous Liquors of India', 'Biodiversity of Wild Fruits in the Western Himalayas', 'Botanical Insecticides: A Historical Perspective', and other features. The next issue (Vol. 4, No. 4) will be available in October 2000. Topics in that issue will be 'Soma of the Aryans and Ash of the Romans'; 'Exotic Medicinal Plants: Antiquity in Ayurveda and Ethno-medico-botany', 'Methods of Rainfall Forecasting for Agriculture', and 'Trees in Ancient Literature: The Banyan Tree'.

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FORTHCOMING CONFERENCE

INTERNATIONAL CONFERENCE ON TRADITIONAL ASIAN MEDICINE

2002, HALLE, GERMANY

The 5th International Conference on Traditional Asian Medicine (an IASTAM conference) will take place on 18 to 24 August 2002 in Halle, Germany. Arrival and registration will be on the 18th, the opening ceremony on the 19th, and the closing ceremony on the 24th. The theme for the conference will be "Tradition and Innovation".

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CONFERENCE REPORTS

DUNHUANG 2000: THE MEDICAL MANUSCRIPTS Report on Project & Conference

By Christopher Cullen & Vivienne Lo

With so many Asian, European and American historians and philologists convening on 9th and 10th September for "Dunhuang 2000", the two day conference might have turned SOAS and the Needham Research Institute into twin Towers of Babel. In the event the academic exchanges were so rich and stimulating that the subtle shifts between English and Chinese,

Japanese and French happened so fluently that no one really seemed to notice.

The conference was the culmination of a research trip undertaken by four eminent scholars from the history departments at the Chinese Academy of Social Sciences and the Academy of Research into Chinese Medicine, Professors Xie Guihua, Wang Shumin, Zhao Ping'an and Liu Lexian. Their visit to England was to mark the centenary of Sven Hedin's (1865 - 1952) excavation of the first bamboo manuscripts from a Wei/Jin dynasty tomb in January 1901, the find which stimulated a new era of research into ancient Chinese manuscripts. The travel and maintenance expenses for both project and conference were met by a generous grant from The Wellcome Trust. Additional grants were received from the Universities China Committee, the Sino-British Fellowship Trust and the British Academy.

During their stay the four scholars spent nearly three months in the Oriental and India Office Collections Reading Room at the British Library, painstakingly examining the 50 or so Dunhuang Manuscripts related to medicine. We are all very grateful to Dr Frances Wood, head of the Chinese section, and Dr Susan Whitfield, head of the International Dunhuang Project (IDP), for receiving the scholars and looking after their interests in the library. Special thanks are due to Graham Hutt and Colin Chinnery for the tremendous daily effort they put into locating, making available and organising the photography of the specific scrolls requisitioned. The scholars' work involved closely comparing existing transcripts of the manuscripts made on the basis of old photographs and microfilm, with the original paper scrolls. In consequence we will soon have a brand new transcript determined by the best of Chinese medical historians and philologists and this will shortly be available on the IDP website (<http://idp.bl.uk>) (see fig 1: corrections to a

passage of an existing transcript made possible by comparison to the original scroll). Many of the manuscripts were fragmented and the collation and transcription work involved piecing together images and sections of texts that had been catalogued separately. In this way it has been possible to restore manuscripts to their original shape.

The first day of the conference was held in the tranquil surroundings of the Needham Research Institute. Dr Christopher Cullen, Director of Research of the SOAS Centre for the History and Culture of Medicine, welcomed participants to the conference. He said how very glad he was that the Centre had been able to take the initiative in helping to nurture so many fruitful scholarly contacts. The meeting was restricted to sinologists and conducted mostly in the most common language which was inevitably Chinese (given the increased numbers attending on the following day the official language changed to English).

We heard many fascinating papers: on both days Zhao Ping'an gave us numerous concrete examples of the difficulties in reading the original graphs on the manuscripts, describing in detail the potential graphic and phonetic variations, and the difficulties in interpreting popular and ancient forms of common words. Wang Shumin produced abstracts of all of the medical manuscripts stored at the British Library and at the Bibliotheque National in Paris. These have been translated and will be available shortly on the IDP website. She also reported on her collation and transcription work of which an outstanding example was the restoration of one figure of a collection of 18 images of the human body, depicting the locations for and methods of applying moxibustion to the body. In the original repair the restorers had pieced together one upper posterior section of a figure with a lower anterior view rendering the accompanying text and

moxibustion method unintelligible. Once reconstructed, both text and figure flow together and give us an account of how to treat the syndrome, 'Wind weariness' (see the unlikely juxtaposition of kneecaps and vertebrae in the original repair fig. 2).

In the afternoon Wind in its relationship to madness in the Dunhuang manuscripts was the subject of an excellent paper by Chen Hsiufen, a PhD candidate at SOAS. Dr Elisabeth Hsu followed with a detailed account of the structure of the case histories of a Han physician, recorded in the official history of the Han period.

Many of the papers gave us an insight into the difficulties of working with the manuscripts, but ultimately how rewarding that work can be. Professor Xie Guihua gave us a keen analysis of how selective transcription of sections of text can distort their original intention. He took a passage from an existing transcription that appeared to recount a medical remedy, and read and interpreted it from his own new transcription of the entire scroll from which it had been plucked. Back in context it was immediately evident that this was not a remedy for swallowing as a drug, but one in which the drugs were used to 'magically' create a mannikin. When accompanied by ritual steps and incantation the mannikin assisted in controlling the movement of the spirits.

Susan Whitfield opened the SOAS meeting with a richly illustrated introduction to the Dunhuang manuscripts and the work of the International Dunhuang Project. Xie Guihua's second paper on Sunday, describing the actual practice of military medicine on the front line in Han times, came from his new transcriptions of bamboo records in the British Library recovered from military beacons and rubbish tips along the Great Wall defences in north-west China, in and around Dunhuang.

By throwing new light on excavated materials from Dunhuang and other sites in North-west China, now stored in Japan and other locations, Dr Mayanagi Makoto's paper resolved the debate about the original structure of *Bencao jizhu* (Collected Commentaries on the Pharmacopoeia), the text that laid the foundation for the mainstream of Chinese materia medica. On the subject of pharmacology Dr Morimura Ken-ichi gave us some insight into how the practice of pharmacology changed from Han through to Tang times, and pointed out that the kind of drugs used in the Dunhuang remedies were much stronger than those in earlier collections and potentially poisonous. His observations provide a platform for important research into the nature of experimentation with both medical and pleasure drugs in mediaeval China. Wang Shumin's description of what we learn about the lost book *Tangye jingfa* from the Dunhuang manuscripts also paved the way for a new history of the medical ideas contained within Zhang Zhongjing's well-known *Shanghan lun* (Treatise on Cold Damage), the basis for much modern day 'traditional' Chinese medical practice.

Dr Liu Lexian followed Professor Xie Guihua's presentation on Saturday by giving us an excellent introduction to one form of iatromantic divination. Both papers emphasised the difference between what we today define as 'medical' and mediaeval Chinese medical practice which shared very thin boundaries with the techniques of divination, 'magic' and self cultivation - a theme that was to recur throughout the whole conference. On Sunday in a subsequent panel on divination Professor Marc Kalinowski gave us a comprehensive background to the relationship between popular religion and shushu 'numbers techniques' and the sub-categories of medical divination. Professor Catherine Despeux provided a concrete example in her analysis of Dunhuang physiognomy and medical diagnosis through the countenance and complexion. Professor Liu

followed with a comprehensive introduction to Dunhuang techniques for 'stealing women and wives', once categorised together with other more familiar medical practices.

Professor Sakade Yoshinobu differentiated healing with 'tuo' and 'pen' in the Mawangdui medical manuscripts. These are two different forms of 'spitting and spouting' with saliva or water over patients suffering from such illnesses as snake or lacquer poisoning. The emphasis on the power of oral healing techniques continued on to the SOAS meeting where Professor Sakade gave a well-informed rendition of breathing techniques for strengthening the inner organs as witnessed in the Dunhuang medical manuscripts. A lively debate ensued about authentic medieval enunciation of the sounds intoned by the adepts in connection with these techniques. Sumiyo Umekawa delivered her paper on the relationship between early sexual cultivation literature and a Dunhuang poem detailing related sexual techniques. Apart from inevitable interest in the techniques and such subjects as mediaeval Chinese attitudes to homosexuality, she stimulated a discussion about the flow of restricted sexual cultivation literature in literati circles.

A concern for how text and theory translated into practice was an inevitable consequence of the make up of the audience, some 15 of the 50 or so attendees being practitioners of traditional Chinese medicine. The practitioners were especially interested in Professor Despeux's paper on facial diagnosis as well as the panel on the relationship between self-cultivation and medicine. Vivienne Lo's paper, which described the earliest extant images of moxibustion points and their relationship to popular practice, was designed to stimulate thought about how history is relevant to the modern day research and practice of traditional medicine. Altogether the conference produced more than enough

abstracts and papers of quality to make up a scholarly book. We anticipate that publication of the proceedings of the conference will provide a useful research tool for those in the field, and be of sufficient general interest to engage those involved more broadly in the history and practice of medicine.

Apart from raising the profile and accessibility of the Dunhuang medical manuscripts for scholarly research into the history of Chinese medicine, among the considerable achievements of the Dunhuang 2000 project and conference we can count an immediate impact on the profession itself. A positive appraisal of the conference written for the British Acupuncture Council newsletter which admits that, 'in all honesty, I lacked the historical or linguistic background in order to make competent sense out of all of the material. Even so, there was more than enough that I could connect with what I did know. This had great value in adding to and stretching my knowledge of the traditions', ends with the praise, 'the level of international co-operation and goodwill that existed at this event displayed a rare generosity of spirit that was quite touching'.

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**WELLCOME SYMPOSIUM ON
ADVANCED RESEARCH IN
COMPLEMENTARY
MARCH 2000, LONDON**

By Rey Tiquia

The new millennium began with a 'big bang' for complementary and alternative medicine (CAM) in London. On 10 March 2000 a 'closed' research conference on complementary and alternative medicine(s) convened in London under the auspices of the Wellcome Trust. Seventy-eight international delegates attended the research meeting. Most delegates are working in the emerging field of CAM research. A significant number of the delegates are Western laboratory-based medical practitioners doing research on CAM. There was a big contingent of CAM researchers from Britain and the United States, as well as a number of delegates from other European countries and Australia. As president of the Alliance of Chinese Medicine Associations of Australia, this author was invited to attend and 'facilitate' a workshop for the research meeting.

The Wellcome Trust is an international biomedical research and charity institution established in London under the will of the late American pharmacist entrepreneur Sir Henry Solomon Wellcome (1853-1936). Henry Wellcome, together with Silas Mainville Burroughs, established the pharmaceutical firms Burroughs Wellcome Co. in England which pioneered the large-scale manufacture of compressed pharmaceutical drug tablets. Subsequently, Henry Wellcome established chemical and physiological laboratories in London which, in 1894, produced the diphtheria antitoxin.

In the context of the situation in Great Britain, complementary and alternative

medicine(s) refers to a heterodox collection of discrete health care practices which differentiates themselves individually and collectively from the orthodox practice of Western laboratory-based medicine. It includes such modalities as Acupuncture, Alexander Technique, aromatherapy, chiropractic, healing, herbal medicine, homeopathy, hypnotherapy, massage and body therapies, naturopathy and nutrition, osteopathy, reflexology, shiatsu and yoga. It should be noted that among this range of CAM healing traditions, traditional Chinese medicine (TCM) as a distinct body of medical knowledge and practice is not included as such. Instead two of its modalities, acupuncture and herbal medicine, supposedly are TCM representations in this line-up of alternative therapies in Great Britain.

Here in Australia, where TCM has a history of more than 150 years, TCM as a body of medical knowledge and therapy is a significant, equal member of a growing family of healing traditions, including homeopathy, naturopathy, chiropractic, shiatsu, massage, osteopathy and Western laboratory-based medicine (WLM). The enactment of the Chinese Medicine Registration Act 2000 in May of this year in the Victorian Parliament legitimises this plurality of medical traditions in Australia. This Act of the Victorian parliament also inaugurates a 'reconciliation space' or a translating knowledge space between TCM and WLM.

During the morning plenary session of the CAM research conference, CAM researchers from Britain, Europe and the USA spoke of research activities in their respective regions. There was question time reserved for each speaker. The afternoon was devoted to workshops where delegates split into several smaller groups, and important issues related to CAM research were discussed.

It is interesting to note that each major plenary sessions speaker cited a TCM modality in their presentation. The director of the Wellcome Trust, in his opening remarks, spoke about the use of *Qing Hao Su* as front line treatment of malaria in South East Asia. The keynote speaker, Professor S. Holgate, related stories on acupuncture; while the major presenter from Europe, Dr. D. Aldrige, introduced the use of an innovative practitioner-based research methodology in looking at two TCM disciplines: *Qigong* and *Yang Sheng* (Nurturing Life).

Stephen Holgate, a professor of immunopharmacology from the University of Southampton and chairman of the Research and Development Working Group for the Prince of Wales Initiative on Integrated Medicine gave a talk on CAM research in the UK. He spoke of reasons why people "vote with their feet" and try out alternative therapies. Fear of side effects from orthodox treatments and people wanting to help themselves were amongst these reasons. He also complained of a lack of an evaluation culture in CAM as well as the heterogeneity in CAM. Above all, he stated that orthodox practitioners want to know the 'plausible mechanism' (science-based) on how CAM works, namely the mechanisms underlying the above-mentioned 14 different CAM medical traditions.

After his presentation, during the open forum, this author made the suggestion that in order to know how each of the CAM therapy 'works', it is only practical and scientific that researchers should 'follow each CAM practitioner' and see 'how they work', in the same fashion as the French philosopher of science Bruno Latour follows scientists around to see how they work, thereby getting a knowledge of 'how science works'. To this Professor Holgate replied that this was a very helpful suggestion. However, he pointed out that

quite remarkable discoveries have been made in the technology front that enable us to remodel science. He referred to an article recently published in the prestigious *National Academy of Science Journal* about brain imaging and the changes in blood flow and metabolism. Researchers were able to show that by pricking one particular area on the foot, the vascular pressure fell and an area in the brain lit up as the needles were put somewhere else. It is this sort of research that needed to be carried out if CAM was to be accepted by and integrated into WLM.

I would have been more interested in 'practical engagement'. For example, in working out how a needle 'prick' gets translated into 'acupuncture' or vice versa through the medium of diverse clinical practices, instead of 'reducing' these practices into the monolithic frame of WLM.

Dr. Simon Strauss, Director of the National Committee on Complementary and Alternative medicine in the US discussed the status of research on CAM in the United States. He had introduced the system of investigators funded by the committee doing research in conjunction with CAM practitioners. Most of the members of the US delegation I spoke to before, during and after the conference were all very much set on one method of research into CAM: Randomised Controlled Trials (RCTs). In one of the workshops I participated in, which was chaired by Dr. Alfred Fishman from the University of Pennsylvania School of Medicine, Dr. Fishman emphatically stated at the outset that there was only one research methodology and nothing else: RCTs. Let every foot within CAM fit the universal shoe of RCTs!

The last major plenary speaker was Dr. David Aldridge, a British researcher doing medical research work in Germany. Dr. Aldridge pioneered research on music as

therapy. He is an advocate of the use of the single-case design methodology. Contrary to Dr. Strauss' advocacy of 'investigator-led research', Dr. Aldridge proposed 'practitioner-based research' and a methodology which does not abdicate any element of the therapist's practice. He claimed that research skills are based on the experience of clinical practice and appropriate methodologies. He stressed the point that social scientists must bring rigor into science.

Rey Tiquia is currently finishing his PhD studies at the History and Philosophy of Science Department of the University of Melbourne, Australia. His thesis is on how to improve the conversation between TCM and WLM.

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REVIEWS

Paul Buell and Eugene N. Andersen, with an Appendix by Charles Perry, *A Soup for the Qan: Chinese Dietary Medicine of the Mongol Era as seen in Hu Szu-hui's, Yin-Shan Cheng-yao*. The Henry Wellcome Asian Series. (London and New York: Kegan Paul International, 2000). £150.

A Soup for the Qan is the culmination of twenty years of Mongolian studies for Paul Buell. It is jointly authored with Eugene Andersen who has published separately on Chinese culinary traditions. In a beautifully bound volume they provide us with the first translation of, complete with introduction and commentary to, the *Yin-shan cheng-yao* (Proper and Essential Things for the Emperor's Food and Drink), a dietary manual and recipe book presented

to the Mongol Emperor at the Yuan court in 1330 by the court dietary physician Hu Szu-hui (a position he had held for over ten years). It is an unparalleled contribution to the study of early Chinese food culture, its materia dietetica, cuisine and medical values. This is a field that is not well endowed with scholarly translation and analysis in European languages. For those who read classical Chinese the translation of each section is preceded by a handsome reproduction of versions of the 1456 edition which faithfully reflects extant sections of the original Yuan edition.

The authors present their translation and study as a new perspective on the history of Mongolian imperialism. Outside of the select field of Mongolian studies that history has only ever been disseminated in cliches of plunder and rape. Here, for the first time, through the less sensationalist and more sensual medium of the range of spices and ingredients, cooking technology and dietary philosophy, we have another view of how the Mongol world order came into being. In this story the pervasive Mongolian presence emerges as a vehicle for effective cultural assimilation and dissemination throughout Asia during the thirteenth and fourteenth centuries. The introduction is broad enough to hold the interest of a general readership, and the quality of scholarship places their translation and textual analysis at the forefront of sinological and Mongolian studies.

The Mongol emperor became the pivot of three diverse cultural spheres: the Mongolian heartland, the Chinese empire and the Muslim communities of Turkistan, Northern Iran, portions of the Caucasus and the Pontic Steppe. At a local level not one of these three spheres of Mongol influence had cultural or historic unity. But the Mongols, dispersed across a vast territory and lacking the concentrated manpower and expertise for effective administration themselves, were open and receptive to

local bureaucratic structures and, simultaneously, cultural exchange at a more mundane level.

At court in China they celebrated their mastery of the universe with a level of internationalism never before witnessed in the more inwardly looking Chinese courts. In culinary terms this seems to have manifested itself in a blend of Mongol food, Muslim spice and, sometimes, Chinese cooking methods, overlaid with Chinese medical philosophy. Buell and Andersen suggest, for example, that the Mongol court brought to China an easy enjoyment of food, borne of the intimacy and indulgence of Islamic family life and its taste for spices, sweets and fine pastries. They contrast this with what they perceive as an ethnically Chinese structuring of food culture that reflected ritual relationships between family, state and cosmos.

Yin-shan cheng-yao is the first true Chinese cook book in the sense that it not only contains food lore and philosophy, but also gives a guide to the preparation of over 200 dishes. Hu Szu-hui has been rigorous in setting out ingredients by weight and follows a formula for each recipe. The chapters from *Ch'i min yao shu*, a sixth-century agricultural manual, which describes how to make fermented sauces, meat jellies, pickles, vegetarian dishes and dumplings, provide one earlier Chinese source for recipes, but we are not given any translations for comparison. In contrast, just before the conquest of China, we are told that the mediaeval Arab world enjoyed a 'fully developed cook book literature' with the first example of practical recipe collections dating to tenth-century Baghdad. Buell and Andersen speculate that this structured cookbook may have followed in the wake of the Mongol conquest.

Most of the recipes reflect the culinary preferences of the Mongols, traditionally a nomadic and herding people, some of who

were also hunters and gatherers. In a pastoral life the most practical choice is to roast meats or to boil raw foods - in this case particularly mutton and wild meats together with fermented milk products, wild vegetables, fruits and berries - into the *sulen* or soup of the title of this book. A *sulen* could be a kind of soup-casserole, or left to absorb the fluids so that the grains were just moist with the juices of the stock. Classic Mongolian flavouring came from the large cardamom and vinegar; for oil and fried foods they cooked in the fat taken from the tail end of the enormous rump of their sheep; grains were often boiled in milk products from horses and sheep. They were also particularly fond of drinking *kumiss*, a mild fermented mare's milk.

In the unique spicing of *Yin-shan cheng-yao sulen* the authors show how Mongolian recipes are Islamicised through Turkic influence. Normally boiled bland 'to bring out the essence of the ingredients' with little more than leeks, onions, cardamom and vinegar to enliven them, the *Yin-shan cheng-yao sulens* uniquely use fenugreek, cinnamon, cumin and asafoetida as well as pulverised chickpeas for thickening. Turkic influence is also evident in finely milled flours made into early forms of the phyllo pastries, Turkic stuffed breads, as well as the various jams, jellies and syrups. Many of the ingredients with an origin in the Near and Middle East are not new to China in the fourteenth century, but the particular flavour and ingredient combinations are unmistakably Islamic. But determining decisively in which respects Hu Szu-hui's work was innovative requires, in the words of Francoise Sabban, 'a study of the use of spices in China from antiquity to the time of Hu Szu-hui's writings' - a mammoth task.

The complexity of differentiating the influence of one non-Chinese cultural group from another in Mongol court culture, and in *Yin-shan cheng-yao* in particular, manifests itself clearly in the

microcosm of linguistic debate - and is testimony to the great feat of translation that the authors have accomplished. *Yin-shan cheng-yao* is written in Chinese but contains 23 Mongolian terms and phrases and 51 Turkic or Turkicised words from other languages. These terms are sometimes transcribed with approximate phonetic equivalents, presumably in Northern Chinese dialects, into Chinese script. Frequently exact equivalents are mediated through the selection of Chinese graphs that also convey part of the meaning of the term. But how can we determine what these terms refer to in this text? Have migration, different agricultural domains, dialect and then the passage of time, and yet further translation altered referents? Where an English translation is given confidently, a close reading of the notes might reveal serious scholarly debate over the exact reference. Consider the complexities of rendering, and then recognising, shish-kebab in China, or reassess the meaning of *mantou*, the traditional plain steamed wheat bun of north China, when it refers to stuffed breaded meat or comes wrapped in aubergine skins.

Similarly, we can look for cross cultural influence in *Yin-shan cheng-yao* food technology: the know-how for noodle production was available in China from Han times, and the arrival of fine milling of wheat owes its origin to a much earlier era of dissemination of ideas from the Middle East. But the terms for rack-dried, fried, stuffed and blood noodles along with their production methods are often given with Turkic words that are associated with Islamic noodle making.

Any study of the *Yin-shan cheng-yao* builds on the pioneering work of such scholars as Sabban and Herbert Franke who have separately written about the Yuan materia dietetica. Sabban has also produced excellent articles about fermentation and the importance of milk and milk technology

from the Tang period. Buell and Andersen challenge Francoise Sabban's view that the *Yin-shan cheng-yao* represents a Chinese 'refinement' of Mongol tastes. On the one hand they demand a finer definition of what has been considered purely Mongol (Turkic/Islamic etc.) and on the other they question how far the veneer of Chinese medical influence or Chinese culinary technique penetrates the recipes themselves.

As the authors point out, it is the pervasive medical structure and content rather than the recipes of *Yin-shan cheng-yao* that have ensured continuity of Chinese interest in the Yuan dietary. The recipes are sandwiched between substantial tracts on longevity, foods to avoid or not to combine, how to behave in pregnancy, and miscellaneous precepts for hygiene and deportment taken from some well known early Chinese sources as well as lists that are unattributed and therefore presented as general knowledge. The strength of this first translation and introduction is in its treatment of the culinary tradition. It also provides an invaluable research tool for medical historians, especially those who wish to develop an understanding of the historical relationship between Chinese food and medical culture. It will also be fascinating to see a textual analysis of the self-cultivation and hygienic elements of the book. The richly illustrated classification of foodstuffs that constitutes the whole of the third chapter reflects the contemporary Chinese agenda of those medical theorists of the Song, Jin Yuan period who put a great deal of effort into classifying all edible plant and animal life according to the medicine of systematic correspondence.

Despite, indeed perhaps because, of a high degree of organisation in the text, medical values are not consistently assigned: at times there is a sense that the authors of *Yin-shan cheng-yao* ran out of steam, perhaps recognising the futility of dry

categorisation of foreign foodstuffs in the absence of a received wisdom. In the description of Roast Wolf Soup the dilemma is clear, 'ancient *bencao* do not include entries of wolf meat. At present we state that its nature is heating it warms the five internal organs and warms the centre'. As far as received and applied wisdom is evident through the categorisation we can identify therein a familiar blend of empirical evidence, sympathetic magic and miscellaneous beliefs from all the many cultural influences. In the first chapter, many of the grain recipes are given a rather formulaic medical value. The majority 'supplement the centre and increase *qi*'. Most of the Mongolian meat recipes, on the other hand, are not assigned medical value. Those that are, are loosely classified according to sympathies, namely 'Boiled Sheep's Heart' treats heart energy agitation, while the loins treat lumbago. In contrast the thinking behind the medical action of the fruit and vegetable recipes of chapter two seems more sophisticated and most recipes are specifically related to illnesses.

The *Yin-shan cheng-yao* recipes, although catering to the unique characteristics of Mongol taste, addressed a Chinese audience and therefore assumed some knowledge of the food culture of both fourteenth-century Mongol and Chinese court cuisine. Unfortunately, just as in most cookery books, there are substantial ellipses in the step-by-step guide to preparation. Buell and Anderson occasionally refer to 'cook-testing', a process of interactive translation which adds a worldly dimension. They also provide very practical tips in the footnotes where they demonstrate their own wide knowledge of international cookery. At the authors' recommendation I steamed some aubergine stuffed with minced lamb and finely chopped tangerine peel. Served with a strong garlic and herb yoghurt sauce it was a rare delicacy much appreciated by my guests.* *Seu*, an exotic lamb soup/stew

flavoured with enormous amounts of ginger, pepper and cinnamon and cooked with fresh pomegranate juice, had a magnificent flavour and a warming effect. But without the required set of sheep's hooves it did not boil down to the intended consistency. Nevertheless, with a few interpretative flourishes and a little skill this is a great cookery book. The Yuan court chefs are to be congratulated, along with Buell and Anderson who have themselves served up a great feast of Chinese and Mongolian cultural history.

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Mutton, sheep's fat, sheep's tail, onions, prepared mandarin orange peel (cut up finely), 'tender' eggplant (remove the pith). Combine ingredients with meats into a stuffing. But (instead of making a dough covering) put it inside the eggplant (skin) and steam. Add garlic, cream (or yoghurt etc). Finely ground basil. Eat. For convenience I simply used "Tesco's" (supermarket) minced lamb and added a dash of soya sauce, vegetable bouillon and rice wine. It was truly delicious.



Francis Zimmermann
The Jungle and the Aroma of Meats.
An ecological theme in Hindu
Medicine. Vol IV of the Indian
Medical Tradition Series
eds D. Wujastyk and K. G. Zysk
(Delhi: Motilal Banarsidass, 1999).
Rs 295.

This book was originally published nearly two decades ago, in French (1982) and in English (1987), and has since become a classic. Sadly, it had been out of print for far too long, and it is thanks to the editors of the Motilal Banarsidass series on Indian Medical Tradition, Dominik Wujastyk and Kenneth G. Zysk, that it is now again available.

The book is of interest to readers from a wide range of disciplines. Indologists and classicists will find much of relevance here as Zimmermann engages in a detailed analysis of classical Sanskrit treatises, the *Susrutasamhita*, *Carakasamhita* and *Astangahridayasamhita*. At the same time he extends the philologist's view beyond the narrow horizon of textual analysis by highlighting similarities to and exchanges with classical Greek medicine and philosophy. Moreover, Zimmermann shows that the same term ("jungle") connotes different meanings within different historical and cultural contexts. He focuses in particular on the reversal of the idea of the jungle (as an arid and fallow land) to a place of luxuriance and tangled forest, highlighting that the "jungle" as Westerners have come to conceive of it at least since Kipling is an example of the "mirage of exoticism and primitivism" (p. ix). Zimmermann states that his major objective is 'to dissipate that mirage while at the same time attempting to preserve its evocative powers' (p. ix). This he does admirably.

Non-Sanskritist readers might well expect to get bored and bogged down with listings

of specialist terms and lost in the linguistic intricacies of translation, but the book is in fact thoroughly engaging and fascinating to readers with a social science or social historical background. In his introduction Zimmermann explains that the European "great chain of being" is but one example of a perceived hierarchy that attempts to establish an order and guidelines for human action. In India, cosmological and social order was achieved by reference to the order of foods, with the prohibition of flesh for human consumption constituting a means for breaking the chain of violence inherent in the sequence of foods. 'Immobile beings are the food of those which are mobile, those without teeth are the food of those with teeth, those without hands are the food of those with hands, and the cowards are the food of the brave'. The medical doctor makes use of the knowledge of the sequential positions of different foods and their relationships to different environments - the arid, dry and temperate place of the *jangala* or the wet and marshy place of the *anupa* - in order to re-establish (physiological and mental) humoral balance in a particular patient's body. What is anathema and "out of order" to a Brahmin - namely the meat of animals that eat meat, a food linked to violence - becomes a therapeutic agent that produces order and balance in a patient. Similarly, moving a patient to a different environment would affect the person's relation with the land, the soil, and its foods, and thus the state of the whole human being. These ideas of the linkage between person, humours and food/soil/environment have become very popular in Western countries among those interested in "holistic" and alternative medicine. Zimmermann's analysis shows us their roots and the various transformations they have undergone in India and how they have become refashioned (and at times reversed) and integrated into Western cosmologies and alternative medical theories.

The second chapter, on "Populating the Plains", shows particularly well the link between place, fauna and flora and people, and the different values attributed to these. There is the polarity between dry and wet lands, the uncultivated and the irrigated lands, of nomads and peasants respectively. There is also the duality of *jangala* - the dry land, where the antelope lives, where brahminic India dominates, the 'domain of the Aryans', in the heart of northern India - and *anupa* - the wet and forested land, where the antelope does not thrive, and a place inhabited by barbarian tribes (in classical India, but perhaps nowadays as well) who pose a threat to the civilised place in the plains. There is much here that is relevant to those who work on the historical background of social stratification and discrimination in present-day India.

The next chapter, on "The Indus and the Ganges", shows the complexities of the relationship between the 'civilised' and the 'barbaric', the shifting boundaries between these, and the discrepancy between 'what the texts say and what the biogeographical reality reveals' (p. 72). Using the example of the doctrine of the Ganges as 'beneficent' and 'pure' (although it should according to the classic schema of waters be classed as 'unhealthy'), Zimmermann discusses how scientific discourse is impregnated with religious tradition and normative reverberations. He also shows how apparently contradictory maxims are reconciled in the commentaries to the classical texts. The fact that particular terms are conceptually over-determined eases the process of multiple meaning attribution, and ultimately facilitates processes such as, for example, the reversal of the meaning of "jungle".

In this chapter it also becomes clear how Ayurvedic categorizations of environmental and nutritional qualities also impact on the categorization of people. Individual or personal hygiene has the

potential to merge with social hygiene and political aspirations, as when vegetarian India distinguishes itself from the warlike and meat-eating regions of the north and the northwest, as well as from the rice-eating people of the south. Zimmermann's sources originate from the land between the Indus and the Ganges, *Madhyadesa*, the place that conceived of itself as the very centre from which human geography unfolded and against which all other areas were measured. Ayurveda is part of brahminic science and as such is based on an idealised, normative discourse.

The following three chapters, on 'Zoology in Pharmacy', 'Logic and Cuisine' and 'The Flesh of Eaters of Flesh' have a more philological and technical focus, but even here Zimmermann manages to engage the otherwise specialised reader. In the first of these chapters he contrasts Western and classical Indian understandings of 'science' and 'myth' and introduces in a clear and easily accessible way the idea of Ayurveda as a system of multifaceted thought. The subsequent two chapters provide illustrations of this point. The chapter on 'Logic and Cuisine' will be particularly relevant to those interested in the similarities and differences between classical Western and Ayurvedic medicine. I became particularly involved in Zimmermann's persuasive argument that in regard to Ayurvedic literature, and poetry in particular, is part and parcel of the history of science. He argues that since 'Hindu medicine gave birth to a science of texts and recitation, a study of style and literary forms will be quite simply a study of how scientific knowledge is formed. The epistemologist must therefore become a student of poetics' (p. 135). (At this point, if not earlier, I began to wish that I had become a Sanskritist rather than a social scientist and medical historian.)

In chapter 6 Zimmermann shows how Ayurveda has been adapted more recently to fit in with Western ways of thinking

about anatomy and physiology, and how these categories were not only alien to Ayurvedic doctrine but were also conceptualised in a variety of different ways. In this chapter, as in others before, I found it intriguing to learn that despite the injunction that 'the wise must ... adhere to tradition, without arguing' (p. 158), Ayurvedic doctrine might at times run counter to brahminic prohibitions (as in the example of the prescription of broth of the meat of the lion or the tiger as a remedy for consumption, chronic diarrhoea, or haemorrhoids).

The chapter on 'Vegetarianism and Nonviolence' poses a brilliant challenge to Western academics' misconceptions or preconceptions about Indian medicine. Zimmermann outlines the complex cosmologies underlying (and the reconciliation between) two different strands (or normative models) of Ayurvedic thinking: the strictly brahminic model of nonviolence, compassion for all beings, and vegetarianism on the one hand, and the model of 'material interests', of the exercise of power, and of the art of warfare on the other.

There is much to be gained from Zimmermann's analysis - much more than could possibly be touched in a review. It is useful for those with an interest in classic Ayurveda and its various later and contemporary adaptations, as well as for those who wish to broaden their perspective not only about Indian medicine but also about the Western medical tradition and its relationship with Ayurveda. *The Jungle and the Aroma of Meat* is not simply about ancient medical texts, but also about the ways in which these were influenced by and impacted on changing social realities.

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Mridula Saha, *History of Indian Medicine based on Vedic Literature: Satapatha Brahmana. Calcutta: The Asiatic Society, 1999. Pp. viii, 79. Price Rs. 140.*

The present book is the result of a research project undertaken at the Asiatic Society, Calcutta, under the able supervision of Prof. Dr. Brahmananda Gupta. Saha's book is a careful and philologically informed textual study of the Satapatha Brahmana (ca. sixth century BC) from the point of view of medical history. It is divided into eight chapters: 1 Seven constituents of the body (*sapta-dhatu*), 2 Limbs or parts of the body, 3 Vital air or life breath, 4 Seasons (*rtu*), 5 Food and drinks, 6 Medicinal herbs and plants, 7 Embryology, 8 Diseases and their treatment. There are four indexes, which include technical terms, botanical names of plants, and Sanskrit and English words. The Sanskrit text for all passages discussed is given in footnotes, which is extremely helpful.

The book is a short but serious and scholarly contribution and fills an important place in the literature on early Indian medicine. To cite just one critical finding, this book identifies what is probably the earliest specifically medical use of the word *slesman* "phlegm" as a medical entity. In general, Saha presents a picture of medical knowledge that is in some cases a precursor to ayurvedic ideas, in other cases rather different.

Works such as Zysk's well-known *Medicine in the Veda* have mainly treated the evidence from the *Samhita* literature, while the same authors' later work focused on the evidence from Buddhist sources. Other authors have discussed the later classical Ayurveda from various points of view. But the *Brahmana* literature of the first half of the first millennium BC has remained a voluminous and under-exploited source of medical information,

and it is good to see serious progress being made in exploring it.

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PUBLICATIONS RECEIVED FOR REVIEW

Surupala's Vrikshayurveda, translated by Nalini Sadhale, with commentaries by K L Mehra, S M Virmani, and Y L Nene. Agri-History Bulletin No. 1. Secunderabad: Asian Agri-History Foundation, 1996.

Krishi-Parashara, translated by Nalini Sadhale, with commentaries by H V Balkundi and Y L Nene. Agri-History Bulletin No. 2. Secunderabad: Asian Agri-History Foundation, 1999.

Penelope Gouk (ed.), *Musical Healing in Cultural Contexts*. Aldershot: Ashgate, 2000.

Peregrine Horden (ed.), *Music as Medicine. The History of Music Therapy since Antiquity*. Aldershot: Ashgate, 2000.

Larry I. Conrad and Dominik Wujastyk (eds), *Contagion. Perspectives from pre-modern societies*. Aldershot: Ashgate, 2000.

Please contact the Editor if you would like to review any of the above publications.



WEB AND ARCHIVAL SOURCES

Tibetan Medicine

The Wellcome Library, London, holds a wide range of manuscripts on Tibetan medicine. For a printed catalogue of the Tibetan holdings, by Marianne Winder see:

[http://library.wellcome.ac.uk/search/Wwinder+tibetan/1,8,8,B/frameset&F=Wchinese+catalogue&9,9,](http://library.wellcome.ac.uk/search/Wwinder+tibetan/1,8,8,B/frameset&F=Wchinese+catalogue&9,9)

For specific queries on Mongolian and Tibetan Medicine contact:

Dr Nigel Allan:
E-mail: N.Allan@wellcome.ac.uk



Chinese Medicine

A printed catalogue of the Chinese holdings in the Wellcome Library, London, by Hartmut Walravens can be accessed through:

[http://library.wellcome.ac.uk/search/Wchinese+catalogue/Wchinese+catalogue/1,547,547,B/frameset&F=Wchinese+catalogue&9,9,](http://library.wellcome.ac.uk/search/Wchinese+catalogue/Wchinese+catalogue/1,547,547,B/frameset&F=Wchinese+catalogue&9,9)



Indological Queries

Contact the indology list on indological topics:

<http://www.indology.org.uk>



New Chinese Medicine E-Mail Discussion List

This list will be of great interest to three groups of professionals. These are as follows:

- 1) practitioners of Chinese medicine in any country;
- 2) historians and sociologists of science and medicine; and
- 3) library and information specialists.

ChineseMedicine-L@hawaii.edu is a new subscriber-only e-mail discussion list. Its purpose is to facilitate the exchange of scholarly and professional information and to promote collaboration on the following themes:

- 1) current practices in Chinese medicine;
- 2) the history and sociology of Chinese medicine;
- 3) conferences, conference panels and lectures on the practice and history of Chinese medicine;
- 4) publication opportunities; and
- 5) funding.

As a reference tool, *ChineseMedicine-L* is linked to a *listproc* searchable database preserving all announcements posted to our list. If you wish to subscribe to *ChineseMedicine-L* and to expand our Chinese medicine Internet community, please contact me directly:

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**Islamic Medical Manuscripts
National Library Of Medicine,
Bethesda, MD, USA**

Self-description: "[A] brief introduction to the history of Islamic medicine and its role in European history [...], entries for individual manuscripts and their illustrations [...] biographies of important Islamic physicians, surgeons, and scholars, as well as suggestions for further research, [a glossary of] the meaning of historical terms relating to medieval medicine and book making [...] complete bibliographical information about books and articles referred to in the entries."

http://www.nlm.nih.gov/hmd/arabic/arabic_home.html



**Historical Disability Bibliographies
(Middle East, South Asia, and East Asia)**

A revised and extended bibliography of 480 Euro-language items on social and educational responses to disability in the Middle East and South Asia, from antiquity to the 1950s, with some annotation, has been compiled by Mike Miles and posted at the History of Education web-site:

<http://www.socsci.kun.nl/ped/whp/histeduc/mmiles/mesabib1.html>

Social and educational responses are understood broadly, with references also to childhood, welfare, philanthropy etc. Some medical items are listed where there is social content.

Notification is being sent to a small number of Middle East and South Asia specialists believed to have interests connected with this field, hoping that the bibliography might be of some use to your colleagues, students, or to yourself personally. (It may freely be downloaded for non-commercial use).

For East Asia, a similar bibliography appears at:

<http://www.socsci.kun.nl/ped/whp/histeduc/mmiles/e-asiabib.html>



**Selected University of California
Press Books on South Asia
Available on line without charge**

The University of California Press recently launched its first electronic editions. There are now nearly 60 full-text, fully searchable titles available on the Web, including a number in Asian studies, particularly on South Asia. The e-editions can be accessed from the UC Press Web site:

<http://www.ucpress.edu>

The link will take you to the UC Press Web catalogue page for the book. Just click on "read this book online" to get to the e-edition.

The Wrestler's Body. Identity and Ideology in North India by Joseph Alter is available from this website at:

<http://www.ucpress.edu/books/pages/2709.html>



South Asia Digital Library, University of Chicago

The Digital South Asia Library (DSAL) is a global collaborative effort to make important and rare resources available to the international community. Scholars, public policy officials, business leaders, and others can now access information through the project's permanent website at

<http://www.crl.uchicago.edu/dsal>

This ongoing project will allow users to benefit from an improved electronic information infrastructure and expeditious delivery of digital research materials directly to them from the South Asian subcontinent and England.

DSAL has acquired permission to digitise and scan an array of important resources from a variety of institutions, thereby making access to rare materials a reality for scholars world-wide.

The Digital South Asia Library includes resources from many disciplines as well as a variety of data types. The component parts of the project include maps, statistics, bibliographies, union lists, indexes, photographs, books and journals, as well as a wonderful reference collection.

Participants in DSAL include CRL, the South Asia Microform Project, the Committee on South Asian Libraries and Documentation, the Association for Asian Studies, the Library of Congress, the Asia Society, the British Library, the University of Oxford, The Wellcome Library, the University of Cambridge, MOZHI in India, the Sundarayya Vignana Kendram in India, Madan Puraskar Pustakalaya in Nepal, other institutions in South Asia, and leading universities in the U.S.

Resources are continuously being developed and added to the website. If you have questions or comments about DSAL, please email its Project Manager:

Rebecca Moore
E-mail: moore@crlmail.uchicago.edu



Dr K M PARIKH

With great sorrow IASTAM has heard of the sad news of Dr Parikh's demise. We offer our condolences to his family and friends.

Dr Parikh of Zandu died on 4th August 2000 in Belgium of cancer of the pancreas. He was a founder pillar of IASTAM in India and one of the remarkable contributors to the Ayurvedic Industry with a scientific and philanthropic interest. His loss will be definitely felt in the Ayurvedic field. IASTAM India organized a condolence meeting on 31st August 2000.

Dr Narendra Bhatt,
Indian Chapter of IASTAM
and Dr Dominik Wujastyk, IASTAM International.

LETTERS TO THE EDITOR

Asian or traditional Asian medicines?

The discussion on whether to speak of "Asian medicines" or "traditional Asian medicines" has attracted my attention because I have just written a book* in which I suggest to use both idioms with each its own specific meanings. Thus, anyone doing anthropological fieldwork on medicine in China will encounter the term Traditional Chinese Medicine (TCM). Chinese doctors and health workers use it for designating the revived medicine of the former elite, which has been promoted in the People's Republic of China since the late fifties by the Communist government. TCM is the term that the promoters of this medicine have themselves coined, and researchers may use it for expressing the actors' view. Considering that the revived medicine constitutes an often Westernised and modernised form of medicine, which, actors claim, is standardised and scientific, some observers consider TCM a misnomer. No doubt, TCM is an "invented tradition"**, but this does not make TCM a misnomer. Invented traditions are distinctive sociological phenomena, mostly grown out of nationalistic endeavour, which deserve to be singled out and studied

in their own right. Although they often claim to continue an age-old tradition, this is only rarely the case. For the social scientist it is therefore important to have a vocabulary for assessing the discrepancy between actors' claims and research results. Here the term "Asian medicine" becomes useful. This term expresses, as suggested in the Editorial of December 1999, that a shift in the approach to the study of medical traditions has taken place. Rather than thinking of a medical tradition as a "system", like promoters of "Traditional Asian Medicines" do, social scientists nowadays emphasise plurality among adherents of a medical tradition itself, and syncretism and hybridity of globalised or, more accurately, "glocalised"*** traditions. This is why I suggest to make use of both terms "Traditional Asian Medicine" and "Asian medicine"; each is relevant to the study of medicine in Asia.'

*E. Hsu, *The Transmission of Chinese Medicine*, Cambridge University Press, 1999.

**E. Hobsbawm and T. Ranger (eds), *The Invention of Tradition*, Cambridge University Press, 1983.

***globalised and localised = glocalised, see R. Robertson "Glocalization: Time-Space and Homogeneity-Heterogeneity", in M. Featherstone et.al. (eds) *Global Modernities*, Sage, 1995.

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An anti-essentialist turn?

"I saw your introduction to the IASTAM Newsletter of December - interesting: the same 'turn' in perspective on studying Asian medicine that you note (it may be basically an anti-essentialist turn) seems to come back in different fields today, such as Science Studies. I also think of discussions in African Philosophy."

See: *QUEST A FORUM FOR AFRICAN PHILOSOPHY*. Since 1987, QUEST has constituted an important forum for African Philosophy. Prominent African philosophers contribute regularly to QUEST. African Philosophy is a rising sub-discipline: most African universities have a department of Philosophy, and prominent African philosophers lecture at Western universities. Philosophical questions related to Africa are topical, for instance questions on African and African American identity, democracy, rationality, development and globalisation. With its bi-lingual set-up, QUEST stimulates exchange between anglophone and francophone African traditions and keeps the reader informed of developments in both language domains.

For further information contact:

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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

Three years: \$50/£32.50 regular
membership, \$25/£16.25 associate
membership.

Please send dues in (US dollars) to
Professor Vincanne Adams, Treasurer
(IASTAM), DAHSM, University of
California, 333 California St., Box 0850,
San Francisco, CA 94143-0850, USA.

(E-mail: vadams@itsa.ucsf.edu)

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.

(E-mail: d.wujastyk@ucl.ac.uk)

Cheques payable to IASTAM, please.

IASTAM WEB

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

IASTAM discussion list

See the web page on "joining IASTAM".
The new list is based at
<http://www.egroups.com/group/iastam/>

GETTING TO KNOW THE MEMBERS OF THE IASTAM COUNCIL

Joseph Alter

I will bring to the position:-

1. An expertise in the study of traditional
medicine and concepts of health in
South Asia, specifically Ayurveda,

yoga therapy, problems of sexuality,
and wrestling as a form of physical
fitness training;

2. A serious interest in developing broad
ranging comparative frameworks for
the study of medical systems in South,
Southeast and East Asia;
3. A concern for the integration and
development of cross-cultural
comparative studies in academic
curricula.

Above and beyond these concerns I am
committed to furthering communication
between and co-operation with indigenous
practitioners, institutionalised forms of
traditional medical practice and research
scholars working throughout the world.

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Dr Narendra S Bhatt

Being representative of Ayurveda and
being associated with IASTAM for more
than 20 years, I understand the significance
of interdisciplinary studies on Traditional
Asian medicine, some of which have
similar or common roots. In the changing
health care delivery scenario I believe
IASTAM has to provide a platform for
such inter-disciplinary activities. Based on
my experiences with the Indian chapter, I
intend to extend the support to the
international association.

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Dr Wahjo Dyatmiko

Dr Wahjo Dyatmiko now is the Head of Center for Research on Traditional Medicines at Airlangga University and his main research interest is chemistry and bioactivity of natural product and traditional medicines.

Other organisation activities of Dr Wahjo Dyatmiko are as follows:

1. Member of Committee of Materia Medica Indonesia, Department of Health, Republic of Indonesia
2. Member of Committee of Monography of Herbal Medicines, Department of Health, Republic of Indonesia
3. Consultant for Clinic of Traditional Medicine, "Dr Sutomo Hospital" Surabaya
4. Expert member of Centre for Study and Implementation of Traditional Medicine, Department of Health, Republic of Indonesia
5. Organiser of some National & Regional Seminars on Traditional medicine
6. Contributor of some International Journals such as *Planta Medica*, *Phytochemical Analysis*, *Journal of Pharmaceutical Biology* etc.
7. Co-ordinator of National Excellent Strategic Research on Traditional Medicines, Ministry of Research and Technology, Republic of Indonesia

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Prof Dr Aysegul Demirhan Erdemir

I show myself as council member because I wrote 50 English articles and three English books about medical and traditional folklore. Moreover, I also wrote 400 Turkish articles about traditional medicine

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Dr Waltraud Ernst

I think IASTAM stands for a good cause: it is important to give "non-western" medical systems a voice, both on a scholarly level and in terms of health policies and practices. Many scholars and practitioners seem interested in IASTAM – I would like to help to get these "observing bystanders" involved in IASTAM activities, scholarly exchanges of ideas and dissemination of developments in the different areas of Asia.

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Rey Tiquia

I will bring to this position expertise in the field of traditional Chinese medicine (TCM) honed over 15 years of meaningful practice in the multicultural environment of Australia. In addition, I will be bringing with me research skills acquired from being the project manager of a 1995 research survey of TCM practice and of practitioners in the state of Victoria as well as those

gained through my post-graduate studies in the Department of History and Philosophy of Science at the University of Melbourne. Organisational, managerial and writing skills acquired from holding leading positions in varied TCM and other community organisations in Australia would also count as one of those 'things' that I will be taking on board into the council.

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Dr Dominik Wujastyk

I have worked for IASTAM since the early 1980's, first on the committee of IASTAM-Europe, and more recently as secretary to IASTAM (international). I believe that IASTAM's goals are as important today as when it was founded, and that it can be developed as an organisation representing the various participants in the Asian medicine scene, both academic and practical.

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Dr Zhu Ming

Asian Medicines bear unique features and are inseparable part of World Medicine. Many pioneering medical thinkings have been preserved in these holistic systems

which can work as new motivations to enlighten and revitalise our research of modern bio-sciences. It is my ardent wish, IASTAM functions as a golden bridge between Western and Eastern cultures and medicines.

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The Constitution of IASTAM states that the Council shall include the various officers, including a President, Treasurer, a Secretary-General, and Publications Editor. The distribution of these positions amongst the new Council members is yet to be decided.



The new Council members would like to offer their warmest thanks to the outgoing Council for the hard work and support it has given to IASTAM over the years since the Tokyo International Conference on Traditional Asian Medicine (ICTAM) in 1994.

