



Asian Medicine

Newsletter of the
International Association for the Study of
Traditional Asian Medicine

December 2001

Editorial

This will be the last newsletter reaching members before the next IASTAM conference, to be held at Halle (Germany) in August. Preparations for the conference are well under way and we are hoping to be able to welcome a substantial number of IASTAM members as well as non-members working on Asian Medicine. The conference will provide an important forum not only for scholarly debates and practice-orientated exchanges, but also for the discussion and planning of new initiatives in our field.

The recent attacks on the World Trade Centre and the horrific loss of lives incurred on 11 September, as well as in its aftermath, have had immense human and political consequences. The trauma of terror and war has affected many lives in the United States, the Middle East and other parts of the world. The fall-out of this has even had an impact on humanitarian, scholarly and medical organisations that depended on international exchange links and support from the international community. With

political uncertainty and a 'fear of flying' being felt by many some projects in the Asian Medicine field have found it more difficult to sustain a high level of interest and support from people all over the world.

This highlights not only that we do indeed live in a 'global village' where all of us are affected in some way by what is happening next door. It also reminds us that the field of medicine and its scholarly study are not aloof from the realms of politics and global events - even if the art of healing itself is to be considered as a-political and a solely humanistic endeavour.

Sadly, the highly misleading rhetoric of the 'clash of civilizations' that has been rekindled in recent months may not be of a kind to encourage understanding - neither in the field of politics nor in regard to a respectful interchange between different cultures. This makes it even more important for associations like IASTAM to emphasise the continued relevance of an engagement with the study and practice of the different strands of Asian Medicine - regardless of how much the current political situation may engender a tendency towards cultural polarization.

We hope to be able to welcome at the IASTAM conference a substantial number of delegates from all over the world, and to enable practitioners and academics of different creeds, orientations and cultural preferences to engage in constructive and creative dialogue with each other.

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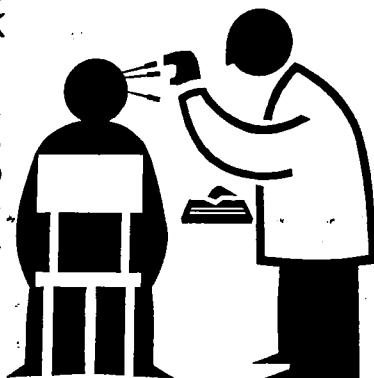
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Acupuncture in the UK: New Horizons

By John Wheeler

Traditional medicines in the UK are approaching a watershed in their professional status. The traditional acupuncture profession will be one of the first to be reviewed and re-organised in a broader regulatory framework for UK healthcare.

The need for reform is urgent. Under the 'common law right to practice' in the UK anyone can style themselves 'an acupuncturist.' There are few legal restrictions, and practitioners only have to meet the licensing requirements of local government bodies on matters such as standards of premises and waste disposal arrangements. Few local government officials are knowledgeable enough to scrutinise the standards of acupuncture training and practice. This has always been a concern to the



traditional acupuncture bodies, since it means that untrained and unsafe practitioners are free to practice almost without restriction. The vast majority of acupuncturists are, in fact, well qualified, but it is the lack of effective overall control which has alarmed the government. There could be as many as 3,000 of the UK's estimated 10,000 practitioners not governed by professional bodies.

The UK's House of Lords, in its Select Committee on Science and Technology Report, was particularly troubled by the lack of controls in the use of acupuncture and herbal medicine, both of which they felt had potential to cause harm. The Government endorsed this view and the Department of Health was instructed to deliver statutory regulation of the profession as

Ayurveda in Germany: Some Sociological Observations

By Gunnar Stollberg

Empirical studies published in Britain, the USA, the Netherlands and in Australia found that patients of heterodox healers are 'predominantly young to middle-aged'. They appear to come 'from all social classes'. However, there are more patients from professional, managerial, technical, business, and academic background than others. 'They are also likely to be more highly educated than (biomedical) doctors' patients ... Nearly two-thirds of the patients are women, much the same distribution as doctors' patients'.

Ursula Sharma, a British sociologist, found three types of users of heterodox medicine:

- the experimental or eclectic user,
- the stable and regular user of one form of alternative medicine, and
- the 'restricted' user of one form of alternative medicine for a single illness.

In regard to the social structure of German Ayurvedic patients, we lack special studies.

Medical Pluralism and Ayurvedic healers in Germany

As in other countries, medical pluralism exists in Germany, too. Biomedicine, folk medicine, homoeopathy, and naturopathy formed its

a matter of urgency. Of the three main associations, members of two, those of the doctors and of the physiotherapists, are already statutorily regulated for their main activities. The majority of members of both have relatively low levels of training, often below the guidelines recommended by the World Health Organisation, and mainly practise adjunctive techniques. The third and largest body of traditional acupuncturists, however, now sets standards of entry equivalent to a three-year university degree course.

physiotherapists who wish to retain both use and title, and may cause the orthodoxy to close ranks and see off what they consider to be an external threat from traditional medicine.

The situation is, therefore, somewhat precarious. Delivering safe acupuncture could be achieved easily by *regulating practice* but at such a low level as to weaken the traditional acupuncturists' current status and aspirations. Delivering safe acupuncture by *regulating practitioners* might lead to an

internecine struggle with medical bodies over entry standards. The major associations, therefore, are trying to work closely with the Department of Health in order to balance high standards of entry for those wishing to be called 'acupuncturists', whether

This diversity of practice and levels of training means that there is no easy line to draw to protect the title of 'acupuncturist' and deliver the standards sought by government. If the entry level is set low to be inclusive, traditional acupuncturists are concerned that this will lead to a dilution of standards. Their fear is that orthodox medical health professionals will 'cherry-pick' techniques for use within the National Health Service, and that traditional acupuncture as a system will be marginalised. If, however, entry levels are set too high, this will exclude many doctors and

The vast majority of acupuncturists are, in fact, well qualified

traditional or medical, with the creation of mechanisms to ensure the safe use of acupuncture, thus preserving a broad range of skill levels within the regulatory framework. The traditional acupuncture profession remains sanguine about its current position,

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elements at the end of nineteenth century. Anthroposophical medicine was added after the First World War, while folk medicine is declining. More recently, Asian medical approaches like acupuncture and Ayurveda spread from the East to the US and Western Europe. In the field of pharmacy, homoeopathy, naturopathy, and anthroposophical medicine were recognised by German law as 'special schools of therapeutic thought' (*besondere Therapierichtungen*) in 1976. A polyreferential structure of recognising drugs was established. But this is not true for Ayurveda: importing drugs from India is almost forbidden, only the practice of Ayurveda is allowed.

acupuncture or Ayurveda do not exist yet. The German acupuncturist organisations have applied for official recognition of a special vocational training in acupuncture. While these organisations have not yet succeeded, up to now there has been no similar application for Ayurveda.

In the 1990s some 16,000 out of 117,000 physicians working in private practice applied homoeopathy regularly, and some 6,000 practised anthroposophical medicine. Some 10,000 practised acupuncture. These numbers are not mutually exclusive: all anthroposophical doctors also apply biomedicine, and often biomedicine, homoeopathy and acupuncture are applied by one person in a parallel or a complementary manner.

As compared with acupuncture, Ayurveda is

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Physicians can gain additional degrees/titles by further vocational education in naturopathy or in homoeopathy. Similar regulations for

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however. The successful research which has prompted greater acceptance of acupuncture was based on a medicalised approach to acupuncture treatment. The climate of evidence-based medicine which dominates British medical debate leaves the traditional acupuncturists at some disadvantage. Their lack of formal status within the medical hierarchy does not allow them access to the scale of funding necessary to conduct research trials which protect the dynamic and evolutionary nature of traditional diagnosis and treatment. The call

The climate of evidence-based medicine which dominates British medical debate leaves the traditional acupuncturists at some disadvantage.

for evidence of efficacy within a research culture dominated by the randomised double-blind control trial may yet prove the greatest impediment to the full acceptance of traditional acupuncture.

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not widely performed in Germany. This may be seen by the membership of professional organisations in 1999 in the table below.

Thus, Ayurveda or what goes under this name, forms only a small portion of medical approaches practised by German physicians. While the number of independent non-medically qualified healers (*Heilpraktiker*), who practise Ayurveda is increasing, few medical doctors outside Maharishi's centres

can concentrate on Ayurvedic practices - demand is not high enough.

Ayurvedic medical approaches in Germany

Let us now have a look at the dominant Ayurvedic approaches in Germany. Maharishi Mahesh Yogi has integrated the traditions of the application of drugs, meditation, and massage, which have been separated from

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Membership of professional organisations in 1999

Number of all German physicians	Approx. 287,000
Physicians in private practice	Approx. 117,000
Central Association of Physicians for Natural Healing (<i>Zentralverband der Ärzte für Naturheilverfahren</i>); an umbrella organisation of physicians practicing heterodox practices	Approx. 9,500
Central Association of Homoeopathic Physicians (<i>Zentralverein Homöopathischer Ärzte</i>)	Approx. 3,000
German Physicians' Society for Acupuncture (<i>Deutsche Ärztesgesellschaft für Akupunktur</i>); the greatest organisation of physicians trained in traditional Chinese acupuncture	Approx. 11,000
Maharishi Ayurved	9 health centres; approx. 50 physicians and practitioners

each other in India. He was criticised because his version of Ayurveda was not considered representative of the traditional Indian approach. Therefore his conception was criticised as a 'flower power Ayurveda' (in reference to ZIMMERMANN, 1992), for having defused the harsh Indian therapies of purgation (*pañcakarman*). The traditional five forms of purgation: head purgation, enemas, laxatives, vomiting and bloodletting were adapted to the expectations of Western patients.

While the Maharishi organisations drew the critical attention of the German Protestant churches, in India he considered the *vaidyas* organised in the *Ayurvedic Congress* as his allies. Maharishi's influence in Western Europe and in the USA may result from a certain re-interpretation of Ayurvedic tradition, which corresponds to the needs of Western educated classes: Maharishi transformed the traditional somato-psychic approach into a psycho-somatic one. Maharishi claims to influence the soul, especially by his 'transcendental meditation', while nearly all other medical traditions, including homoeopathy and Ayurveda, try to influence body and soul together. There are only a few Ayurvedic organisations independent from Maharishi's in Germany, namely the Ayurvedic wards in the Wicker hospitals in Kassel, and in Bad Nauheim. These hospitals organised the 'First German Ayurvedic Conference' (*1. Deutsche Ayurveda-Konferenz*) in April 2000. Many speakers at this conference tried to integrate Ayurveda into a biomedical setting, but it would be too early to speculate about a new or even a uniform version of German Ayurveda emerging from this.

The hierarchies of Ayurvedic treatment differ in India and in Germany. This may be seen from the table below.

Ayurveda is hybridised with other medical approaches. In sociology, the term hybridisation denotes an unequal, asymmetrical global *mélange*, and gives up essentialist positions. I will give an example: the *döner-kebab* is a hybrid Turko-German product. It was invented by Turks living in Berlin by mixing two traditional Turkish dishes, the main course *kebabçi* (meat with vegetables and rice), and *pide*, a kind of bun eaten during Ramadan. And it was shaped on the lines of McDonald's burgers. In similar ways, Ayurveda is mixed with other medical practices. In Germany and in India this is especially true for Ayurveda and biomedicine, and for Ayurveda and homoeopathy. A Berlin physician said: 'In homoeopathy, there are some 35,000 drugs, where you look for the one adequate to one person, ... this may be a long way ... And if there are situations, where time presses, then Ayurveda may be more convenient ... There the aspects for electing a treatment do not vary so extremely, and mostly a recovery can be achieved. Later on you may return to homoeopathy, if you, if the patient, want to do so.'

Conclusion

German Ayurvedic patients often seem to be members of the educated middle classes, Ayurveda constitutes but a small sector in German medical pluralism, Ayurvedic practices have been partly adapted to German expectations of a 'soft' medicine and Ayurvedic knowledge got hybrid forms in India as well as in Germany.

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India

1. drugs - are not expensive
2. panchakarman - high costs
3. advice regarding nutrition and life style - meet low compliance

Germany

1. advice regarding nutrition and life style - meet expectations of educated middle classes
2. panchakarman - high costs
3. drugs - are expensive and must be imported from other European countries, e.g. the Netherlands

Data Input Project of Tibetan Medical Texts

A project initiated by International Trust for Traditional Medicine

By Barbara Gerke

History of the Project

The data input of Tibetan medical texts, one of the projects at ITTM, started in March 1999. It was initially funded by the ASIAN CLASSICS INPUT PROJECT, New York. Since August 15, 1999, the project has progressed with the help of individual sponsors.

Aims and Aspirations

The aim of the project is to provide the electronic version of all available ancient Tibetan medical texts (published before 1959 in Tibet) for academic research and further translation into Western languages.

So far, not even the main medical text, "The Four Medical Tantras" (Tib. *rgyud bzhi*) has been fully translated and published in English. The corpus of Tibetan medical texts is enormous, and an entire translation of the main works would still take decades to be completed. It seems more feasible for individual scholars to research specific subjects of Tibetan medicine and translate sections from various texts on selected research topics. The old texts are not indexed and electronic search will help to deal with the Tibetan medical literature according to subjects, more specifically and economically.

Once the text input has been completed and corrected, the data will be made available to students and scholars of Tibetan studies, translators and Tibetan medical professionals and researchers. ITTM hopes to make a contribution to the survival of Tibetan medical literature as a whole and to its in-depth research and translation work that still lies ahead for the tradition to receive its rightful place and recognition in the West.

Methodology

Several Tibetan refugee women of Kalimpong, presently Mrs. Diki Choden Bhutia and Ms. Chaying Lhamo, have been working in the project as input operators at ITTM. All input operators have been trained at ITTM. The medical texts are typed in twice and compared electronically to detect typing errors. ACIP transliteration is used which can be electronically converted to *Wyllies* or Tibetan *U-can* script respectively.

Data Input So Far

To date, among 16 works in total, the following famous ancient Tibetan medical texts have been typed in:

bdud rtsi snying po yan lag bgyad pa gsang ba man ngag gi rgyud ces bya ba bzhugs so

The Four Medical Tantras - the main text for Tibetan medical studies, known as the *Gyushi*.

bshad rgyud grel pa bum nag gsal sgron

By JA YESHEZUNG, a student of YUTHOK YONTAN GONPO (1112-1203). A commentary on the Explanatory Tantra of the *Gyushi*.

gso dpyad rgyal po'i dkar mdzod bzhugs so

By JETSUN DAGPA GYALTSAN (1147-1216). Description of treatment methods for various diseases.

man ngag bye ba ring bsrel bod chung rab byams gsal ba'i sgron me

By ZURKHAR NYAMNYI DORJE (1439-1475). A commentary on the *Gyushi*.

rgyud bzhi'i grel pa mes po'i zhal lung, 2 Nov.

By ZURKHA LODO GYALPO (1509-1579). A commentary on the *Gyushi*.

gso ba rig pa'i bstan bcos sman bla'i dgongs rgyan rgyud bzhi'i gsal byed bE D'ur sngon po'i malli ka zhes bya ba bzhugs so, 2 v.

By DESI SANGYE GYATSO (1653-1705), written AD 1687-88. A commentary on the *Gyushi*.

gso rig sman gyi khog bugs

By DESI SANGYE GYATSO (1653-1705), completed AD 1702. A treatise on medical history.

The texts that have been input are available in the Digital Research Archive at the ITTM Library. Interested Scholars can have free access to the data for their personal research and do electronic searches while in residence at the ITTM Centre *Vijnana Niwas*, Kalimpong. Once all typing errors have been corrected, the data will be made available on CD ROM and/or the Internet.

Sponsorship

ITTM invites co-sponsors for this on-going Data Input Project. Contributions for its continuation will be gratefully received and acknowledged in ITTM publications (see www.kreisels.com/ittm).

Depending on the funds, we wish to fulfill a secondary socio-economic objective of increasing the number of input operators in the project and help generate more income for Tibetan women in Kalimpong.

About ITTM

ITTM is a non-profit, non-governmental registered public charitable Trust, based in Kalimpong, north-eastern Himalayas, India. The Trust was founded in 1995 by a small group of dedicated researchers of Indian, Mongolian and German origin with the objective to promote study and research on Indo-Tibetan medicine and allied medical cultures of this Himalayan region.

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Book Review

Roberta E Bivins, *Acupuncture, expertise and cross-cultural medicine. Science, technology and medicine in modern history*, Basingstoke: Palgrave (in association with the Centre for the History of Science, Technology and Medicine, University of Manchester), 2000, pp. xi, 263 illus., £45.00 (hardback, 0-333-91893)

By Vivienne Lo

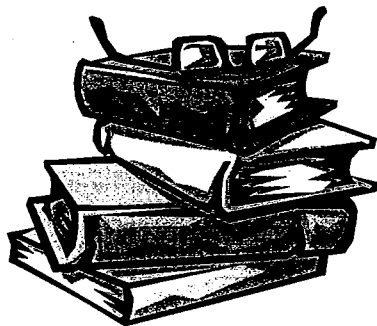
Acupuncture, expertise and cross-cultural medicine is a history of the European tradition of acupuncture in which Roberta Bivins draws on a wide range of non-Chinese/Japanese sources, concentrating on the early period of reception from the late seventeenth century through to the first half of the nineteenth century.

Three phases of transmission are identified,

with each phase characterised by the interest of key individuals, a fashion for Orientalism, and a period of intense medical debate. Familiarity is a recurring theme: Asian concepts such as Yin and Yang are translated into Western anatomical language; Wilhelm

Ten Rhyne's insistence on flatus as the cause of disease in his treatise of 1683 seems to underpin a translation of the Chinese physiological essence *qi* as Wind; moxibustion is preferred as a gentler and more familiar form of local cauterisation techniques.

The perception of acupuncture as a therapy founded on empirical knowledge brought its second wave of popularity when French experimentalists found therapeutic needling lent itself to the conditions of the new clinical medicine. The emergence of new models of the body defined by a system of nerves and nervous fluid (galvanism) seemed to have resonated with the less ma-



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Evaluating Chinese Medicine: A Forum for a New Agenda July 2001, Brunei Gallery, School of Oriental and African Studies

By Vivienne Lo

The conference was sponsored by the Centre for the History and Culture of Medicine at the School of Oriental and African Studies. It was the second of two informal events convened by the Centre to explore initiatives that link academic disciplines and the Chinese medical profession.



Conference Report

The recent House of Lords Report on grading of alternative medicines placed acupuncture in 'category 1'. They made this decision in part on the basis of the availability of research on the validity and efficacy of alternative therapies. It was evidently felt that the re-

search base relating to acupuncture was more adequate than for some other therapies.

The current debate about research perspectives in Chinese medicine is intense: it is at once political, social and economic. The papers given at the conference questioned the hegemony of biomedical approaches in favour of building a collaborative inter-disciplinary network that also embraces history and the social sciences. By opening up new territory it was hoped to attract more interest in research

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Forthcoming Conferences

International Conference on Traditional Asian Medicine (ICTAM)

You are cordially invited to attend IASTAM's 5th International Congress on Traditional Asian Medicine (ICTAM). The congress is to be held at Halle, Germany, from 18 to 24 August 2002, and preparations are well under way. The languages of the congress are German and English.

One of the major themes will be "Tradition, Plurality and Innovation", but presentations that focus on other issues will also be welcome.

The ICTAMs play a major role in promoting the aims of IASTAM. They are unique occasions, providing an international forum for the exchange of ideas not only between scholars from various disciplines, but also between researchers, practitioners and entrepreneurs, as well as administrators and politicians in the realm of traditional Asian medical systems.

This ICTAM is part of the celebrations marking the five hundredth anniversary of the founding of the Martin Luther University Halle-Wittenberg. The cities of Halle and Wittenberg, harbouring the twin campuses, are not only situated in a part of Germany

steeped in history and famous as the point of origination of the Reformation initiated by Martin Luther, but also look back upon long and illustrious histories of their own, not the least as centres of learning and of the German Enlightenment. Halle, on the river Saale, offers lodging at reasonable rates and is easily accessible by road, rail and air; its airport is shared with the nearby city of Leipzig and connected with several national and international hubs.

Contact details

Visit the congress-website for registration details
<http://www.ictam.de>

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from the profession, as well as from mainstream academic institutions. With pooled knowledge and resources it was felt that there would be a forum for stimulating debate, identifying feasible research directions and avenues of funding as well as fostering new researchers.

A welcome address was given by Dr Christopher Cullen, senior lecturer in the history of Chinese science and medicine in the history department and Director of Research of the Centre for the History and culture of medicine. His characteristic ebullience in his position as chair kept the atmosphere cheerful and the proceedings moving along at a pace.

Zhao Baixiao, associate professor at Beijing University of Chinese Medicine and visiting



Conference Report

scholar at Middlesex University, gave the first paper based on a research proposal in preparation. Responding to a perceived need in the profession, he plans to explore China's fifty years of experience in researching the effects and treatment mechanisms of Chinese medicine. In the absence of an adequate survey claims either of proven efficacy or, equally, criticisms of its methodology and exaggerated conclusions have no foundation. He called for a rigorous examination of Chinese research from the vantage point of contemporary biomedical methodologies. But equally, he stressed the importance of understanding the context for the research, with the best possible impression of the political, social, historical and cultural influences that came to bear on it.

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Forthcoming Conferences

Health and Illness in Middle East Societies

The Department of Middle East Studies of Ben-Gurion University will hold its eighth annual international workshop during the spring of 2002. This workshop focuses on a variety of issues relating to health and illness in Middle East societies during the pre-modern and modern eras.

Throughout history, societies have developed a variety of concepts regarding illness. Consequently, symptoms that have been accepted as evidence of illness in one society have been ignored in another. In this workshop, we shall explore several aspects of illness, with a strong emphasis on its social and cultural dimensions. For example, we shall examine the roles of doctors, healers, midwives, and the para-medical professions; aspects of hospitals and other sites of healing; and social attitudes towards the sick, handicapped and insane. We shall also ex-

plore how different medical systems perceive, discuss and explain diseases.

The workshop will address issues such as the following:

- The interaction between people's natural and social environments and their diseases.
- The ways in which traditional beliefs and practices may conflict with scientific medical assumptions, and how social circumstances affect health care decisions.
- How disease affects not only the physical well being of the individual and his/her family, but also the collective health of the cultural, social and economic life of the group.
- How, over time, people have developed etiological theories and medical systems

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Dr Volker Scheid, practitioner of Chinese Medicine and anthropologist, gave a paper entitled 'Ulysses and Chinese Emergency Medicine: The Role of Choice in Science and Medicine'. He examined Chinese Emergency Medicine, a subject that has recently been added to courses at Chinese Medicine Universities in China. The creation of the discipline reflects the continued inventiveness and vitality of Chinese medicine as it succeeds to invade a space colonised previously exclusively by biomedicine. He pointed out the risks involved as Chinese medicine is redesigned to fit the set-up of modern medical institutions. Based on this case study, Scheid asked questions about risk and decision making and, by implication, about the role of choice in science and medicine.



Conference Report

Dr Vivienne Lo, acupuncturist and lecturer in the history of Chinese medicine at the Wellcome Trust Centre for the History of Medicine at University College London, spoke on the value of history in practice. She made the point that the success of any medicine owes as much to its cultural acceptance as to its perceived efficacy in biomedical terms. Increasing historical awareness was perceived to be a matter of critical importance to quality control and professional development in both the modern teaching and practice of traditional Chinese medicine. She argued that in-

creased investment in Chinese studies and history is one source of medical competence, but raised the question of the kind of history that might be relevant and appropriate to the profession.

Dr Hugh MacPherson, who is a practitioner

Forthcoming Conferences

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to assist the sick in coping with disease and disability.

- How health and illness related behaviour is influenced by social classes, ethnic and cultural differences.

The workshop will be held between March and June 2002. It will convene once every second week. All participants will be expected, each in her/his turn, to present a paper and submit in advance a tentative, written version to be distributed among the other participants. This will enable us to dedicate the meetings to discussions rather than to lengthy presentations. Participants from abroad will be supplied with all paper presented prior to their own, so as to enable their fullest involvement in the ongoing discussion. A final symposium will be convened to provide a broader forum in which to continue and conclude the workshop.

The workshop welcomes scholars from different disciplines such as anthropology, sociology, cultural studies, history, and medical sciences. Proposals (1-2 pages) should include a brief statement of the topic, and a description of main sources and methodology, which together explain how the proposed paper contributes to the aims of the workshop as outlined above.

The department will offer participants from abroad round-trip airfare and lodging. Those residing in Israel will receive a grant.

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of Chinese medicine working in the field of acupuncture research through the Foundation for Traditional Chinese Medicine and the British Acupuncture Council, explored some of the challenges, both internal and external to the acupuncture profession, that lie ahead. These challenges were seen to include questions about the identity of and diversity within the profession, the reliability of diagnostic procedures and the effectiveness and safety of treatment. He pointed to the emerging priority that acupuncture research be both sensitive to the traditions as well as influential in the debates in scientific and political arenas.



Conference Report

Discussants reflected the inter-disciplinary aims of the event and included Richard Blackwell, principal of the Northern College of Acupuncture, Dr Kim Taylor, medical historian of the recent history of Chinese medicine

based at the Needham Research Institute, and Professor Charles Vincent of the Department of Psychology, University College London and a Commissioner in the Commission for Health Improvement.

Professor Vincent reflected on how his own insecurities working as an acupuncturist twenty years previously had led him into a life of research. After finishing his PhD he first published on evaluation of complementary therapies. He researched 'Avoidable Mishaps in Medicine' and has held posts as lecturer and reader at University College London and St Mary's Hospital Medical School. He has established the Clinical Risk Unit, which carries out training and research into risk management in the NHS.

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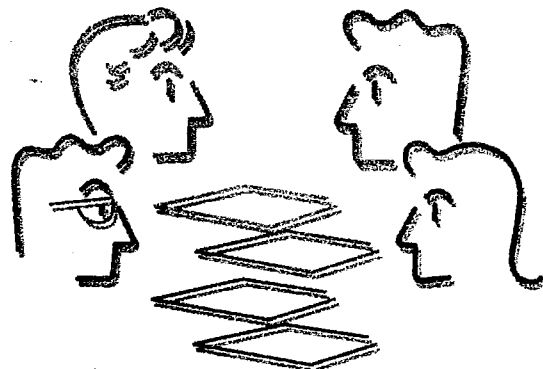
Forthcoming Conferences

Asia-Pacific Network of The International Forum for Social Sciences in Health (APNET)

The Asia-Pacific Network of the International Forum for Social Sciences in Health, APNET, in short, was launched in May 1994 for the purpose of promoting collaboration between social sciences and health sciences. The aim is to improve human health in the region. One of the key activities of this network is to organise Asia-Pacific Social Sciences and Medicine (APSSAM) Conferences once in two years in order to disseminate results of relevant interdisciplinary research within the region. The last conference was held in September 2000 in Kandy, Sri Lanka, on the theme of partnerships between health and social sciences. The next conference is due to be held in Kunming City, China in September 2002.

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The audience was mixed. It was encouraging to see a large number of teachers and administrators from the colleges of Chinese medicine together with historians of medicine and anthropologists. Hopefully this was a model for future events linking academics and professionals.

Dr Vivienne Lo

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Conference Report

New Publications

- Ashok Kumar Mahotra, *An Introduction to Yoga Philosophy. An annotated translation of the Yoga Sutras*. Aldershot: Ashgate World Philosophies Series, 2001.
- Waltraud Ernst, ed., *Plural Medicine, Tradition and Modernity, 1800-2000*. London and New York: Routledge, 2002.

Please contact the editor (address on p.14) if you would like to review any of these books.

Book Review

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terial physiology of Chinese medical theory. In the early nineteenth century James Churchill's widely distributed monograph *Treatise on Acupuncture* (1822) inspired a reaction in the British and Scottish medical press. But later mixed reports (1828-1877) saw a decline in academic interest with only isolated centres, such as University College Hospital and Leeds General Infirmary, where experiments continued.

In the process of transmission it is clear that the practice of acupuncture became severed from its native Chinese theories. From the very beginning, when the interest of the Macartney mission (1795) was driven by a form of medical mercantilism in which Chinese scholarly knowledge could be 'mined for facts and marketable commodities in exactly the same way that China's soil might have been mined for minerals', Bivins gives an account of how the reception of acupuncture and moxibustion in Europe was subject to European medical

debates such as those between ancient and modern learning, theoretical and empirical models of validation, or surgery and physical medicine.

In general, this is a well written account which is a welcome addition to that given in Lu Gwei-djen and Joseph Needham's *Celestial Lancets* (Cambridge: Cambridge University Press, 1980) and a valuable contribution to studies of reception and cross-cultural transmission.

Dr Vivienne Lo

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Traditional South Asian Medicine (previously *Journal of the European Ayurvedic Society*)

Edited by Rahul Peter Das and Ronald E. Emmerick (†)

Traditional South Asian Medicine (previously *Journal of the European Ayurvedic Society*) is a scholarly journal devoted primarily to the study of all aspects of traditional South Asian medical systems, particularly, but not exclusively, the Ayurvedic tradition. It features not only historical and philological studies, but also those that concern themselves with living traditions, including their interaction with non-South Asian medical traditions both modern and pre-modern, and their practical applications. The journal is, however, also open to research on matters relating to the human body or issues of health and hygiene in traditional South Asia, even when not placed within the context of a particular medical system. Since the journal's aim is to publish only contributions of a very high standard, it does

not appear regularly, but only when enough contributions of such standard justifying the publication of a new issue have come together. No comparable journal with the characteristics mentioned is currently being published; as such, *Traditional South Asian Medicine* is unique.

The table of contents of the new issue is available as a PDF file. For further details consult Peter Das' website.

Prof. Dr. Rahul Peter Das

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Networking

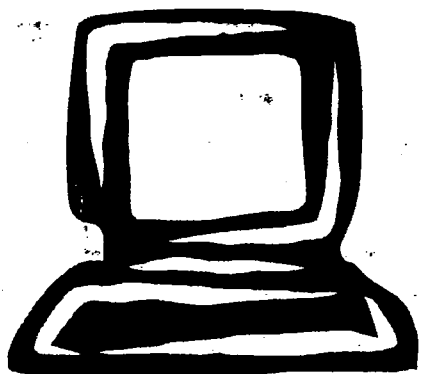
IASTAM is planning to set up an archive of members' biographies and publications. This will be made available to members only as a networking and information resource. We would therefore like to ask members to send short biographies (300—500 words) and their publication lists to Emma Ford. We would prefer the biographies to be sent by email to e.ford@ucl.ac.uk. Alternatively send them to Emma at:

The Wellcome Trust Centre for the
History of Medicine at UCL,
University College London,
24 Eversholt Street,
London NW1 1AD,
UK.

Please send IASTAM information about yourself in the following categories:

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- Statement of Research Interests
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We are pleased to announce that since October, 2001 Ms Emma Ford has been providing secretarial support for the administration of IASTAM in London. Emma has been working at the Wellcome Trust Centre for the History of Medicine at UCL for a year, before which she was working at the Tavistock clinic. Her current position involves supporting a number of members of the teaching staff in the unit. With Dominik Wujastyk and Vivienne Lo as new members of the Centre we hope that the concentration of IASTAM resources will bring new life to IASTAM in London.



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If you do not use the website credit card payment option, please send Cheques payable to Joseph Alter (address below).

Or, if you prefer, you could send your cheque/postal order (in pounds sterling) payable to IASTAM to Ms Emma Ford (address below).

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