IASTAM

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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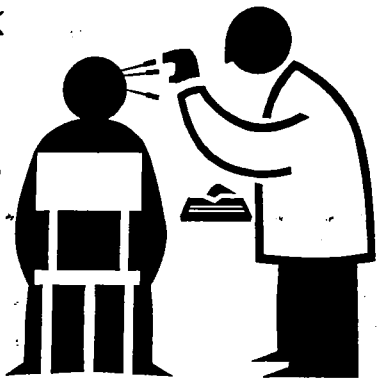
Inside this issue

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.

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 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 vast majority of acupuncturists are, in fact, well qualified

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 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.

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

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

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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 (*Zentralverband der Ärzte für Naturheilverfahren*); an umbrella organisation of physicians practicing heterodox practices	Approx. 9,500
Central Association of Homoeopathic Physicians (*Zentralverein Homöopathischer Ärzte*	Approx. 3,000
German Physicians´ Society for Acupuncture (*Deutsche Ärztegesellschaft für Akupunktur*); 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 *kebapçi* (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	Germany
1. drugs - are not expensive	1. advice regarding nutrition and life style - meet expectations of educated middle classes
2. panchakarman - high costs	2. panchakarman - high costs
3. advice regarding nutrition and life style - meet low compliance	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 *Wylies* 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 brgyad 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 dkor 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 vov
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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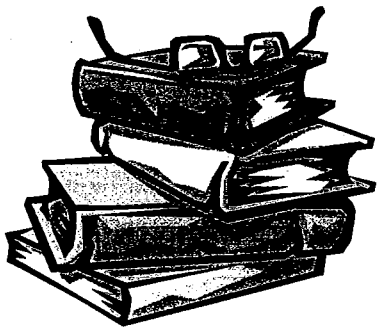
Book Review

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 Rhynne'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 cautery techniques.

The perception of acupuncture as a therapy founded on empirical knowledge brought its second wave of popularity when French experimentalists found therapeutic needling leant 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

Conference Report

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.

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 research 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.

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

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