ASIAN MEDICINE

NEWSLETTER of

INTERNATIONAL ASSOCIATION FOR THE STUDY OF TRADITIONAL ASIAN MEDICINE

JULY 2002

EDITORIAL

Contrary to the statement in the December newsletter, we have decided to go ahead with another issue just before the IASTAM conference in Halle. We hope that many of you will be able to attend this important meeting and to push forward IASTAM's role in the study of traditional Asian medicine as well as in providing a collegial forum for both practitioners and scholars. With the recent launch of a new initiative by the World Health Organization that aims at a global policy for the validation and regulation of traditional health care options (see leading article), IASTAM's potential as an advisory body and its set-up as a well-functioning network of research-led practitioners has been highlighted yet again. The conference will provide a timely opportunity to discuss further how IASTAM members would like their association to take part in new policy initiatives such as the one set out by the WHO. Much has happened in the alternative and traditional medicine field since IASTAM's inauguration in the 1970s. The Halle conference will be a good opportunity to re-confirm the emphasis in the previous mission of IASTAM as an association for the *study* or traditional Asian medicine or to re-consider and broaden IASTAM's mission statement in the light of the developments that have occurred in the last quarter-century.

It would however be inappropriate if only those who attend the ICTAM were able to have a say in the ways in which IASTAM is going to move forward. We would like to ask those members who are not able to attend the conference, to send us their views and suggestions prior to the Members' meeting that will be held during the conference. Ideas and comments on how you see your association's mission are most welcome and will be put to discussion on your behalf; as will recommendations for the Basham medal, and offers to host the next ICTAM and, indeed, any other concerns relating to the Association's development.

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CONTENTS

THE WHO LAUNCHES THE FIRST GLOBAL STRATEGY ON TRADITIONAL AND ALTERNATIVE MEDICINE

The WHO has recently issued a press announcement that might be of interest to IASTAM members. We have therefore decided to print it in this newsletter.

Traditional medicine is becoming more popular in the north and up to 80% of people in the south use it as part of primary health care. The situation has given rise to concerns among health practitioners and consumers on the issue of safety, above all, but also on questions of policy, regulation, evidence, biodiversity and preservation and protection of traditional knowledge.

The World Health Organization (WHO) has recently released a global plan to address those issues. The strategy provides a framework for policy to assist countries to regulate traditional or complementary/ alternative medicine (TM/CAM) to make its use safer, more accessible to their populations and sustainable.

"About 80% of the people in Africa use traditional medicine. It is for this reason that we must act quickly to evaluate its safety, efficacy, quality and standardization – to protect our heritage and to preserve our traditional knowledge. We must also institutionalize and integrate it into our national health systems." says Ebrahim Samba, WHO's Regional Director for Africa.

In wealthy countries, growing numbers of patients rely on alternative medicine for preventive or palliative care. In France, 75% of the population has used complementary medicine at least once; in Germany, 77% of

pain clinics provide acupuncture; and in the United Kingdom, expenditure on complementary or alternative medicine stands at US$ 2300 million per year.

But problems may arise out of incorrect use of traditional therapies. For instance, the herb *Ma Huang* (ephedra) is traditionally used in China to treat short-term respiratory congestion. In the United States, the herb was marketed as a dietary aid, whose long-term use led to at least a dozen deaths, heart attacks and strokes. In Belgium, at least 70 people required renal transplant or dialysis for interstitial fibrosis of the kidney after taking the wrong herb from the Aristolochiaceae family, again as a dietary aid.

"Traditional or complementary medicine is victim of both uncritical enthusiasts and uninformed skeptics," explains Dr Yasuhiro Suzuki, WHO Executive Director for Health Technology and Pharmaceuticals. "This strategy is intended to tap into its real potential for people's health and well-being, while minimizing the risks of unproven or misused remedies."

In developing countries, where more than one-third of the population lacks access to essential medicines, the provision of safe and effective TM/CAM therapies could become a critical tool to increase access to health care. But while traditional medicine has been fully integrated into the health systems of China, North and South Korea and Viet Nam, many countries have not collected and standardized evidence on this type of health care.

The global market for traditional therapies stands at US$ 60 billion a year and is steadily growing. In addition to the patient safety issue and the threat to knowledge and biodiversity, there is also the risk that further commercialization through unregulated use will make these therapies unaffordable to many who rely on them as their primary source of health care. For this reason policies on the protection of indigenous or traditional knowledge are necessary.

About 25% of modern medicines are descended from plants first used traditionally. The efficacy of acupuncture in relieving pain and nausea has been well established. Randomized controlled trials also offer convincing evidence that therapies such as hypnosis and relaxation techniques can alleviate anxiety, panic disorders and insomnia. Other studies have shown that yoga can reduce asthma attacks while tai ji techniques can help the elderly reduce their fear of falls.

As well as addressing chronic conditions, TM can also impact on infectious diseases. In Africa, North America and Europe, three out of four people living with HIV/AIDS use some form of traditional or complementary treatment for various symptoms and conditions. In South Africa, the Medical Research Council is conducting studies on the plant *Sutherlandia microphylla*'s efficacy in treating AIDS patients. Traditionally used as a tonic, this plant may increase energy, appetite and body mass in people living with HIV.

The Chinese herbal remedy *Artemisia annua*, used for almost 2000 years, has recently been found to be effective against resistant malaria and could give hope of preventing many of the 800 000 deaths among children from severe malaria each year.

The WHO TM/CAM strategy aims to assist countries to:

- develop national policies on the evaluation and regulation of TM/CAM practices;
- create a stronger evidence base on the safety, efficacy and quality of the TM/CAM products and practices;
- ensure availability and affordability of TM/CAM, including essential herbal medicines;
- promote therapeutically sound use of TM/CAM by providers and consumers.

The strategy, a working document for adaptation and regional implementation, and more information on TM/CAM can be accessed on:
http://www.who.int/medicines/organization/trm/orgtrmmain.shtml

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All WHO Press Releases, Fact Sheets and Features as well as other information on this subject can be obtained on Internet on the WHO home page *http://www.who.int/*

BOOK REVIEW

G. J. Meulenbeld
A History of Indian medical literature,
Groningen, Egbert Forsten Publishers
(Groningen Oriental Studies, xv), 1999, pp. 3200, 5 vols. (vol. 1a text, vol. 1b notes, vol. 2a text, vol. 2b notes, vol. 3 indexes).
ISBN 90 6980 1248

BY FRANCIS ZIMMERMANN

Professor G. Jan Meulenbeld, the Dean of Ayurvedic studies worldwide, gives us, in more than three thousand pages of erudite text, annotations and indexes, a monumental work of truly tremendous scholarship. The first volumes appeared in 1999, and the final one comprised of various indexes was published earlier this year.

A History of Indian medical literature covers the whole of Sanskrit medical texts, from the beginning up to the most recent period ; texts written in Pali and Prakrit are included, as well as some in Hindi. Apart from the medical literature in its more limited sense, it also deals with encyclopaedias containing Ayurvedic material, a number of Tantric texts, veterinary treatises, chemical texts (*rasasastra*) and gemology (*ratnasastra*).

CLASSICAL AND POST-CLASSICAL SANSKRIT TEXTS

The two parts of the first volume are devoted to four basic texts : *Carakasamhita, Susrutasamhita, Astangahrdayasamhita, Astangasangraha*, their commentaries, and the authorities associated with these texts. The central position of these elaborate treatises and their influence on the later literature, which can therefore be designated as post-classical, justified alloting much space to their description (vol. 1a) and annotations (vol. 1b), with both cross-references between the basic texts and references to the secondary literature on many basic terms and concepts. Indological, medical-historical studies and recent Ayurvedic literature have been perused and all the available data have been collated for the benefit of readers from diverse backgrounds. The notes are meant as a guide to the extensive secondary literature, not only to publications of a philological and historical nature, but also to publications on contemporary experimental and clinical research conducted within the framework of the Ayurvedic system of medicine.

One of the author's rules was to adopt, as far as possible (mainly in volume II), one and the same basic scheme in the description of texts: contents first, special features next, and information on author and date at the end. Content analysis is presented in the form of summaries, the phrasing of which keeps close to the original. Sanskrit scholars will notice that these summaries are modelled on the literary format of Sanskrit vyakhyana-s. Technical terms are both systematically mentioned in Sanskrit and glossed in English. This meticulous rewording-cum-summarizing in English interwoven with Sanskrit is of tremendous help to gain an exhaustive account of technical details. The unremitting emphasis is on nosology (that constitutes the core of the medical system in any humoralist system of medicine), with the *Madhavanidana*, the most authoritative textbook in this field, as the fixed point of orientation. It is especially due to this emphasis on nosology that comparativists and students of Chinese or Galenic medicine, etc., who are investigating into parallels between the various learned traditions of medicine, will find a gold mine in Meulenbeld's *History of Indian medical literature*.

The post-classical literature, from the Bower Manuscript and *Bhelasamhita* onwards, covers the two parts of volume II. A large number of texts have been described regardless of their impact or age, with the objective of furthering the study of historical developments whether influential or marginal. Chronological developments are inferred from the interrelationships among treatises, the borrowings, quotations, etc. found in the texts and the commentaries. While volume I revolves around only one well-defined literary genre, namely, works composed in the particular style of medical samhita-s that are conveniently called «treatises,» volume II treats various literary genres that emerged only in the post-classical period including dictionaries of materia medica (*nighantu*) and pharmaceutical formularies.

COMPARING

We would like here to give a brief account of the underlying problematics, as it reveals itself to a student of Ayurveda using this work for reference. At least three approaches or methodological procedures are involved, namely, (1) comparison and cross-ref-

erences between the Sanskrit texts, (2) translation and paraphrase of Sanskrit terminologies in the domains of diagnosis, nosology, therapeutics, pharmacy, etc., and (3) contextualization of the Ayurvedic literature through references to different regional traditions and other aspects of South Asian culture. Here are a few remarks on each of these three methodological procedures.

There should not be any misunderstanding about the title of Meulenbeld's work. It is neither a continuous history of Indian medical literature, nor a medical history that, in a chronological order, would sketch progressive and regressive lines of development, losses and growth regarding theory and practice, changes in the materia medica and the types of preparations employed, etc., although a great deal of scattered information can be found in it. Such a history remains to be written. What prompted Meulenbeld was his conviction that an ongoing story to be eventually written required a preceding systematic review of the sources. A systematic review means both collation and comparison.

The basic methodological procedure is the following. A Sanskrit text is summarized, which exposes some basic fact or technical doctrine. Parallels in other texts are collated and compared, to assess the exact meaning or historical significance of the given fact or doctrine. Let us give two examples taken from the first pages of volume I. The beginning of the *Carakasamhita* describes a large assembly of sages assembled on the slopes of the foothills of the Himalayas. Parallels are adduced from various domains of the Sanskrit literature. Meulenbeld convincingly concludes (vol. 1a: p. 10) that Caraka's list of sages may have been inserted in order to stress the connection between Ayurveda and the Vedic tradition, the orthodoxy of its teachings, and its association with the brahmins. One page further (Caraka, *sutrasthana* 1.46-47), the pums (= purusa), ie., the patient (the subject of Ayurveda), is described as a combination (samyoga) of three constituents (tridanda): sattva (= manas), atman and body (sarira). Not only do we have the exact Sanskrit phrasing with English glosses, but also a note referring to Arion Rosu's and Priya Vrata Sharma's discussion and collation of other textual evidence on this philosophical and medical doctrine about man as a tripartite arrangement of mind, soul and body.

Thousands of technical facts and doctrines have thus been illuminated through comparison. The foregoing examples are very basic, and we cannot here engage in specialized discussions. But I would like to point out one historical and conceptual issue of outstanding importance that has been superbly addressed by Meulenbeld through this method of collation and comparison. A number of scholars have long been advocating the tradition according to which Vagbhata was a Buddhist. Through the exhaustive review of all available evidence, and the meticulous analysis of the Sanskrit terminology involved, as for instance the connotations and occurrences of the word *maitri* (benevolence towards all living beings), etc., Meulenbeld's pages (vol. 1a: 602-612) discussing the religious persuasion of Vagbhata cast new light on the dialectical relationships between medicine and religion.

Regarding a particular religious persuasion of Vagbhata, an unequivocal conclusion cannot be reached. Meulenbeld, nevertheless, emphasises one most salient characteristic, which catches the eye again and again when reading both the *Astangahrdayasamhita* and the *Astangasangraha*, namely, a clear-cut syncretistic attitude, repeatedly expressed by means of an ambiguous phraseology - for instance (vol. 1a: p. 607), the first words of the *Hrdaya, ragadiroga...* «The [series of] diseases beginning with raga» that may designate either the Three Poisons of Buddhism (*raga, dvesa, moha*) or the Five Afflictions of Hinduism (*avidya, asmita, raga, dvesa, abhinivesa*) - or a juxtaposition of elements derived from conflicting religious beliefs, so that the learned medical tradition would always be easily accepted in the social and ideological context of any of the prevailing religious persuasions.

TRANSLATING

The five-volume set of Meulenbeld's *History*, especially when you enter it through volume III (actually the fifth and only recently published) that contains the indexes, constitutes a technical and critical dictionary of Sanskrit words and proper nouns, exhaustively compiled from the extant Ayurvedic literature. It should definitely be available in the reference section of all research libraries. It cannot be ignored by any student of Sanskrit irrespective of his or her domain of specialization. For lack of space in this short review, we shall let aside proper nouns, that is, the compilation of textual, legendary and historical evidence on Authorities associated with, or mentioned in, the Ayurvedic classic texts, and we shall focus upon the translation of technical words.

Broadly speaking, but from a critical and philosophical point of view, three terminological domains are involved, namely, (1) names of drugs and source materials in materia medica, (2) special terms used in physiology, nosology, therapeutics, pharmaceutics, etc., and (3) polysemic words that are commonly used in Sanskrit literary, religious and philosophical texts, that were ascribed specialized meanings in the Ayurvedic system of thought. These constitute clearly three different terminological domains, when we consider the way they have been translated.

The first domain, the names of drugs, presents difficulties of its own, which could not be addressed in the present enterprise. Regarding a large number of drugs and ingredients used in compound medicines, different materials have been used at different times in different places under the same Sanskrit name, and modern identifications of the source materials that were referred to in the classic texts are a matter of discussion among scholars and practitioners. As a rule, the source of botanical names mentioned in Meulenbeld's *History* is the *Wealth of India: Raw materials*, which is the most authoritative of materia medica compilations in modern India. But translations of the Sanskrit names of drugs will remain most illusory, and ancient recipes will remain a dead letter, until the classic or post-classic text you want to understand, whichever it is, is contextualized (see below).

The second domain is that of medical terminologies. The translation of the names of the organs and of diseases is a matter of technical debates where classical philology (interpreting textual descriptions) must be combined with modern medical science (providing accurate descriptions of a given organ or disease). Meulenbeld's annotations are extremely precious on this terminological domain, first of all because he traces a clear line of demarcation between what is acknowledged by modern scholarship and what is a matter of debate. Whenever a large consensus among scholars allows to do so, technical words are both mentioned and translated in the main text. This is the case for a number of names of the organs like «yakrt (liver)» and «plihan (spleen),», whereas *kloman*, the meaning of which is controversial (the lungs ?), remains untranslated but discussed in the notes with an exhaustive bibliography. As for disease names, the word *apatanaka*, for instance, has been translated into English by Priya Vrata Sharma as «tetanus.» Without entering a formal discussion, on the first occurrence of the word in his survey of the classic texts (vol. 1a: p. 73, ie., Caraka, *cikitsasthana* 25.29cd-31ab), Meulenbeld gives us (vol. 1b: p. 132, n. 670) all the necessary clues to the debate among medical historians (Grmek on tetanus in ancient Greece) and references to modern ethnographic descriptions of tetanus in newborn children. These are only two «entries,» so to speak, among hundreds of other notes or entries (if you enter the five-volume set from the proper index), that together constitute an invaluable dictionary of Ayurvedic terminologies.

The third terminological domain is mainly comprised of philosophical and other words and phrases, representing specific categories of thought in classical India, that have traditionally been appropriated to the medical discourse with specialized meanings in special contexts. One of such words, for instance, is *paka*, which designates digestion, transformation of bodily constituents, maturation, cooking, the formation of pus, etc. Readers of a medical description of ulcers and their treatments in the form of poultices that are prescribed for inducing «maturation (paka),» are reminded in the notes (vol. 1b: p. 133, n. 703) of the importance of the religious polarity between the raw (apakva) and the cooked (pakva), with due bibliographical reference to Louis Dumont, Charles Malamoud and others.

I cannot elaborate upon the distinction I made between the referential value of words like *apatanaka* (tetanus ?) that is referring to an objective reality that can be grasped ethnographically, and the indexical value of words like *paka* (maturation) that is ambiguous because of its occurring elsewhere in philosophical and religious contexts. The foregoing quotations have shown that Meulenbeld implicitly made the difference between the two domains. I must skip further remarks on the process of translation, but I am convinced that a discussion of the conceptual and linguistic differences between type 2 (referential) and type 3 (indexical) of Ayurvedic terminologies would be most rewarding. Although Meulenbeld's *History* belongs with classical indology and Sanskrit philology, it provides ethnoscientists with a rich corpus of discourse on medical realities that exemplifies the constant switching between two levels of speech.

CONTEXTUALISING

Another thread that could lead to the core of Ayurvedic medicine is that of the different regional traditions. Medical practice evolved in the context of

a given vernacular culture. A significant part of the extant literature of post-classic Ayurveda was composed in the vernacular languages of India. Since I have been working for years in Kerala both on Sanskrit and Malayalam sources, I was interested in whatever contextualized information I could find on the history of Indian medicine in Kerala, and I skimmed through Meulenbeld's *History* by following this vital thread. I guess other readers interested in the Bengali tradition or the Gujarati tradition, etc., could undertake the same kind of reading.

From the eighteenth century onwards, a regional tradition of Ayurvedic medicine revolving around Vahata's (Vagbhata's) *Astangahrdayasamhita* evolved in Kerala. The corresponding literature in Sanskrit is analysed by Meulenbeld in great detail, and the cross-references made between the various texts involved are extremely useful. Sanskrit philology, nevertheless, shows its limits when describing texts like the *Kairali* and other commentaries composed in Kerala and closely connected with local practices and the Malayalam language (vol. 1a: pp. 674-5). Therefore, a few annotations (vol. 1b: pp. 745 sqq., nn. 388, 453, 470) may seem out of focus, in so far as they do not establish the connection between Sanskrit and Malayalam, or they interpolate irrelevant bibliographical references. The historical, linguistic and sociological context of commentaries like the *Kairali* and dictionaries like the *Abhidhanamanjari* is perfectly clear and well-documented, provided the information given by N. S. Mooss (their editor) is completely taken into account. *Panasandolika* is a sanskritization of Malayalam *Plantol*, which is the name of an illam, that is, a Nambudiri family name. The author of the *Kairali* was a grand-father to the author of the *Lalita*. From a historical, linguistic and anthropological point of view, what makes the value of these post-classic texts is their being intimately associated with Malayalam (the vernacular): among other contextualizing features, Malayalam glosses are interspersed with the Sanskrit text.

Similar remarks should be made on the description of the *Sahasrayoga* (a pharmaceutical formulary) in volume II: nearly all the annotations (vol. 2b: pp. 538-541) are based on a Hindi commentary added to the translation of the Malayalam original text into Hindi that was commissioned in the 1980s to popularize the *Astavaidya* tradition of Kerala in the north of India. From a historical, linguistic and anthropological point of view, however, what makes the value of the *Sahasrayoga* is its being intimately associated with Kerala local practices and local botany that are currently taught and discussed in the Malayalam vernacular. It cannot be described through a process of translations and re-translations from Malayalam to Hindi to English without being deprived of most of its significance. One would not say that the botanical identifications provided in the Hindi commentary are mistaken, but that they are out of context.

Let us remember that the *Hortus Malabaricus Indicus* (1678-1693), from which the frontispieces of Meulenbeld's five volumes are taken, was printed in Latin at the end of a long process of translations and re-translations from Malayalam to Konkani to Portuguese to Dutch to Latin. The well-knit local system of Sanskrit-cum-Malayalam botanical and medical knowledge, that was the basis of this monumental herbal, had been decontextualized in the process. It was to be rediscoved only in the 20th century. Most of us are ready to admit that the Sanskrit tradition of Ayurvedic medicine is self-contained, but only up to a certain point. To the self-contained tradition of Sanskrit medical literature, Jan Meulenbeld's *History* offers the most perfect key. The next step will be to write contextualized histories of the various Sanskrit-cum-vernacular traditions.

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G. J. MEULENBELD HONOURED

On 12 April 2002, at a ceremony held at the State University of Groningen and attended by, among others, the Indian Ambassador to the Netherlands, the Dutch scholar Dr. Gerrit Jan Meulenbeld was made a Knight of the Order of the Lion of the Netherlands. With this award, the Dutch Crown honoured his lifelong dedication to the study of Indian medicine, his international renown in the field, and his monumental, multi-volume opus *A History of Indian Medical Literature*, published by Egbert Forsten of Groningen. The final volume of this work was released at the aforementioned ceremony.

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BOOK REVIEW

Plural Medicine, Tradition and Modernity, 1800-2000
Edited by Waltraud Ernst
Routledge, London and New York 2002,
244 p.
ISBN 0-415-23122-1

BY BARBARA GERKE

Waltraud Ernst and her 12 contributing authors in *Plural Medicine, Tradition and Modernity, 1800-2000,* present a social historical work with new perspectives on pluralism in traditional medical cultures. Critical and informative, the essays span across two centuries and four continents, embracing medical traditions of Africa (traditions of East Africa, Swaziland and South Africa), India (Unani *tibb*, Ayurveda, Colonial Homeopathy), China (Chinese Medicine), New Zealand (Maori Healing) and Britain (Orthodox Hydropathy, British South Asian mothers anf pluralism). The concluding two essays deal with the increasing role of the Internet - not entirely devoid of controversy - in the medical realm.

Evidently, the range of issues is vast and multifarious. The continuing new developments in what, until recently was plainly described as Western medicine, and the simultaneous, equally large research output in traditional medicine, have made the debates as much richer as complex. But after reading through the essays, the reader will certainly have widened his/her horizon to a more nuanced understanding of traditional, as well as modern medicine; leading to - as the book purportedly aims at - an acknowledgement of the plurality in contemporary medicine.

Despite the multifarious issues, the essays generally approach their subjects from a social-historical outlook "that cut across academic methodologies and theoretical concerns and, most importantly, aim at breaking away from an exclusively Western and biomedically centred perspective"(p.3), as Waltraud Ernst expresses in her well-written introductory essay "Plural medicine, tradition and modernity. Historical perspectives: views from below and from above". Ernst contends that 'plurality' of medicine is not a new phenomena, although the term might easily lend itself to a post-modern political interpretation.

Interestingly, the idea of pluralism is faced with a piquant situation when it comes to the most emblematic technology of modern times, the Internet. With a plethora of sites offering health care facilities, many of them apparently far from authentic, "the Internet is subject to the very same issues that exercise members of the public and orthodox and heterodox practitioners long before the advent of modernity," in Ernst's words.

Michael Hardey, in his article "Health for sale: quackery, consumerism and the internet", studies a variety of available information and treatment by untrained practitioners and sheer quacks on the internet from the consumer's perspective. Likewise, Ned Vankevich in his essay "Limiting pluralism" studied the *Quackwatch* website by the American physician Stephen Barrett, who eschews medical pluralism on the internet. Barrett, is at the other end of the spectrum, where he dumps all non-biomedical treatments as quackery.

Both authors are able to point out the limitations and challenges of the modern web-based health market. This reading will help to generate a more critical awareness to deal with the plethora of health offers on the Internet. Thus, this work not only addresses medical historians, anthropologists and health professionals, but also anyone interested in gaining more insight into a broad spectrum of health issues that will enable her/him to make decisions regarding medical treatment from a well-informed platform.

The presented essays are drawn from the patients' as well as the practitioner's perspective. 'Views from below', as Ernst describes, refer to the patients' perspectives which have become an important component to the understanding of the various medical cultures. This approach includes patients as 'active subjects' rather than 'passive objects' in the decision-making of their medical treatment.

Further, detailed examples are presented on the "tensions and cross-fertilisation between 'orthodox' Western biomedicine and 'other' medical approaches within the context of different cultural settings during the course of the nineteenth and early twentieth centuries" (p.9). Consequently, the book allows the reader to empathise and identify with numerous perspectives. This certainly leads to innovative opinions based on an information transcending cultural and historical lines.

Personally, I was attracted most by the articles on medical systems in India - Unani, Ayurveda and Ho-

meopathy. Having lived for more than a decade in the country, the essays by David Arnold, Sumit Sarkar ("In search of rational remedies: homeopathy in nineteenth century Bengal"), Claudia Liebeskind ("Arguing Science: Unani *tibb*, hakims and biomedicine in India, 1900-50") and Maarten Bode ("Indian indigenous pharmaceuticals: tradition, modernity and nature") I found, were highly enriching. Among other things, they made me reflect more deeply on how, in the course of fifty years since the country's independence, biomedicine could change its stand from being 'orthodox-colonial' to 'modern-scientific' and homeopathy from 'anti-colonial, nationalist' to a 'metropolitan or small-town phenomena'. Especially in a diverse country like India, it proves all over again that medical traditions are intrinsically 'plural', and continuously adapt to changing social and economic realities.

Arnold and Sarkar challenge the excessively homogenised polarities of Western and indigenous, modern and traditional, universal and local, dominant and popular, etc., which "in the case of medical history as elsewhere, tend to reproduce in inverted form some of the most problematic features of 'Orientalist thinking'." (p. 41). Liebeskind highlights the fact that for Unani *tibb* practitioners science was "accumulated knowledge based on experience and observation" (p. 69), and unravels a historical medical discourse of great interest between *hakims* and colonial biomedical practitioners. Bode unearths stunning facts of present-day Indian Ayurvedic and Unani pharmaceutical companies, where modernity and tradition are freely exploited for commercial purposes.

A very interesting contribution to the book is the essay "*Kexue* and *guanxixue*: plurality, tradition and modernity in contemporary Chinese medicine" by Volker Scheid. Scheid employs a critically innovative perspective, where 'modernisation' is given equal importance to 'inheritance' and 'development' of the medical tradition. Firstly, he takes into account ethnographic realities of Chinese medicine during his extensive field work with Professor Rong in contemporary China, and secondly, he critically examines definitions of tradition, modernity and culture. Viewing traditional medicine against the colonial history, he notes that "the idea of culture, finally, can be shown to become important in Western scholarly discourse precisely at that historical moment during which 'Atlantic nations began to establish their dominion over much of the rest of the world' and to embark on a 'process of self-definition through contrast with characteristics imputed to colonised others'." (J.D. Farquhar and J.L. Hevia,1993) Scheid concludes that the interrogation of the construction of our perspectives of 'culture', 'tradition' and 'modernity', seems to be an essential requirement to approach the study of traditional medicine today.

Heterodoxy -healing methods outside biomedicine - and orthodoxy are sharply delineated in James Bradley's "Medicine on the margins? Hydropathy and orthodoxy in Britain, 1840-60". His analysis reflects the trend - proclaimed since the 1970s by the medical anthropologist Charles Leslie - that "Western orthodoxy should not be the centre against which non-western medical systems are judged" (p.19). Bradley also pays attention to linguistic nuances, stressing that the language of the particular period - in his case, mid-nineteenth century Britain - has to be taken into account, and that "descriptive labels, like 'alternative', that derive from our own twenty-first-century understanding of social reality, should be avoided as far as possible"(p.20). He studies hydrotherapy as an example to understand better the nature of mid-nineteenth-century orthodoxy, which, he claims, differs from today's understanding of the term in a medical context. The ideological construction of 'orthodoxy' even defined itself in relation to contemporary heterodox healing methods, like hydrotherapy, which in itself was neither institutionally nor intellectually organised as a medical system.

The essay entitled "Local-global spaces of health: British South Asian mothers and medical pluralism", relates to health beliefs and behaviour of minorities in Britain. This cross-cultural study by Kate Reed follows a patient oriented approach. Reed analyses the influence of globalisation on the health beliefs of 30 Indian women, who have either been born or have lived in Britain from the age of five or younger. The most interesting aspect of her findings - even though the study was restricted to the specific geographical location of Leicester - is her more dynamic approach towards pluralism. Her argument that "pluralism is built upon multiple transnational networks, networks which can be regionally situated but transcend national boundaries" (p. 181), is well reflected in the discourse with the interviewed women who describe their preferences of Indian and Western medical products that they have access to through their cross-cultural way of life. By mixing and matching alternative health goods from various Western and Indian traditions, they create something new in the process, which acquires a state of uniqueness in terms of

health beliefs and behaviour in their respective Diaspora.

Patricia Laing takes a personal approach in "Spirituality, belief and knowledge. Reflections and constructions of Maori healing", in the framework of her own experience of breast cancer, which is appealing, presumably also to a readership that looks for combinations of personal case histories and informed scholarship of traditional medicine.

With three essays on African indigenous medicine, the book integrates another - entirely different - medical cultural setting. Walter Bruchhausen and Volker Roelcke ("Categorising 'African medicine': the German discourse on East African healing practices, 1885-1918") analyse the impact of German colonial rule on the development of paradigms that were used to explain East African indigenous healing arts. They argue that German colonialism "flourished during the very same period when modern scientific medicine emerged as a dominating force (p.76), which, consequently, lead to a development where 'African medicine' was described and understood in reference to European medical ideas and paradigms. Traditional medicine in East Africa only emerged during colonial times and was in fact misused to "separate the scientific from the irrational, medicine from religion and politics, professional expertise from lay attitudes - in short: 'orthodox' from 'heterodox'."(p.87)

Ria Reis ("Medical pluralism and the bounding of traditional healing in Swaziland") analyses - based on her fieldwork in Swaziland from 1987 to 1988 - medical pluralism in terms of traditional medicine incorporating biomedicine. Her studies are a very interesting sample of how the localisation of biomedicine "takes place within the context of hierarchically ordered healing powers." (p.108). Anne Digby and Helen Sweet ("Nurses as culture brokers in twentieth-century South Africa") analyse the role of South African nurses in the development of replacing indigenous with Western medicine. The black nurses, who were trained and worked in colonial missionary hospitals, "empowered the patient by acknowledging, discussing and providing access to chosen opinions for care and treatment within both Western and traditional medicine." (p. 126). The term 'latent pluralism' is introduced by the authors to signify a pluralistic attitude, but one that was, and still is, hidden or publicly denied ..." (p.125). They suspect that about 90% of African nurses believe in or consult traditional medicine, despite their biomedical activities at work.

Waltraud Ernst's well-edited collection of essays reflects a new trend in socio-historical and medical anthropological studies to meet the demands of representing diverse medical cultures on a global platform. It is not a book one can read through hurriedly; it asks for deep reflection. Ernst intended "to reveal some of the issues involved in discussions on the nature and the manifestations of plural medicine" (p.9). She certainly has succeeded.

BARBARA GERKE

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WEBSITE INFORMATION

THE WEBSITE: «5 ELEMENT ACUPUNCTURE INFORMATION»

has moved to

<http://www.members.optusnet.com.au/~5element>

The purpose of this non profit site is to provide a resource for patients, students and practitioners who want to find out more about this spirit /emotional level style of acupuncture.

Contact: GYE & MIRVA BENNETTS:

E-mail: 5element@optusnet.com.au

FORTHCOMING CONFERENCE

WORLD AYURVEDA CONGRESS AT KOCHI, KERALA , INDIA
1 - 4 NOVEMBER 2002

"AYURVEDA AND WORLD HEALTH"

Organized by Swadeshi Science Movement, a unit of Vijnana Bharati, in association with Governmental and Non-Governmental organizations.

There is now renewed interest all over the world in the uniqueness and the universality of Ayurveda. Hence the focal theme of the congress will be "Ayurveda and world health."

Ayurveda defines the word HEALTH as a balanced and co-ordinated functioning of the physical, mental and spiritual faculties of any life form - microbes, plants, animals and humans. As a universal science of health, Ayurveda emphasises a holistic way of life that considers the environmental factors of each region. A dynamic and interactive bio-diversity is the basic approach of Ayurveda towards sustainable world health. People of all races and continents are now accepting the holistic approach. There is therefore a need to strengthen the interface between Ayurveda and other systems of medicine. It is imperative to evolve new methods and techniques, and to develop new drugs and herbal formulations based on Ayurvedic principles and nutraceutical concepts. We have to develop Ayurvedic criteria to meet the special features of each region and each continent. A special session is planned for this subject of adapting Ayurveda to the requirements of each continent. Integration of Indian systems and globalisation of Ayurveda as a full fledged health care system, with a strong interface with modern systems, would form a part and parcel of this attempt.

It is our endeavour to bring together delegates from different scientific disciplines working on the various aspects of Ayurveda at the global level. The key themes are selected with a view to stimulate deliberations and lively discussions among the participating scholars, experts, scientists, Ayurvedic physicians, traditional healers, manufacturers and distributors of Ayurvedic drugs.

A. PLENARY SESSIONS:

1. Globalisation of Ayurveda and allied Indian Systems of Medicine
2. Panchakarma and Rejuvenation therapy
3. Ayurvedic specialities of Kerala
4. Integration of Indian systems, and their interface with 'modern' system
5. Herbal drugs - Ethnomedicine - Ethno-pharmacology, Plant sciences and nutraceuticals - natural drugs *vs* synthetic drugs - mineral drugs and animal-based drugs
6. Drugs development, drug industry, good manufacturing practices, Standardisation of Ayurvedic drugs, Impact of IPR, International marketing
7. Education and Research Methodology in Indian systems - Reforms and Revitalisation
8. Preservation of diversity in Health Care systems.

B. RESEARCH PAPERS:

1. Philosophical foundations of Ayurveda and Siddha; Triguna - Panchabhoota - Tridosha - Sapthadhatu - Mala theories, and their compatibility with modern sciences
2. Ayurvedic pharmacology
3. Diagnostic techniques - compatibility with modern techniques
4. Paediatrics in Ayurveda
5. Obstetric and Gynaecology in Ayurveda
6. Surgical Practices in Ayurveda
7. ENT and Ophthalmology in Ayurveda
8. Orthopaedics in Ayurveda
9. Mental Health and Ayurveda
10. Cancer-Radiation Hazards-Pollution Hazards and Ayurveda
11. Role of Ayurveda in AIDS Control & Management
12. Geriatrics and Rejuvenation therapy in Ayurveda
13. Treatment of poisoning in Ayurveda
14. Ayurveda and Liver diseases - Ayurveda and Rheumatism
15. Medicinal Plants to meet global needs
16. Drug Industry - Rules and Regulations across the world

17. Ayurvedic Ideas in Vedas, Upanishads, Puranas, Itihasas and evolution of different schools of Ayurveda
18. Yoga, naturopathy and alternative therapies of Indian origin
19. Role of Palmistry - Astrology - mantra - Tantra - Yajna - Music in therapy
20. The role of hygiene, nursing, and diet in Ayurveda
21. Impact of modern living on health
22. Promotive, preventive and curative aspects in Ayurveda
23. Ayurvedic treatments for plant and animal diseases
24. Autoimmune and degenerative disorders and Ayurveda
25. Metallic and Mineral Drugs - Efficacy and safety
26. Holistic medicines and Holistic health sciences
27. Biodiversity, Ecology, and Environment in Ayurveda and ecotourism
28. Ayurvedic injectables, vitamins, minerals and hormones
29. Active principles *vs* whole drug/compound drug.
30. Alternative/substitutes for non-available natural drugs
31. Local health traditions and tribal medicines.

C. Poster presentations

D. Pre-congress Workshops on Panchakarma, Ksharasutra, Yoga and Naturopathy, and Kerala Speciality Treatments

E. Introductory Course on Ayurveda for Non-Ayurvedic Practitioners

F. Competitions for Students

G. Mega Exhibition by National and International Marketing and Manufacturing firms, Universities, Colleges and Treatment Centres.

H. Dhanwanthari Jayanthi

On 2 November 2002 we will have the Dhanvanthari day celebrations with a seminar session on major contributors for perfecting Ayurvedic system: Susruta, Charaka, Vagbhata, Nagarjuna, Madhava, Agasthya, etc.

TIME SCHEDULE

The last date for receipt of one page (250 words) abstract was 30 June 2002. The abstract should contain the title in block letters, names of authors, and the address for correspondence. Copy of the abstract can be sent by e-mail. The Registration form should be sent with the abstract.

The last date for intimation of acceptance:
30 July 2002

The last date for full text with floppy of text:
30 August 2002

Contact for further details:
SECRETARY GENERAL
World Ayurveda Congress 2002
POB. 28
Thiruvananthapuram - 695 001, Kerala, India.

Email : mail@ayurworld.org,
aycongress@hotmail.com
Website : <http://www.ayurworld.org>

NETWORKING FOR MEMBERS

IASTAM is planning to set up an archive of members' biographies and publications. This will be made available to members 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 at *e.ford@ucl.ac.uk*

We can only accept submission in electronic form (ideally in pdf-format).

NEW MEMBER

HELLO,

I'm Dr. Jorge Luis Berra, a medical doctor from Argentina. 48, three children and a good wife. During the last 14 years we have been dedicated to the study and promotion of Ayurveda in Argentina and other Latin American countries. Since 2000, we are running a Postgraduate Course on Ayurvedic Medicine at Faculty of Medicine, Buenos Aires University. Mrs. Shailaja Chandra, Secretary of the Dept. of the Indian Systems of Medicine and Homeopathy, Ministry of Health and Family Welfare, Govt. of India, has congratulated us for this important achievement that in her knowledge, is the first Postgraduate Course in a western country at a public state university.On January 5, 2001, our Fundación de Salud Ayurveda Prema has signed a Memorandum of Understanding with the Gujarat Ayurved University (Jamnagar - India) after the approval of the Indian Embassy at Argentina and the Foreign Ministry and the Health and Family Welfare Ministry of India. Through this MOU, the Fundación de Salud Ayurveda Prema has been recognized as a Collaborating Center for teaching and research of Ayurveda in Argentina.

Regards to all of you,

DR. JORGE LUIS BERRA,

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Website: <http://www.medicinaayurveda.org>

MEMBER AND ICTAM NEWS

DEAR MEMBER,

We are very much looking forward to seeing IASTAM members at the ICTAM conference in Halle this summer (August 18-24, 2002). Please see the conference website *<http://www.ictam.de>*.

All those of you attending will be entitled to two years free membership.

If you are not up-to-date with your subscriptions it is now simple to pay on-line on the website *<http://www.iastam.org>*, otherwise send a cheque to Joe Alter, University of Pittsburgh, 200 Scaife Hall, Pittsburgh, Pensylvannia, 15261 USA, or to Emma Ford at Wellcome Trust Centre for the History of Medicine, Euston House, 24 Eversholt Street, London NW1 1AD, England.

A brand new feature of the website is that you will shortly be able to search the contents pages of all IASTAM newsletter back issues. A volume containing the combined issues to 2000 will be available for a minor fee. You will be able to order on-line or by contacting Emma.

If you have not already done so, please fill in the 'Networking Form'. This information will help to keep members up-to-date with each other's research and will eventually be made available on-line.

Our Members Meeting at the ICTAM will be held at Thursday 22nd August in the afternoon. We hope to see you there.

With best wishes,

VIVIENNE LO
General Secretary
E-mail: viv.lo@iname.com