



The International Association for the Study of Traditional Asian Medicine

www.iastam.org

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IASTAM VIII International Congress on Traditional Asian Medicine 9-13 September 2013, Changwon, Korea

Under the auspices of the International Association for the Study of Traditional Asian Medicine, the eighth International Congress on Traditional Asian Medicine will be held in Changwon, Korea from 9-13 September 2013. The hosting organisation will be the Korean Society of Medical History (KSMH), comprised of scholars and physicians of Korean Medicine. The KSMH, with Maeng Woong Jae as president, has secured financial support from various tiers of government in Korea to facilitate the conference.

ICTAM VIII will be held in conjunction with the 2013 World Traditional Medicine EXPO, which will be held from 6th Sep - 20th Oct. 2013. This year marks the 400th anniversary of the publication of "*Donguibogam*"; the canonical Korean medical text. This text was added in 2009 to the UNESCO Memory of the World Register. The local organisers plan to have six sessions operating simultaneously, including one ongoing session for clinical demonstrations. The organisers are also planning simultaneous interpretation and video screens.

The conference will also feature a visit to the Traditional Medicine Expo and sightseeing visits. Optional tours featuring observation in clinics of Korean Medicine will also be offered.

Please see the Call for Papers on the last pages of this newsletter for more details, as well as www.iastam.org. We look forward to seeing you at ICTAM's Eighth Congress in September.

Welcome to the IASTAM Newsletter

After a hiatus of several years, IASTAM will begin a bi-annual newsletter for members. The purpose of the newsletter will primarily be to inform members of upcoming or past events, conferences and seminars pertinent to IASTAM members. We also welcome member announcements and other information, such as calls for papers. Short book reviews that would be of interest to IASTAM members would also be welcome. We would be most grateful if you would send any information you would like included in the Newsletter to:
iastamnews@gmail.com.

Please send all entries for the Spring/Summer 2013 Newsletter by the end of April 2013.

Thank you for your time,

The Editor

IASTAM International Activities

News from IASTAM-India

Dr. Narendra Bhatt has been busy with the Indian Chapter of IASTAM. (please refer to: www.iastam.india.org). A new centre of operations opened in Pune, where there was an IASTAM-India Award Function on March 3, 2012 coupled with a Symposium on Integrative Research. Reports on these events follow.

National Symposium: “Integrative Research – What & How?”

Narendra Bhatt

A national symposium on integrative Research was held in Pune on March 3rd 2012. After welcome by Dr. Abhijit Patil, Principal of the Ayurveda College of Bharati Vidyapeetha University, the host organization, Dr. Narendra Bhatt, President of IASTAM – India, presented the highlights of the subject. He emphasized a global perspective of integration and the need for newer approaches to integration.

In his keynote address Prof. Dr. Ravindra Bapat, a former Vice-chancellor and an eminent surgeon who has been associated with Ayurvedic research for more than two decades, shared his experiences and suggested modalities for integration to search for solutions to serious illnesses.

A session on ‘Integrative Research - Basics’ was chaired by Dr. Valiathan in which a panel of six experts, led by Dr. Katiyar, deliberated on paradigmatic differences and how to develop a convergence of ideas. At the second session on ‘Integrative Research – Products & Applications’ chaired by Dr. Bhushan Patwardhan and led by Dr. Narayana, a panel of seven experts discussed issues concerning technical modalities and regulatory issues.

IASTAM – India has earned a reputation of fostering platforms for useful and productive deliberations on issues of significance, whilst ensuring that proceedings are published.

The symposium was structured for interactive discussions and was attended by more than 150 participants. Additionally, after a long gap, IASTAM-India distributed several issues of their newsletter titled ‘*Communique*’.

IASTAM – India Awards The Fifth IASTAM-INDIA Awards

Narendra Bhatt

The Indian Chapter of IASTAM initiated an award in the memory of its Founder, President Pandit Shiv Sharma, who founded IASTAM with Prof. Basham & Prof. Charles Leslie.

This was followed by an award in the memory of Prof. K. N. Udupa, the next president of IASTAM, a stalwart from Banaras Hindu University, and a conventional medicine man who devoted his life to promotion of Ayurvedic research.

Dr. G. V. Statyavati, former Director General of Indian Council of Medical Research, the highest body of medical research in India, instituted an IASTAM Award in the memory of her scholar-teacher, Dr. C Dwarakanath, author of ‘Introduction to Kayachikitsa’ and ‘Digestion & Metabolism in Ayurveda’, two early texts on Ayurveda in the context of modern medicine.

On death of Dr. K M Parikh, Head of Zandu, IASTAM-India offered four new awards, sponsored by the Zandu Family, encouraging interdisciplinary research. These awards are for excellence in allied sciences at national level and are neither restricted to Ayurveda scholars nor experts.

Two new awards have been added in the fields of Shalya Shalakyas (similar to Surgery in Ayurveda) and Yoga.

IASTAM-India's goal is to increase their awards from a total of nine awards to twelve awards so that an independent one-day function could be held with twelve scholars sharing their views.

With a view to encourage younger participation, IASTAM-India, with the help of Bharati Vidyapeeth University, has arranged three *BVU – Iastam National Scholar Awards* for best thesis in Ayurveda for Ph.D. and M.D./M.S. students.

Award Recipients

Ten IASTAM-India Awards were given to eminent scholars & experts from different fields for their exemplary contributions to the development of indigenous systems of medicine at the hands of Prof. Dr. Mutalik, a doyen in health policy. Prof. Dr. Shivaji Rao Kadam, the Vice-Chancellor Of Bharati Vidyapeetha University presided over the function.

The awards, the disciplines represented and the awardees are as follows :

Pandit Shiv Sharma Oration for Promotion of Ayurveda – Shri P. R. Krishnakumar, an eminent leader and head of arya vaidya from Coimbatore.

Zandu Bhatt Oration for Development of Ayurveda or Ayurvedic Therapeutics – Prof. Dr. Valiathan, an internationally renowned expert in bioengineering and author of new version on Charak Samhita and Sushrut Samhita.

Prof. K. N. Udupa Award for Contributions to Research in Indigenous System of Medicine – Dr. Ravindra Bapat, an eminent surgeon, former vice-chancellor of Maharashtra University Of Health Sciences.

Dr. C. Dwarkanath Award for Contributions Contemporary Interpretation / Applications of Ayurvedic Principles – Dr. C. K. Katiyar, Director, Dabur Research Foundation.

Dr. K. M. Parikh Award for Contributions to Development of Ayurvedic/Herbal Pharmaceutics – Dr. D. B. A. Narayana, Former Head Of Research at Hindustan Unilever.

Shri Jugatram Vaidya Award for Excellence in Teaching Ayurveda – Dr. A. K. Sharma, Director, National Institute Of Ayurveda, Jaipur.

Shri Mathuradas Parikh Award for Excellence in Profession – Ayurveda to Vaidya Ramesh Nanal, an eminent Ayurvedic physician.

Vaidya Haribhau Paranjape Award for Excellence in Shalya Shalakyia (AYURVEDIC Surgery) – Prof. Dr. Ranvchandra Gogate, an eminent teacher and expert in Ayurvedic surgery. Yoga Forum Munchen Pantanjali Award – Prof. S. N. Bhavsar, an eminent sanskritist and scholar.

Shri Gopaldas Parikh Award for Contributions to Drug Development in the Field of Phytochemistry & Allied Science – Prof. R. T. Sane, an eminent educationist and expert on standardization.

Reflections on IASTAM-India Workshop

International Workshop on 'Integrating Traditional South Asian Medicine into Modern Health Care Systems'

Professor Ritu Priya

An International workshop was organised at the Jawaharlal Nehru University, New Delhi on the 4th-6th October, 2012, by the Centre of Social Medicine and Community Health-JNU, Martin-Luther Universität Halle Wittenberg (Germany), Foundation for Revitalising Local Health Traditions (Bnagalurur, India), and the India Chapter of International Association for the Study of Traditional Asian Medicine (IASTAM).

This workshop was a dialogue between practitioners of Ayurveda, traditional folk health practitioners (THPs), public and private sector producers of Ayurvedic and herbal medicines, civil society activists who have worked with Ayurveda and THPs, officials of government agencies related to AYUSH, social scientists who have studied the issues of traditional medicine (TM), and public health scholars with experience in health systems development.

The workshop also brought together three diverse health system settings; European countries, with focus on Germany, South Korea and India. The questions addressed included: how to operationalise integration of traditional codified and non-codified folk systems into the health care system of India that would benefit all; what lessons could be learned from the European and South Korean approaches to universal health care development and the role of TM within that; and how the hierarchical relationship between modern medicine, the codified TM systems, and the non-codified TM influence the regulatory mechanisms and setting of standards?

Occurring at a time when there is a strong public discourse on universal access to health care in India, and the policy makers are looking at ways to integrate TM into the mainstream health service system, it may be hoped that the recommendations of the workshop will contribute to policy making discussions in India.

Rapporteur's team

Centre of Social Medicine and Community Health

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After visiting the Conference “Integrating Traditional South Asian Medicine into Modern Health Care Systems”

Taehyung Lee

1. Conference introduction

From October 4 to 6, 2012 a conference entitled “Integrating Traditional South Asian Medicine into Modern Health Care Systems” was held in Jawaharlal Nehru University (JNU), New Delhi, India. This conference was co-sponsored by the Centre of Social Medicine & Community Health (CSMCH) in JNU, and the Foundation for Revitalisation of Local Health Traditions, India Chapter-International Association for the Study of Traditional Asian Medicine in Bengaluru.

At this 3-day conference, researchers, clinicians and policy researchers from South Asia, Europe, and Korea discussed how to converge traditional medicine and the modern health care system from an international perspective. This kind of international discussion had not yet been attempted; at least in India. 39 presentations were made, 27 from South Asia, 8 from Europe, and 4 from Korea.

Discussion at the conference was based on the fact that the value of traditional medicine is increasing. Both developing countries, where the medical environment is not properly mature, as well as developed countries are confronting problems regarding the modernization of traditional medicine, regardless that the importance of traditional medicine in public health continues to increase. This may be an outcome of many cases in which the specificity of traditional medicine does not meet the standard expected in modern health care systems.

Furthermore, the situation in which many kinds of traditional medicine co-exist in one country also makes modernization difficult. This means that modernization of traditional medicine should be discussed from an international perspective, rather than from a single country's perspective.

In this conference, participants were able to examine the medical systems related to traditional medicine in Europe, Korea, and India. In order to converge traditional medicine and modern medicine, there should be a way for each to communicate with the other.

The common language to be employed was identified as the most significant issue. Consensus was reached that if the language cannot capture the specificity and diversity of traditional medicine, ultimate integration is impossible. On the other hand, if the language lacks objectivity in interpreting traditional medicine, then general agreement cannot be reached.

The concept of 'integration' was also discussed. It has been pointed out that many people talk about integrative medicine, but there is no clear definition of, or consensus on, what 'integration' means. So it was emphasized that from now on the focal point of discussion should include how to integrate or “converge” traditional and modern medicine to maximize medical benefits.

2. The status of modernization of traditional medicine in Europe, Korea, and India

Ananda Samir Chopra (Medical Director Ayurveda-Klinik, Kassel) is a German MD using Ayurvedic medical treatment in a hospital setting. He reported that in Germany traditional medical treatment is only conducted by medical doctors, thus, doctors who provide Ayurvedic medical treatment will have knowledge of Western medicine. He identified the merits of using Ayurvedic medical treatment in hospitals, where doctors are able to use modern diagnostic equipment and facilities.

However, the recognition of Ayurvedic medicine is reportedly very scarce and systematization has not yet been completed. Therefore, similar practices can be grouped as Ayurvedic medicine.

Furthermore, Ayurvedic diagnosis and treatment is not officially approved by the state and cannot be covered by insurance. He stated that traditional medicine should be approached from an international perspective in order to earn official approval. He also stated that for official recognition by the state, an evidence base is needed and the method of how to develop an evidence base that reflects traditional medicine needs to be discussed.

In the session from Korea, Prof. Kang Yeonseok from the Department of Medical History, Wonkwang University gave a comprehensive presentation named “The Current Status of Korean Medicine and Some Examples of Modernization of Traditional Medical Contents.” The presentation concerned the modernization of Korean Medicine in the past 100 years in Korea, and also presented the current situation of Korean Medicine and the research results achieved.

Next Taehyung Lee from the Department of Medical History, Kyung Hee University made a presentation titled “The Dispute on the Modernization of Korean Medicine”. He compared and examined historical disputes on Korean Medicine's modernization and made comments on how to research integrative medicine. The modernization of Korean Medicine has many similarities with the situation of Ayurveda in India. Also for the 'integrative medicine' discussed, Korean Medicine and Ayurvedic medicine are connected and should cooperate each other.

For the last presentation, Kim Dongryul and Professor Ahn Sangwoo from the Department of Medical History, Kyung Hee University presented “Modern Applications of ‘The Daily Records of Royal Secretariat of Chosun Dynasty’ Medical Records”. Indian researchers stated that it is rare to find cases of such a large amount of ancient traditional medical documents such as the Royal Secretariat of the Chosun Dynasty’ Medical Records.

In India, traditional medicine is supervised by a national institution called AYUSH.

AYUSH stands for Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. AYUSH is responsible for the standardization of traditional medical education, quality improvement of traditional medicines, supervising traditional medicines, and regional / international research of Oriental medical systems. AYUSH supervises 2458 Ayurvedic medical hospitals, 275 Siddha medical hospitals, 269 Unani medical hospitals, and 245 Homoeopathic medical hospitals. Furthermore, 254 Ayurvedic medical, 7 Siddha medical, 39 Unani medical, 185 Homoeopathic medical universities are also supervised. In terms of graduate schools: 64 Ayurvedic medical, 3 Siddha medical, 6 Unani medical, 33 Homoeopathic medical graduate schools are supervised.

AYUSH classifies traditional medicine in two ways; codified medicine and non-codified medicine. Ayurveda, Unani, Siddha medicines are codified medicine, as they are inherited with medical texts. But in India there is much medical knowledge inherited from regional tribes and families without medical texts. So AYUSH is trying to gather and conserve these non-codified medicines as LHT (Local Health Traditions).

3. Active discussion to find the method for the modernization of traditional medicine

One of the outstanding features of this conference was very active discussion. For each session's thirty minute official presentation time, one hour was assigned for discussion, but discussion continued over two hours. The main topic of discussion concerned the issues encountered when measuring traditional medicine by modern science. For traditional medicine to be nationally approved, evidence must be found by clinical research. But standards for this research can damage the identity of traditional medicine. Specifically, formations of frameworks in regulating traditional medicine in Europe, India, and Korea were compared.

The ways to respect traditional medicine by reflecting its values was also discussed. For example, there is no such national institution solely supervising traditional medicine as AYUSH in Germany. In the German system, it is possible for traditional medicine to be approved only if it meets modern medicine's standards. However, both India and Germany identify the limitations of researching traditional medicine solely according to scientific standards.

Thus, it was concluded that diversities of medicines need to be taken into account, and discussions should continue to find ways to integrate, or converge traditional medicine's diversity. We cannot discuss integration between different medical systems without considering the unique perspectives of these different medical systems. Integrative medicine is not the same as medical unification. Integrative medicine means treating patients in the best way by using advantages from different medical systems.

It was also identified, that in Europe Ayurvedic medicine is occasionally regraded as a “well-being” product, rather than as a medical system. This means if medicine approves only one standard of biomedicine, traditional medicines become “semi-alternative medicines” or well-being products. Opinions were presented arguing that in order for Ayurvedic medicine to be approved, regulatory methods which reflect diversified views need to be considered.

However, it was discussed that we should not neglect finding evidence. It has been stated that the use of medicines is different from that in the past, and we need now provide evidence that demonstrates that medicines being used are appropriate, in order to ensure safety and provide the best treatment to patients. But there was also an opinion that in providing an evidence base, we cannot measure traditional medicine in a single manner. Furthermore, it was identified that we do not really know how best to evaluate traditional medicine, even though it is not impossible to find ways to evaluate traditional medicine.

4. Presentation of integrated medical research methods which reflects identity of traditional medicine

On the last day of the conference, practical methods to implement integration were discussed. Systems biology was identified as one such

method. Prof. Rama Jayasundar (Associate Professor, Dept. of Nuclear Magnetic Resonance, AIIMS) presented “Systems Biology Approach of Ayurveda and Relevance in the Present Context”, in which an attempt to identify Ayurvedic medicine by systems biology was introduced. Systems biology is based on the concept that the *relation* between cell components can explain the system's function and action. Professor Rama Jayasundar stated that 'function' in Ayurvedic medicine is divided in three ways; movement (Vata), metabolism (Pitta), growth and support (Kapha). These three functions, without any special hierarchy, exist in every category and are interconnected. Thereby, Ayurveda can be understood to be related to systems biology. Of course there is a difference in that in Ayurvedic medicine the body is understood as a whole entity, whereas systems biology only observes interconnectedness at the cellular level.

Another presentation was by Dr. P. Ram Manohar (Director & CSO, AVP Research Foundation, Coimbatore) on “Integrative Research Methodology: The Rheumatoid Arthritis Study”. Dr. Ram Manohar stated that we should consider two things before conducting Ayurvedic medical clinical research. Firstly, we need to reevaluate Ayurvedic medical texts, since Ayurvedic medicine is based on historical evidence. Next, we need to find out how Ayurvedic medicine really works at the clinical site. He explained that Ayurvedic medical documents have already divided which part of concept or treatment pertains more to the psychological aspect, and which part more to the empirical aspect.

Ayurvedic medicine focuses on fitting treatment for individual patients, and research employing modern medical means; which is limited by the lack of ability to express diversity. Thus, in clinical research of Ayurvedic medicine, reflecting the context of clinical treatment is important.

For example, Dr. Ram Manohar argued that Ayurvedic medical treatment cannot be properly assessed in blinded randomised controlled tests, since Ayurvedic medicine sets a high value on individual patient status. To overcome this, he designed clinical research in which every patient received both Ayurvedic and biomedical treatment. Three comparison groups were assembled. The first group receives Ayurvedic treatment with a biomedical placebo. The second group receives biomedical treatment with an Ayurvedic placebo. And the third treatment group receives both Ayurvedic and biomedical treatment. In biomedical treatment, patients were treated for rheumatoid arthritis. However, Ayurvedic doctors treated patients according to Ayurvedic diagnoses and treatment, regardless of the biomedical designation for the disease. Dr. Ram Manohar reported that with this research design the response of each individual patient could be distinguished, and significant data could thereby be accurately collected. His research's result was awarded by ESIM (European Society of Integrative Medicine) on September 21, 2012. Prof. Edzard Ernst, from Exeter University (UK), agreed that this design could be used as a blueprint for testing the efficacy of similarly complex non-biomedical interventions.

5. In retrospect

The conference helped to clarify that the various challenges identified in modernizing traditional medicine are not only an issue for Korean Medicine. Challenges were also identified in India, as well as in the U.K., China, and the U.S. These challenges are particularly pertinent in India, wherein traditional medicine has been historically used for centuries, as in Korea. Furthermore, discussions concerning modernizing traditional medicine are very active since biomedicine cannot cover all of India's medical needs.

Also noteworthy, is the fact that there is a growing voice stating that modernizing traditional medicine should not be done unilaterally, in a purely scientific manner, as has been done in the past. For the last 50 years, traditional medicine has been evaluated and “devaluated” according to scientific standards. But the situation has changed. The reasons of this change may be that the demand for traditional medicine is increasing, research capacity for

traditional medicine is increasing, and also methods are being developed to explain traditional medicine's value with the development of various technologies. But still, there is no solid base of how to build evidence to be approved by modern society, whilst preserving the value of traditional medicine. In order to respond to these challenges, researchers from around the world need to continue discussions and locate solutions from an international perspective.

IASTAM in Europe

Conference Report – Do we have something to say to each other?

Suzanne Cochran

‘The Quest for Personalised Health: Exploring the emergent interface of East Asian medicines and modern system sciences’ organised by EASTmedicine Research Centre at the University of Westminster and the School of Life Sciences through the Director, Professor Volker Scheid with Professor Jan van der Greef and Professor Bridie Andrews, and the International Association for the Study of Traditional Asian Medicines (IASTAM) was held in London on the 10th & 11th June 2011.

A conference is a whole bunch of differently embodied people messily and sometimes gracefully engaging with each other. Contending, awestruck and perhaps disconcerted by difference, excited by similarities, delighted by mutuality, tantalised by glimpses into cracks or fractures in seemingly closed system boundaries, perhaps disappointed when those emerging cracks close over when examined directly. There was talk of ‘incommensurability’ – that it is (and perhaps was at the Conference?) impossible to measure or compare systems sciences and East Asian medicines. Acknowledging that the way biomedicine differs from Chinese medicine is a complex issue.

Hanson (2010:241) locates this ongoing historical conundrum since the Jesuits arrived in China in the late sixteenth century and more recently addressed in theoretical, historical and anthropological studies. She identifies ongoing dyadic frameworks to locate one in relation to the other: “[biomedicine] is more reductionist and atomistic and [Chinese medicine] is more holistic and system oriented.” Perhaps looking for commonalities with scientists, who too are moving beyond reductionism toward systems thinking, is a useful endeavour.

The mix of people drawn to London to talk to each other was diverse. The presenters remained for the full two days, listened carefully, engaged and responded to each other. I am not sure how it was for the audience or observers. They too seemed very animated in tea and meal breaks. The volume of discussion in the interstices is surely the first indicator of a great success. Peter Deadman reported that the diversity of presentations: “*threatened to overwhelm at times. But it was hard to escape the feeling that these discussions were taking place at the cutting edge of 21st century medicine*”¹.

Professor Volker Scheid opened the conference with a Latourian challenge for us to form hybrid networks through focus on translation of our different conceptions and practices; breaking out of our need to purify and refine our differences to locate ourselves within our own boundaries. He also identified one of the strengths of Chinese medicine lay in its capacity to personalise medical care, as exemplified by Zhu Danxi extolling his teacher Luo Zhiti as never having used a single prescription twice in three years of studying with him.

The four keynote speakers were a tour de force. Firstly Professor Denis Noble, a physiologist, began by detailing the principles that led him away from reductionist biology into systems theory. This material is covered eloquently in his book ‘The Music of Life’ (Noble 2006); an excellent and accessible read. By debunking the notion that genes are programs that guide our lives, Professor Noble pointed to examples of ‘downward causation’ where incidences of feedback and constraint occur both up and down the linear hierarchy from gene to cell to whole

organism as the body establishes alternative pathways when the main mechanisms decline or vary. “*Function at higher levels in organisms depends on an interaction between the genome, the cells, tissues and organs, and the environment, with the higher levels and the environment acting as constraints on the processes at lower levels. Without those constraints life could not exist. There is no privileged level of causality*” (Noble 2009). He called for systems biologists to focus more on the understanding of physiological and pathological processes at the higher levels of organisation (rather than substances) and for East Asian medicine traditions to move toward demythologising, in order to make them more amenable to dialogue and perhaps synthesis.

The second keynote speaker, Professor Nathan Sivin, is another distinguished senior scholar, but in the field of sinology and the history of medicine. He asked that we apply the rigour of contemporary analysis to all medical endeavours whether pre-modern, East Asian or biomedical. “*Concentrating on principles that hold for not only popular but scientific medicine, for not only ancient but modern medicine, seems to me a good way to avoid self-delusion*” (Sivin 2011). He asked the difficult question of why and how people who are ill heal. Drawing on the work of Daniel Moerman, Professor Sivin emphasised that there are different responses to a medical intervention – spontaneous healing, a specific response to that treatment and a meaning response to all that surrounds the specifics of that intervention such as beliefs, the way in which it was delivered, the colour of the medicine and so on. It is this ‘meaning’ of the medical encounter that matters – and it matters by influencing outcomes. Examining the education of medical students in the U.S., Professor Sivin identified the enlargement of ‘evidence-based medicine’ as being at the cost of training in the art of the doctor-patient encounter.

It can only be hoped that the pressures on East Asian medicines to adopt an evidence-based practice will not undermine some of their major strengths.

The third scholar to speak was Dr Jane Calvert, a specialist in the study of systems biology and systems biologists. Using a science and technology studies perspective, she has been talking to systems biologists about their field and examining their projects. She used Keller's (2005) argument that "*For too long we have tried to build a biology out of nouns, a science constructed around entities. Perhaps it is time for a biology built out of verbs, a science constructed around processes*" to define her talk – is systems biology such a biology? Dr Calvert addressed the issue of translation; that is how the movement of knowledge occurs from one place to another – from laboratory bench to the bedside, from Asian medicines to systems biology – acknowledging that these are inevitably partial and imperfect interpretations, rather than direct translations. And the difficulties that arise by removing knowledge from its context to make it portable and able to be standardised.

The final speaker of the first day was Dr Hans-Georg Moeller who used great scholarship to define the concept of 'Qi' and by doing so placed the issue of 'translation' firmly into the centre of the discourse. He concluded: "*The notion of Qi... allowed for a worldview in which organic and inorganic things are, while clearly differentiable, nevertheless not fundamentally separate from one another, but instead "energetically" continuous*" (Moeller 2011). In so doing the tradition that has produced Chinese medicine side-stepped both anthropomorphism and the mind-body problem of the Western tradition.

The process of allowing a commentary and discussion after each speaker was obviously designed to promote dialogue and cross-referencing between such different contending ideas. It was helpful particularly as it did not displace the coexistence of such challenging concepts in one's mind – it just pushed them around a little allowing them to sometimes find common meeting points and sometimes move further apart. Surely the task of being a responsible conference participant at the end of day one required us to allow the tension of such different perspectives to remain at the foreground

of our consciousness. And to have ringing in our ears Yi-Li Wu's question of whose perspective is being subsumed by the other; is East Asian medicine clipping its awkward bits to fit neatly within systems biology? Or as Andrew Flower suggests is it *realpolitik* at work with non-biomedical approaches being bulldozed before a wave of scientism and needing a sympathetic science to cosy up to?

The second day offered such diversity collected into 3 panels: on complexity and systems with Professor Andrew Pickering, Dr Hugh MacPherson, Professor Yi-Li Wu and Paul Kadetz; on effectiveness with Professor Claudia Witt, Dr Andrew Flower, Sue Cochrane and Michael Stanley-Baker; on the Chinese view of things with Jan Schroen, Dr Roel van Wijk, Dr Vivienne Lo and Professor Bridie Andrews. And then there were commentators and questions from the floor. It is difficult to convey all these contributions here. Perhaps the most effective method would be to share some of the detail that emerged from the discussion (in no particular order):

- There are not enough mice in the world to be pressed into laboratory service to complete the genomic analysis.
- "*The discovery of post-genomics is that this apparatus is beyond our ken even when we can see all of its parts*" (Pickering 2011).
- The globalisation of Chinese medicine is displacing and reducing access to indigenous medicines in rural Philippines.
- 80% of system biologists perceive systems biology as cumulative reductionisms into mathematical and computer models.
- Chinese medicine details 3000 signs and symptoms and orders them into 730 syndromes or patterns.
- Rheumatoid arthritis sufferers can be grouped (via TCM) into heat-type and cold-type; found to have entirely different biomedically-assessed causation

(hormones more related to Cold syndromes; immune factors more related to Heat syndromes).

- 80% of genes when eliminated from a living creature will have no effect on its functioning.
- Elderly people with neck pain participating in a clinical trial failed to recognise and accurately apply a VAS scale of their pain causing the trial to become meaningless.
- A TCM doctor in China regularly sees up to 220 patients in one afternoon session (thus reflecting “*the tension between the ideal of individual specificity and the practical constraints of clinical work*”(Wu 2011)).
- There is seemingly an absolute taboo against moxa in acupuncture research.
- 8% of women (in endometriosis self-help groups) receiving surgery for their endometriosis found the result very or moderately effective (17% found it much worse).
- “*All medical traditions [are] the upshot of such dense performative interactions with bodies, and the establishment through such interactions of viable conversations, mediated by more or less stable fields of techniques and concepts*” (Pickering 2011).
- It might be “*that biomedicine is passing through one of those Hegelian moments when traditions undercut themselves and stand themselves on their heads*” (Pickering 2011).
- Efficacy is always bound up in epistemic arguments about the primacy of intellectual systems, which are in turn, intrinsically bound up in power politics.
- Living traditions’, successful by definition, inevitably transform in order to remain meaningful outside the social and cultural context of their origins.
- The ‘hierarchy’ from data to information to knowledge to wisdom can interact and inform both ways or all ways.
- Daoist healers use/used a diverse range of healing techniques such as more standard Chinese medicines and exercises, incantations, personal hygiene, rituals, etc.

– often in combination.

- In the mid 1990s the Chinese health authorities directed that all medical consultations in Chinese hospitals (including TCM) must lead with a biomedical diagnosis.
- There is a movement of fluid within connective tissue & most acupuncture points are located where two connective tissues meet.
- Kites are flown (is complexity a useful concept to guide future research?) & blind men grope elephants (can the idea of systems encompass the ‘whole’?).
- Water is often not liquid but a gel.
- Biophoton emission can be an effective biomarker that can be used to scientifically quantify the existence of *Qi*.

Listed like this, it appears to have been a very disparate conference, but there were definite themes that emerged. These predominantly focused on what Andrew Pickering called ‘performative knowledge’ – the way in which science is ‘done’ and the way in which East Asian medicine is practised. That is, a focus on processes and relationships rather than the things or subjects.

Did this conference meet its objectives? For me the conference supported the wisdom that: “*When you are hunting you look for the places where opposites overlap, because you know that is where to find the highest concentration of life. This is a basic truth in nature – when opposites meet, a dynamic synergy occurs. Where high ground meets low ground, where sea meets land; all through nature, when opposites mix, they create something new that is better than either. It is not a compromise*” (Kwaymullina 2010).

Certainly there was much discussion across disciplines and many thoughtful people accepting the challenges offered by the speakers. The most animated evidence of the possibilities of collaboration came from a post-Conference discussion of a joint research project on depression. *page 10*

Beginning with exploring how East Asian medicine can assist as a diagnostic framework, which could then be used to identify different biochemical ways of being depressed, this project seems very exciting and one to watch as evidence of the benefit of collaborative methods.

I commend the Conference organisers and speakers for the challenges they have given. Finding East Asian medicine a place in the future seems a particularly urgent problem in Europe. We need practitioners who continue to do East Asian medicine with clinical excellence. We also need people who are able to connect us with other medical traditions and pioneer studies such as systems biology. If our purpose is to bring the wisdom of our personalised health practises to a broader public, then these systems biologists are an excellent and fertile starting point.

Hanson, M. E. (2010). Conceptual blind spots, media blindfolds: The case of SARS and Traditional Chinese Medicine. Health and Hygiene in Chinese East Asia: Policies and publics in A. K. C. Leung and C. Furth. (eds) *The Long Twentieth Century*. Durham. Duke University Press: 228-254.

Kwaymullina, A. and B. Kwaymullina (2010). "Learning to read the signs: Law in an Indigenous reality." *Journal of Australian Studies*. 34(2): 195-208.

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IASTAM Workshop in the Himalayas



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Group discussions on purification, efficacy and substitutes

Producing Efficacious Medicines: Quality, Potency, Lineage, and Critically Endangered Knowledge

Calum Blaikie, Sienna Craig, Barbara Gerke, Theresia Hofer

The cool, earth colored linoleum floor of Dolma Lhaxhang was strewn with teacups and biscuit crumbs. Monastery-style cushions, at once durable and thick, had been pushed up against central pillars and clustered into circles, enabling three groups of practitioners of the Tibetan "science of healing" (Sowa Rigpa, *gso ba rig pa*) to set to work. This afternoon's task: to collectively determine three medicines that could be made in a few short days, both as a proxy for sharing insights about *materia medica*, pharmacology and regional variation in Sowa Rigpa knowledge and practice, but also as an end in itself, generating the possibility of healing.

This was day three of an eight-day workshop (5-12 December 2011) entitled *Producing Efficacious Medicine: Quality, Potency, Lineage, and Critically Endangered Knowledge*. The International Association for the Study of Traditional Asian Medicine (IASTAM) provided seed funds and administrative support for this event, which was organized by its regional Himalayan Desk. We received additional financial and logistical support from Nomad RSI (France), the Trace Foundation (USA), the Shelly and Donald Rubin Foundation (USA), Drokpa (USA), and Dartmouth College (USA). page 11

The Himalayan Amchi Association (HAA), a Kathmandu-based NGO founded in 1998, hosted the workshop.

In toto, this workshop brought together nearly forty practitioners of Sowa Rigpa from Ladakh, India, culturally Tibetan regions of northern Nepal, and Tibetan regions of China (Tibet Autonomous Region and Qinghai Province).



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Workshop participants before the *wang* on Day 2

The idea for this workshop was borne out of discussions we had with each other and with long-standing *amchi* and *menpa* associates from these regions while gathered together in Thimphu, Bhutan, for ICTAM VII in September 2009.

All participants invited to this workshop distinguish themselves by the fact that they not only belong to specific lineages of practitioners, but also that they still compound and prescribe their own medicines in an era otherwise marked by rapid commoditization of Tibetan formulas, shifts toward standardized mass production methods, and the implementation of pharmaceutical governance regimes derived from biomedicine. The workshop aimed to record, validate, and pragmatically explore the diversity and depth of knowledge of lineage-based Tibetan medical practitioners who continue to practice forms of Sowa Rigpa in their local communities.

We convened on a cool morning at Shechen Monastery in Boudha, Kathmandu after nearly two years of intermittent planning, a process that, in itself, bridged languages as well as organizational and working cultures. Our aim was to foreground practitioners' unique opportunity to work with each other and yet still be attentive to

our individual and shared research interests and attuned to the ethical challenges behind the ideal of sharing knowledge.

Some participants had traveled overland from Xining, via Lhasa, and on to Kathmandu. Others had descended from the mountains of Nepal or Ladakh to make the journey. Despite all that this group shared, geopolitics, national borders, and lifecycles being what they are, the workshop was also marked by absences: of people whose lack of a passport prohibited attendance, whose family situations compelled them to pass up this opportunity or whose own physical frailty at this point of a long, demanding life, kept them home. Even so, the convened group ranged in age from mid-eighties to mid-twenties and included people practicing under a wide variety of geographical, socio-economic and institutional conditions. Significantly, only one female practitioner from Ladakh attended the workshop, but the place of women in the past, present, and future of Sowa Rigpa was a point of active discussion throughout the week. A rough sketch of how the week's program proceeded follows:

On **Day 1**, we gathered together and spent the morning on introductions. In the afternoon, six of the most senior practitioners attending the event, two each from Ladakh, Nepal, and Tibetan regions of China, spoke of their lives, lineages and training, and other topics germane to the production of efficacious medicines.

Day 2 was devoted to a *wang*, or empowerment ceremony, in the tradition of the *Yuthog Heart Essence*, a Buddhist teaching within Sowa Rigpa, manifest in both oral and textual form. This event was presided over by Choekling Rinpoche, and was held in the main hall of Kanying Shedrup Ling, the monastic seat of the late Tulku Urkyen Rinpoche – and also Choekling's father – now home to a thriving monastic college populated by hundreds of monks as well as students of Buddhism from across the world.

Although the workshop itself was limited to the invited participants, the *wang* was open to the public as well as to other practicing Tibetan doctors in Kathmandu. More than 200 individuals gathered for this event.

The morning of **Day 3** began with a fascinating exchange on the role of such empowerment practices, along with oral transmissions (*lung*), in the production of efficacious medicines but also in the production of Sowa Rigpa practitioners.

In the afternoon, we dove in to the art, science, and practice of making medicines. The practitioners divided themselves into three groups, each a diverse mix of ages and regions. We then decided that each group would make a medicine focused on one of the three main *nyes pa* (“dynamics” or “faults”, often translated as “humors”) of wind (*rlung*), bile (*mkhris pa*), and phlegm (*bad kan*). The task for the afternoon was to think about a medicine which each group could produce with products available in Kathmandu markets and/or available through the sources of local Nepali *amchi*. The groups settled on *agar 8*, *tigta 8*, and *sendu dangnae*.

Lively discussions emerged about commonalities or variations on *materia medica* sources, textual references for the recipes, and quantities as well as qualities of the specific ingredients comprising these formulas. These discussions dovetailed with several other key issues that emerged during the workshop such as dosage and the definition of potency and efficacy.

At the end of this small group work, we came back together for one of several intense and intensive discussions about issues of substitution and the removal of poisons and impurities from medicinal substances. Gen. Wangdu, a senior practitioner originally from Kham who has taught at the Tibetan Medical College in Lhasa for many years, led many of these discussions. Within this traditional approach towards the most authoritative practitioner of the group, the forum also provided a space for other senior participants to share their knowledge and for more junior practitioners and students to listen and ask questions.



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Visiting the Kathmandu herb market

On **Day 4**, we headed to the herb markets of Kathmandu, not only to purchase materials for these three chosen medicines, but also to purchase samples of more than fifty medicinal ingredients to use as a basis for further discussions on potency, toxicity, and quality. In the afternoon, we turned specifically to the issue of detoxification techniques and practices as a whole group.

Day 5 began with the cleaning and preparing of the different medicinal materials, which was accomplished in the three small groups. This activity proved a lively forum to consider different definitions of “cleanliness” as well as “quality” and “contamination”. Once the medicines had been cleaned and prepared, we then turned to the task of weighing and apportioning specific ingredients.



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Weighing and compounding medicinal ingredients

The agreed upon ratios were derived both from textual sources and from a good deal of collective discussion about the relationship between these textual sources and specific practitioners' experiences making these medicines.

On the morning of **Day 6**, we again devoted time to key issues of detoxification and substitutions, with the conversation revolving specifically around mercury and the production of *tsotel* (*btso thal*, purified mercury-sulfide ash). As part of this discussion, we screened a short video that had been produced by our videographer (for another purpose) about mercury contamination and the containment of spilled mercury in medical settings.

In the afternoon, most participants continued these discussions while a small group, accompanied by two of the four anthropologists, went off to a local Tibetan medicine and incense factory to borrow the machines needed to grind the three batches of medicine.

Day 7 was devoted to pilgrimage and sightseeing. We visited Pharping, a cluster of temples and Guru Rinpoche caves on the southwestern edges of the Kathmandu Valley, and then went on to Godavari, the site of Nepal's botanical gardens.

The **final day** of the workshop provided time for official ceremonials, including visits by chief guests from Tribhuvan University and the Ministry of Health and Population, an important addition for our Nepali colleagues, as Sowa Rigpa remains unrecognized by the Government of Nepal. We also made time for less official moments of reflection, feedback, and closing discussions.

The workshop in its entirety was video and audio-recorded, with permission, and with the hopes that this record will serve many purposes, not only for the production of academic writing about topics such as substitution (*tshabs*) and the detoxification of *materia medica*, but also for these practitioners and their students, as a record of what was shared and as an example of how it might be possible to collaborate in the future. We also plan on making a short film, to be used for teaching and fundraising purposes.

Moreover we envision other outcomes from this workshop: a further workshop and training following this model; a collective effort to assist the Nepali

practitioners of Sowa Rigpa in their quest for state recognition and government support; and hopefully the participation of some of these practitioners in ICTAM VIII, which will take place from 9-13 September 2013, in Sancheong, South Korea, under the theme "Beyond Integration: Reflections on Asian Medicines in the 21st Century".

This event was a remarkable experience of *communitas* and a precious example of what collaborative research can bring, both to researchers in forms of critically applied anthropology and to all manner of interlocutors. There were many moments of spontaneous, quiet joy, as speakers of different dialects reached for mutual intelligibility; or as a doctor peered into the hands of a fourth generation Newari herb trader in old Kathmandu, recognizing a type of plant that he had never before seen in its raw, unprocessed form – potent but for the dust. We also enjoyed equally as many moments of collective learning, albeit at different levels and in distinct ways, and emerged from this week with much gratitude for the openness, good will, and insight that this gathering produced.



Copyright © 2012 by Thomas Kelly
Closing ceremony

For a short video of this workshop please use this link:

<https://www.youtube.com/watch?v=6nznzpfRuePE>

Member News

Member Events

Symposium on the Use of Mercury in Asian Medicines

Barbara Gerke

“Mercury ‘Elixir of Life’ or ‘Poison’?” was the question of a one-day symposium held in May 2012, which brought together a group of multidisciplinary scholars at Humboldt University in Berlin to discuss the medicinal use of mercury in Asian medicines. Barbara Gerke, who convened the event as part of her three-year DFG-funded post-doc on detoxification methods in Tibetan pharmacology, intended to bring together multidisciplinary perspectives to discuss the medical, political, legal, and economic aspects that surround the use of mercury in Asian medicine.

Presentations ranged from the medical history of mercury in Europe (Andrew Cunningham, Cambridge University), to its use in the form of calomel in Ayurveda (Dagmar Wujastyk, University of Zurich) or as a syphilitic treatment in Tokugawa Japan (Daniel Trambaiolo, Princeton University). In the Tibetan medical traditions, questions asked what in mercury is considered poisonous (Dr. Sonam Dolma, Men-Tsee-Khang, Dharamsala), what can we learn on Tibetan mercury purification methods from the historical literature (Olaf Czaja, Leipzig University), and which of the centuries-old pharmacological methods to ‘refine’ mercury are still in use today (Barbara Gerke, HU, Berlin). Larger debates on the politics of toxicity surrounding the use of mercury in Ayurveda (Madhulika Banerjee, Delhi University) and the legal issues of using mercurials in allopathic, homeopathic, TCM, and Tibetan medicines in Germany (Jürgen Aschoff, University of Ulm) led to lively discussions on who defines toxicity and how do such definitions politically impact the use of mercury in medicines.

The proceedings of this symposium will be published in a special issue of *Asian Medicine: Tradition and Modernity*, Vol. 8.2., autumn 2013, by Brill, Leiden. Scholars, who were unable to attend the symposium, but work on issues surrounding mercury in Asian medicines, and who would still like to contribute a paper to the issue, may contact: barbara.gerke@hu-berlin.de.

Recent Member Publications

Michael Stanley Baker and Vivienne Lo. 2011. “Chinese Medicine” in Mark Jackson (ed.). *The Oxford Handbook of the History of Medicine*. Oxford:OUP.150-168. Link:<http://ukcatalogue.oup.com/product/9780199546497.do>

Poonam Bala (ed.). 2012. *Contesting Colonial Authority: Medicine and Indigenous Responses in 19th and 20th-century India*. Lanham:Lexington Books Link:<http://www.amazon.com/Contesting-Colonial-Authority-Nineteenth-Twentieth-Century/dp/0739170236>

Sienna R. Craig. 2012. *Healing Elements: Efficacy and Social Ecologies of Tibetan Medicine*. Berkeley:University of California Press. Link:<http://www.ucpress.edu/book.php?isbn=9780520273245>

Marta Hanson. 2011. *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial China*. London:Routledge. Link:<http://www.amazon.ca/Speaking-Epidemics-Chinese-Medicine-Imagination/dp/041560253X>

Vivienne Lo (ed.). 2012. *Perfect Bodies, Sports, Medicine and Immortality*, British Museum Research Publications. Link:<http://www.amazon.com/Perfect-Bodies-Medicine-Immortality-Publication/dp/0861591887>

Volker Scheid and Hugh MacPherson (eds) 2012. *Integrating East Asian Medicine into Contemporary Healthcare*. London:Elsevier. Link:<http://www.amazon.com/Integrating-Asian-Medicine-Contemporary-Healthcare/dp/070203021X>

Roel Sterckx. 2011. *Food, Sacrifice, and Sagehood in Early China*. Cambridge: Cambridge University Press. Link:<http://www.cambridge.org/aus/catalogue/catalogue.asp?isbn=9781107001718&ss=fro>

Paul Unschuld And Hermann Tessenow (in Collaboration With Zheng Jinsheng): *Huang Di nei jing su wen: An Annotated Translation of Huang Di's Inner Classic - Basic Questions*. Volume I, Chapters 1 through 52, Volume II, Chapters 5 through 71, and 74 through 81. Link:<http://www.ucpress.edu/book.php?isbn=9780520266988>

Member Publication: Up Close

Theresia Hofer (2012). *The Inheritance of Change. Transmission and Practice of Tibetan Medicine in Ngamring*. Wiener Studien zur Tibetologie und Buddhismuskunde. 418 p., 37 colour photographs, ISBN: 978-3-902501-14-1.



Tibetan medicine (Sowa Rigpa) is often portrayed as an enduring system of therapeutic knowledge and practice, primarily and until not long ago transmitted through lineages in monastic and lay medical colleges. This book challenges the notion of Sowa Rigpa as a static, centralised knowledge system by exploring past and contemporary practices of medicine in a remote rural area in Western Tibet.

Written by one of the few scholars to have undertaken long-term anthropological fieldwork in rural Tsang, it describes transformations that have taken place in the transmission and practice of Tibetan medicine in Ngamring. As the heartland of one of Tibet's main medical traditions, the so-called Jangluk, or 'Northern Tradition', the site of extreme, destructive reforms during the early Communist era, and also the locus where from the 1970s onwards exceptional efforts were made to revive medical traditions, Ngamring offers a unique opportunity to study the continuity and change of Tibet's medical heritage.

The book offers a detailed account of the previously unchronicled Jangluk medical tradition that flourished in Ngamring between the 15th and 17th centuries. As part of their efforts to construct a centralised Tibetan state at the turn of the 17th century, the rulers of Lhasa tried to unify and standardise extant medical traditions throughout the country. However, this book demonstrates that local medical traditions, with their differentiated interpretations of Sowa

Rigpa's core text, Four Tantras, persisted and continued to develop their own lineages and practices. Moving forward in time, subsequent chapters document the ways in which these local traditions struggled to survive when Communist reforms were implemented in the region.

Drawing on her encounters and interviews with Tibetan amchi, or medical doctors, the author provides a textured account of how both private and government trained medical practitioners have come to learn and apply Sowa Rigpa in Tibet today. Many amchi are challenged by structural frames and keen to take into consideration patients' demands, which necessitate provision of a so-called 'integrated' health care that involves extended use of Chinese-style biomedical and sometimes Traditional Chinese medical ideas and practices. The potential of 'integrated' health care to benefit the health of local Tibetans is demonstrated neither to be straight forward nor necessarily the preferred choice of amchi themselves.

The book argues that in tandem with the current organisation of the health care system in China, spiralling costs for Tibetan medicines due to limited raw materials and rising standards in industrialised medical production, have transformed Tibetan medicines to become entirely unaffordable for some rural populations. The study's conclusion points to the paradoxical situation whereby Tibetan medicines have ceased to be easily available in the countryside, while at the same time they are consumed on a larger scale in urban areas of Tibet and, increasingly, in a developing Chinese market. It remains to be seen whether, with Tibetan medicine now entering a lucrative global market, it can at the same time remain a viable health resource for those who have cultivated and protected the precious art of healing and the high-altitude environment in which it developed and on which it fundamentally depends.

Link: http://www.istb.univie.ac.at/cgi-bin/wstb/wstb.cgi?ID=80&show_description=1

Congratulations

In September 2012, **Dr. Vivienne Lo** welcomed her first cohort of post-graduate students to the China Centre for Health and Humanity at University College London. This MA programme is grounded in an interdisciplinary core course which studies health from the point of view of history, law, health systems and the environment. It allows each student to design their own package from a wide range of courses at UCL and SOAS.

This year the Centre has hosted a series of film screenings devoted to Chinese Film and the Body and convened the Seminar and Workshop: Daoist and Other Visualisations. Forthcoming events include a lecture and seminar on the role of History in the design of RCTs and a lively programme for Chinese New Year.

Link: www.ucl.ac.uk/chinahealth

Elisabeth Hsu was made a Professor of Anthropology at the Institute of Social and Cultural Anthropology of the University of Oxford

Michael Stanley Baker passed his Viva Voce in December 2012 for his PhD in Medical History from UCL.

Theresia Hofer passed her Viva Voce in Medical History at UCL in March 2010. She is now a Postdoctoral Fellow at the University of Oslo, Institute of Health and Society.

Paul Kadetz passed his Viva Voce in Development Studies at the University of Oxford in February 2012. He is currently an Associate with the China Centre for Health and Humanity at University College London.

And congratulations to our Secretary General, **James Flowers**, who received a fellowship to complete a PhD in the Department of the History of Medicine in the Johns Hopkins School of Medicine. He is working with Professor Marta Hanson on research concerning a comparative history of medicine in Chosun Korea and Qing China.

Future Conferences

Alex McKay has assembled a panel for the International Convention of Asian Scholars (ICAS8) to be held in Macau 24-27 June 2013. For more details please see their website: www.icassecretariat.org/

The Panel Includes:

Medicines, modernity and development in traditional and biomedical systems.

Ivette Vargas

Back to the Future? Reflections on Himalayan Medical Transformations

Alex McKay – Convenor

Taming the Poisonous: Ideas of Toxicity and Contamination in Tibetan

Pharmacology

Barbara Gerke

Medicine-taking among Nepalese Sherpas

Susan Heydon

Tibetan medical doctors' engagements with 'Maternal and Child Health' in

transnational Sowa Rigpa

Theresia Hofer

Studies on documentation of plants knowledge from the Bagdi tribe of

Patuakhali district within the Bangladesh

Md. Ariful Haque Mollik

Other participants may be added, however, in order to make a double panel, and if anyone is interested, please contact Alex as soon as possible at: Dungog@hotmail.com.

IASTAM Updates

Asian Medicine: Tradition and Modernity 7.1 will be a Special Issue on Self-cultivation in East Asian and Tibetan Traditions. It is now in the final editing stages targeted for publication at the beginning of 2013. It will also be the final issue edited by Vivienne Lo and Geoffrey Samuel. We owe our deepest gratitude to Vivienne and Geoffrey for all of their hard work over their years as co-editors of Asian Medicine. With the publication of issue 7.1, Asian Medicine will formally be under new editorship. The transition process has taken over a year and many changes have been made.

The first major change is that all submissions are now processed through an online editorial management system. The new editorial staff encourages colleagues to spread the word and submit their research for review: <http://www.editorialmanager.com/asme/>

We also encourage IASTAM members to submit proposals to be guest editors for special theme issues. We have three themes planned in the upcoming issues: 7.2 New Approaches in Chinese Medical History and Practice, 8.1 Comparative Issue on Toxicity, Mercury Purification in Asian Medicines, 8.2 The Liver in East Asia, and 9.1 Efficacy and Safety in Asian Medicines.

The second major change is that the editorial committee now consists of 8 people. The new senior co-editors are Marta Hanson (East Asia) and Mona Schrempf (Central Asia). The four associate editors, who are in charge of different regions, are Susan Burns (Japan), Wung-Seok Cha (Korea), Michele Thompson (Southeast Asia), and Dagmar Wujastyk (Central and South Asia). James Flowers is the editorial assistant. The new book editor is Olaf Czaja.

Finally, the third major change is that we intend to develop further existing sections on resources, book reviews, and clinical reports and will add a new section on Notes from the Field. By Notes from the Field we refer to personal experiences, biographical accounts, personal observation, NGO experiences, grassroots movements, community medicine, field notes by anthropologists, observations about medical practice from clinicians, reflections on different fields or disciplinary approaches to the study of

Asian Medicines. These "Field Notes" should be between 800-1000 words. Please feel free to consult with the editors about ideas you may have for your "Notes from the Field." Please send book review requests, ideas, and inquiries directly to Dr Czaja: <oczaja@yahoo.de>

The new Editorial Committee for Asian Medicine looks forward to carrying on the strong quality of work of the previous editors: Waltraud Ernst, Vivienne Lo, and Geoffrey Samuel and thank them for the strong foundation they have given us.

Asian Medicine: Tradition and Modernity
<http://www.brill.nl/asian-medicine>

For Your Reference

Starting with this newsletter, we will aim to provide a section of the newsletter to potentially help make your future indexing and referencing more manageable. Professor Geoffrey Samuel very kindly and generously organised an author and reviewer index of volumes 1-5 of IASTAM's Journal, Asian Medicine: Tradition and Modernity.

Asian Medicine Contents Volumes 1 to 5: Author and Reviewer Index

Adams, Vincanne; Craig, Sienna: [Global Pharma in the Land of Snows: Tibetan Medicines, SARS, and Identity Politics Across Nations](#) 4(1): 1-28

Aggarwal, Neil Krishan: [The Sikh Foundations of Ayurveda](#) 4(2): 263-279

Akasoy, Anna; Yoeli-Tlalim, Ronit: [Along The Musk Routes: Exchanges Between Tibet and The Islamic World](#) 3(2): 217-240

Akasoy, Anna: Book Review of Peter E. Pormann and Emilie Savage-Smith, *Medieval Islamic Medicine* 3(2): 368-369

Alter, Joseph S.: [Modern Medical Yoga: Struggling with a History of Magic, Alchemy and Sex](#) 1(1): 119-146

Alter, Joseph S.: [Yoga and Physical Education: Swami Kuvalayananda's Nationalist Project](#) 3(1): 20-36

Attewell, Guy: [The End of the Line? The Fracturing Of Authoritative Tibbi Knowledge in Twentieth-Century India](#) 1(2): 387-419

Barrett, Penelope; Wang Shumin: [Profile of a daoyin Tradition: the 'five animal mimes'](#) 2(2): 225-253

Benner, Dagmar: [The Medical Ethics of Professionalised Ayurveda](#) 1(1): 185-203

Bensky, Dan; Stöger, Erich: [Some Thoughts on the Safety Issues Relating to Chinese Herbal Products](#) 1(2): 462-469

Bhatt, Narendra: [Ayurvedic Research in India: Tradition and Modernity A Profile of the Work of Dr Narendra Bhatt](#) 2(2): 292-303

Blaikie, Calum: Critically Endangered? Medicinal Plant Cultivation and the Reconfiguration of Sowa Rigpa in Ladakh 5(2): 243-272

Bode, Maarten: Book Review of Guy Attewell, *Refiguring Unani Tibb* 3(2): 370-1.

Bolsokhoyeva, Natalia: [Tibetan Medical Illustrations from the History Museum of Buryatia, Ulan Ude](#) 3(2): 347-367

Bolsokhoyeva, Natalia: [Tibetan Medical Schools of The Aga Area \(Chita Region\)](#) 3(2): 334-346

Brimnes, Niels: Review of Sanjoy Bhattacharya, [Expunging Variola: The Control and Eradication of Smallpox in India 1947-77](#) 5(1): 208-210

Brimnes, Niels: Review of S. Bhattacharya, M. Harrison and M. Warboys, *Fractured States: Smallpox, Public Health and Vaccination Policy in British India 1800-1947*. 4(2): 550-2.

Brown, David; Leledaki, Aspasia: ['Physicalisation': A Pedagogy of Body-Mind Cultivation for Liberation in Modern Yoga and Meditation Methods](#) 4(2): 303-337

Buell, Paul D.: [Book Review of Taylor, Kim 2005, Chinese Medicine in Early Communist China, 1945-63](#) 1(2): 511-512

Buell, Paul D.: [How did Persian and Other Western Medical Knowledge Move East, and Chinese West?: A Look at the Role of Rashid al-Dīn and Others](#) 3(2): 279-295

Buell, Paul D.: [Steppe Foodways and History](#) 2(2): 171-203

Bühnemann, Gudrun: [The Identification of an Illustrated Hathayoga Manuscript and Its Significance for Traditions of 84 Āsanas in Yoga](#) 3(1): 156-176

Burns, Susan L.: [Marketing 'Women's Medicines': Gender, OTC Herbal Medicines and Medical Culture in Modern Japan](#) 5(1): 146-172

Butler, Anthony; Moffett, John: [Saltpetre in Early and Medieval Chinese Medicine](#) 5(1): 173-185

Butler, Anthony; Moffett, John: [The Anti-Malarial Action of Changshan \(Febrifugine\): A Review](#) 1(2): 423-431

Butler, Anthony: [Endpiece](#) 2(1): 86-88

Butler, Anthony: [Endpiece](#) 2(2): 316-318

Cameron, Mary M.: [Modern Desires, Knowledge Control, and Physician Resistance: Regulating Ayurvedic Medicine in Nepal](#) 4(1): 86-112

Carling, Gerd: [The Vocabulary of Tocharian Medical Manuscripts](#) 3(2): 323-333

- Chang, Che-Chia*: [Origins of a Misunderstanding: The Qianlong Emperor's Embargo on Rhubarb Exports to Russia, the Scenario and its Consequences](#) 1(2): 335-354
- Chaoul, M.A.*: [Magical Movement \('Phrul 'Khor\): Ancient Tibetan Yogic Practices from the Bön Religion and their Migration into Contemporary Medical Settings](#) 3(1): 130-155
- Chen Hsiu-fen*: [Nourishing Life, Cultivation and Material Culture in the Late Ming: Some Thoughts on Zunsheng bajian \(Eight Discourses on Respecting Life, 1591\)](#) 4(1): 29-45
- Chen Ming*: [Zhuan Nü Wei Nan Turning Female to Male: an Indian Influence On Chinese Gynaecology?](#) 1(2): 315-334
- Chipman, Leigh*: [Islamic Pharmacy in the Mamlūk and Mongol Realms: Theory and Practice](#) 3(2): 265-278
- Chiren Sangzhu; Ma Jianzhong; Han Mingyao; Renqin Wangxuo*: Conserving Tibetan Medicinal Plants in the Khawakarpo Region 5(2): 363-372
- Craig, Sienna R.; Glover, Denise M.*: Introductory Essay: Conservation, Cultivation, and Commodification of Medicinal Plants in the Greater Himalayan-Tibetan Plateau 5(2): 219-242
- Craig, Sienna; Adams, Vincanne*: [Global Pharma in the Land of Snows: Tibetan Medicines, SARS, and Identity Politics Across Nations](#) 4(1): 1-28
- Daidoji, Keiko*: [Water Cures in Japan: The Case of a Health Manual in the Early Nineteenth Century!](#) 5(1): 80-107
- Dawa, Dr*: *Materia Medica* of Tibetan Medicine: Identification, Quality Check and Protection Measures 5(2): 407-432
- De Michelis, Elizabeth*: [A Preliminary Survey of Modern Yoga Studies](#) 3(1): 1-19
- Dear, David; Griffin, Emma; Reynolds, Lois*: [Recipe Extracts from the Asian Remedies Project](#) 2(1): 93-105
- Despeux, Catherine*: [Visual Representations of the Body in Chinese Medical and Daoist Texts from the Song to the Qing Period \(Tenth to Nineteenth Century\)](#) 1(1): 10-52
- Dongwon, Shin; Kim, Yuseok*: [Korean Anatomical Charts in the Context of the East Asian Medical Tradition](#) 5(1): 186-207
- Ernst, Waltraud ; Lo, Vivienne*: [Editorial](#) 2(1): i-iii
- Ernst, Waltraud ; Lo, Vivienne*: [Editorial](#) 2(2): i-x
- Ernst, Waltraud ; Lo, Vivienne*: Editorial: [Following the Carnival](#) 1(2): 245-253
- Ernst, Waltraud; Lo, Vivienne*: [Editorial](#) 1(1): 1-9
- Fava, Patrice; Lo, Vivienne*: The Body of Laozi and the Course of a Taoist Journey through the Heavens 4(2): 515-547
- Garrett, Frances*: [Buddhism and the Historicising of Medicine in Thirteenth-century Tibet](#) 2(2): 204-224
- Gawai Dorje*: An Investigation Into the Advisability of Translating Names of Tibetan Medicine Into Other Languages 5(2): 394-406
- Gerke, Barbara*: Review of Katherina Sabernig: [Kalte Kräuter und Heisse Bäder: Die Anwendung der Tibetischen Medizin in den Klöstern Amdos \('Cold Herbs and Hot Baths: The Application of Tibetan Medicine in Amdo's Monasteries'\)](#) 5(1): 213-215
- Gerke, Barbara*: Review of Laurent Pordié (ed.), [Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice](#) 4(1): 256-258
- Glover, Denise M.; Craig, Sienna R.*: Introductory Essay: Conservation, Cultivation, and Commodification of Medicinal Plants in the Greater Himalayan-Tibetan Plateau 5(2): 219-242
- Goldschmidt, Asaf*: [The Song Discontinuity: Rapid Innovation in Northern Song Dynasty Medicine](#) 1(1): 53-90
- Griffin, Emma; Dear, David; Reynolds, Lois*: [Recipe Extracts from the Asian Remedies Project](#) 2(1): 93-105 *Dear, David; Griffin, Emma; Reynolds, Lois*
- Han Mingyao; Ma Jianzhong; Renqin Wangxuo; Chiren Sangzhu*: Conserving Tibetan Medicinal Plants in the Khawakarpo Region 5(2): 363-372
- Hanson, Marta E.*: [Northern Purgatives, Southern Restoratives: Ming Medical Regionalism](#) 2(2): 115-170
- Hanson, Marta; Pham, Andy*: [Enhancing the Practitioner's Sense of Time, Place, and Practice: The History of Chinese Medicine for Practitioners Workshop](#) 2(2): 319-354
- Harper, Donald*: ['Hakutaku hi kai zu' \(White Marsh Diagram to Repel Ominous Prodigies\)](#) 3(2): 214-216

- Harper, Donald: [Ancient and Medieval Chinese Recipes for Aphrodisiacs and Philters](#) 1(1):91-100
- Hofer, Theresia: [Socio-Economic Dimensions of Tibetan Medicine in the Tibet Autonomous Region, China](#), Part Two 4(2): 492-514
- Hofer, Theresia: [Socio-Economic Dimensions of Tibetan Medicine in the Tibet Autonomous Region, China](#), Part One 4(1): 174-200
- Holroyde-Downing, Nancy: [Mysteries of the Tongue](#) 1(2): 432-461
- Huai Huyin; Pei Shengji; Yang Lixin: Medicinal Plants and Their Conservation in China with Reference to the Chinese Himalayan Region 5(2): 273-290
- Jinsheng, Zheng: [The Vogue for 'Medicine As Food' in the Song Period \(960-1279 CE\)](#) 2(1): 38-58
- Johnson, Tina Phillips: [Yang Chongrui and the First National Midwifery School: Childbirth Reform in Early Twentieth-Century China](#) 4(2): 280-302
- Kalden Nyima: Thoughts on the Precarious State of Medicinal Herbs and Plants in the Tibet Autonomous Region and Ideas About Their Protection 5(2): 385-393
- Kim, Yuseok; Dongwon, Shin: [Korean Anatomical Charts in the Context of the East Asian Medical Tradition](#) 5(1): 186-207
- Kloos, Stephan: Review of Audrey Prost, *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*. 4(2): 553-4
- Kohn, Livia: [Daoyin: Chinese Healing Exercises](#) 3(1): 103-129
- Kubo, Teruyuki: [The Problem of Identifying Mudan and the Tree Peony in Early China](#) 5(1): 108-145
- Kuppuswamy, Chamundeeswari: The Ethics of Intellectual Property Rights: The Impact of Traditional Knowledge and Health on International Intellectual Property Law 5(2): 340-362
- Leledaki, Aspasia; Brown, David: ['Physicalisation': A Pedagogy of Body-Mind Cultivation for Liberation in Modern Yoga and Meditation Methods](#) 4(2): 303-337
- Lo, Vivienne; Ernst, Waltraud: [Editorial](#) 2(1): i-iii
- Lo, Vivienne; Ernst, Waltraud: [Editorial](#) 2(2): i-x
- Lo, Vivienne; Ernst, Waltraud: [Editorial](#) 1(1): 1-9
- Lo, Vivienne; Ernst, Waltraud: Editorial: [Following the Carnival](#) 1(2): 245-253
- Lo, Vivienne; Fava, Patrice: The Body of Laozi and the Course of a Taoist Journey through the Heavens 4(2): 515-547
- Lo, Vivienne; Morishima, Akio: Resources: [2,000 years of Chinese acupuncture](#) 1(1): 222-228
- Lo, Vivienne; Samuel, Geoffrey: [Editorial](#) 4(2): i-v
- Lo, Vivienne; Samuel, Geoffrey: [Editorial](#) 4(1): i-v
- Lo, Vivienne; Scheid, Volker: [2,000 years of Chinese acupuncture](#) 1(2): 494-504
- Lo, Vivienne; Stalker, Nancy: [Editorial](#) 5(1): i-xiii
- Lo, Vivienne; Yoeli-Tlalim, Ronit: [Editorial](#) 3(2): i-vi
- Lora-Wainwright, Anna: [Using Local Resources: Barefoot Doctors and Bone Manipulation in Rural Langzhong, Sichuan Province, PRC](#) 1(2): 470-489
- Ma Boying: [Letter to the Editors](#) 1(2): 490-492
- Ma Jianzhong; Han Mingyao; Renqin Wangxuo; Chiren Sangzhu: Conserving Tibetan Medicinal Plants in the Khawakarpo Region 5(2): 363-372
- MacPherson, Hugh: [Evidence-Based Acupuncture? A Challenge Ahead](#) 1(1): 149-161
- Maue, Dieter: [An Uighur Version of Vāgbhata's Astāngahridayasamhitā](#) 4(1): 113-173
- McKay, Alex; Wangchuk, Dorji: [Traditional Medicine in Bhutan](#) 1(1): 204-218
- Ming, Chen: [The Transmission of Foreign Medicine via the Silk Roads in Medieval China: A Case Study of Haiyao Bencao](#) 3(2): 241-264
- Moffett, John; Butler, Anthony: [Saltpetre in Early and Medieval Chinese Medicine](#) 5(1): 173-185
- Moffett, John; Butler, Anthony: [The Anti-Malarial Action of Changshan \(Febrifugine\): A Review](#) 1(2): 423-431
- Morishima, Akio; Lo, Vivienne: Resources: [2,000 years of Chinese acupuncture](#) 1(1): 222-228
- Mukharji, Projit Bihari: [Going Beyond Elite Medical Traditions: The Case of Chandshi](#) 2(2): 277-291
- Newcombe, Suzanne: Review of De Michelis, Elizabeth: *A History of Modern Yoga*. 2(1): 89-91

- Newcombe, Suzanne:* [Stretching for Health and Well-Being: Yoga and Women in Britain, 1960-1980](#) 3(1): 37-63
- Pei Shengji; Yang Lixin:* Medicinal Plants and Their Conservation in China with Reference to the Chinese Himalayan Region 5(2): 273-290
- Pfeiffer, Stefani:* ['Still Arguing Over Cost': Bargaining, Etiquette and the Modern Patient in Republican Beijing](#) 1(2): 355-386
- Pham, Andy; Hanson, Marta:* [Enhancing the Practitioner's Sense of Time, Place, and Practice: The History of Chinese Medicine for Practitioners Workshop](#) 2(2): 319-354
- Renqin Wangxuo; Ma Jianzhong; Han Mingyao; Chiren Sangzhu:* Conserving Tibetan Medicinal Plants in the Khawakarpo Region 5(2): 363-372
- Reynolds, Lois; Dear, David; Griffin, Emma:* [Recipe Extracts from the Asian Remedies Project](#) 2(1): 93-105 *Dear, David; Griffin, Emma; Reynolds, Lois*
- Saijirahu, Buyanchuglagin:* [Folk Medicine among the Mongols in Inner Mongolia](#) 4(2): 338-356
- Samuel, Geoffrey B.:* [Tibetan Medicine and Biomedicine: Epistemological Conflicts, Practical Solutions](#) 2(1): 72-85
- Samuel, Geoffrey; Lo, Vivienne:* [Editorial](#) 4(2): i-v
- Samuel, Geoffrey; Lo, Vivienne:* [Editorial](#) 4(1): i-v
- Samuel, Geoffrey:* [Endpiece](#) to Special Issue on Yoga 3(1): 177-188
- Saxer, Martin:* Herbs and Traders in Transit: Border Regimes and the Contemporary Trans-Himalayan Trade in Tibetan Medicinal Plants 5(2): 317-339
- Scheid, Volker; Lo, Vivienne:* [2,000 years of Chinese acupuncture](#) 1(2): 494-504
- Scheid, Volker:* [Chinese Medicine and the Problem of Tradition](#) 2(1): 59-71
- Scheid, Volker:* [Complementary and Alternative Health Research at the School of Integrated Health at Westminster University: A Profile of the Work of Dr Volker Scheid](#) 1(1): 219-220
- Schwabl, Herbert:* It is Modern to be Traditional: Tradition and Tibetan Medicine in the European Context 5(2): 373-384
- Scorzon, Cinzia:* Review of Livia Kohn, *Chinese Healing Exercises* 4(2): 548-549
- Seaman, Amanda C.:* [The Ties that Bind: Pregnancy and the Persistence of Tradition in Contemporary Japan](#) 5(1): 39-56
- Selby, Martha Ann:* [Narratives of Conception, Gestation, and Labour in Sanskrit Āyurvedic Texts](#) 1(2): 254-275
- Selby, Martha Ann.* Review of *Sivaramakrishnan, Kavita:* [Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850-1945](#) 3(1): 189-191
- Singleton, Mark:* Editorial 3(1): i-vi
- Singleton, Mark:* Review of *Alter, Joseph:* *Yoga in Modern India.* 2(1): 91-92
- Singleton, Mark:* [Suggestive Therapeutics: New Thought's Relationship to Modern Yoga](#) 3(1): 64-84
- Smith, Frederick M.:* [Narrativity and Empiricism in Classical Indian Accounts of Birth and Death: The Mahābhārata and the Samhitās of Caraka and Suśruta](#) 3(1): 85-102
- Stalker, Nancy; Lo, Vivienne:* [Editorial](#) 5(1): i-xiii
- Stalker, Nancy:* [The Globalisation of Macrobiotics as Culinary Tourism and Culinary Nostalgia](#) 5(1): 1-18
- Stanley-Baker, Michael:* Review of Gai Jianmin, *Daojiao yixue* 4(1): 249-255
- Sterckx, Roel:* [The Limits of Illustration: Animalia and Pharmacopeia from Guo Pu to Bencao Gangmu](#) 4(2): 357-394
- Stöger, Erich; Bensky, Dan:* [Some Thoughts on the Safety Issues Relating to Chinese Herbal Products](#) 1(2): 462-469
- Suh, Soyoung:* [Herbs of Our Own Kingdom: Layers of the 'Local' in the Materia Medica of Early Chosŏn Korea](#) 4(2): 395-422
- Tang, Suzanne:* ['From Outcast to Inboard': The Transmission, Professionalisation and Integration of Acupuncture Into British Medical Culture](#) 2(2): 254-276
- Tokar, Eliot:* [Preservation and Progress: Using Tibetan Medicine as a Model to Define a Progressive Role for Traditional Asian Medicine in Modern Healthcare](#) 2(2): 304-315
- Trambaiolo, Daniel:* Review of Angela Ki Che Leung: *Leprosy in China: A History* 5(1): 211-212(2)
- Unschuld, Paul U.:* [Yin-Yang Theory, the Human Organism, and the Bai hu tong: A Need for Pairing and Explaining](#) 5(1): 19-38

Unschuld, Paul U.: [The Limits of Individualism and the Advantages of Modular Therapy. Concepts of Illness in Chinese Medicine](#) 2(1): 14-37

Valussi, Elena: [Blood, Tigers, Dragons: The Physiology of Transcendence for Women](#) 4(1): 46-85

Wang Jun: ['Knowing the Why but not the How': A Dilemma in Contemporary Chinese Medicine](#) 5(1): 57-79

Wang Shumin; Barrett, Penelope: [Profile of a daoyin Tradition: the 'five animal mimes'](#) 2(2): 225-253

Wangchuk, Dorji; McKay, Alex: [Traditional Medicine in Bhutan](#) 1(1): 204-218

Warrier, Maya: [Seekership, Spirituality and Self-Discovery: Ayurveda Trainees in Britain](#) 4(2): 423-451

White, David Gordon: ['Open' and 'closed' Models of the Human Body In Indian Medical and Yogic Traditions](#) 2(1): 1-13

Whitfield, Susan: [Was there a Silk Road?](#) 3(2): 201-213(13)

Wilms, Sabine: [The Transmission of Medical Knowledge on 'Nurturing the Fetus' in Early China](#) 1(2): 276-314

Winkler, Daniel: Caterpillar Fungus (*Ophiocordyceps sinensis*): Production and Sustainability on the Tibetan Plateau and in the Himalayas 5(2): 291-316

Wu, Yi-Li: [The Gendered Medical Iconography of the Golden Mirror \(Yuzuan yizong jinjian , 1742\)](#) 4(2): 452-491

Wujastyk, Dominik: [A Body Of Knowledge: The Wellcome Ayurvedic Anatomical Man And His Sanskrit Context](#) 4(1): 201-248

Wujastyk, Dominik: [Policy Formation and Debate Concerning the Government Regulation of Āyurveda in Great Britain in the Twenty-First Century](#) 1(1): 162-184

Yan, Zhen: [rTsa in the Tibetan Manuscripts from Dunhuang](#) 3(2): 296-307

Yang Lixin; Pei Shengji; Huai Huyin: Medicinal Plants and Their Conservation in China with Reference to the Chinese Himalayan Region 5(2): 273-290

Yoeli-Tlalim, Ronit; Akasoy, Anna: [Along The Musk Routes: Exchanges Between Tibet and The Islamic World](#) 3(2): 217-240

Yoeli-Tlalim, Ronit; Lo, Vivienne: [Editorial](#) 3(2): i-vi

Yoeli-Tlalim, Ronit: Review of Mona Schrempf (ed.) *Soundings in Tibetan Medicine* 4(2): 555-558

Zieme, Peter: [Notes on Uighur Medicine, Especially on the Uighur Siddhasāra Tradition](#) 3(2): 308-322

Zysk, Kenneth G.: [Potency Therapy in Classical Indian Medicine](#) 1(1): 101-118

Books Reviewed by Author

Alter, Joseph: *Yoga in Modern India*. 2(1): 91-92

Attewell, Guy: *Refiguring Unani Tibb* 3(2): 370-1.

Bhattacharya, Sanjoy; Harrison, Mark; and Warboys, Michael: *Fractured States: Smallpox, Public Health and Vaccination Policy in British India 1800-1947*. 4(2): 550-2.

Bhattacharya, Sanjoy: [Expunging Variola: The Control and Eradication of Smallpox in India 1947-77](#) 5(1): 208-210

De Michelis, Elizabeth: *A History of Modern Yoga*. 2(1): 89-91

Gai Jianmin, [Daojiao yixue](#) 4(1): 249-255

Kohn, Livia: *Chinese Healing Exercises* 4(2): 548-549

Leung, Angela Ki Che: [Leprosy in China: A History](#) 5(1): 211-212(2)

Pordié, Laurent: (ed.), [Tibetan Medicine in the Contemporary World: Global Politics of Medical Knowledge and Practice](#) 4(1): 256-258

Pormann, Peter E. and Savage-Smith, Emilie. *Medieval Islamic Medicine* 3(2): 368-9.

Prost, Audrey: *Precious Pills: Medicine and Social Change among Tibetan Refugees in India*. 4(2): 553-4

Sabernig, Katherina: [Kalte Kräuter und Heisse Bäder: Die Anwendung der Tibetischen Medizin in den Klöstern Amdos \('Cold Herbs and Hot Baths: The Application of Tibetan Medicine in Amdo's Monasteries'\)](#) 5(1): 213-215

Schrempf, Mona (ed.) *Soundings in Tibetan Medicine* 4(2): 555-558

Sivaramakrishnan, Kavita: [Old Potions, New Bottles: Recasting Indigenous Medicine in Colonial Punjab 1850-1945](#). 3(1): 189-191

Taylor, Kim: *Chinese Medicine in Early Communist China, 1945-1963*. 1(2): 511-512



BEYOND INTEGRATION: REFLECTIONS ON ASIAN MEDICINES IN THE 21st CENTURY

**The Eighth International Congress on
Traditional Asian Medicine
(ICTAM VIII)**

**Changwon Exhibition Convention Centre
(CECO), Changwon, Gyeongsangnamdo,
South Korea**

SEPTEMBER 9-13, Monday-Friday 2013

**International Association for the Study of
Traditional Asian Medicine (IAS TAM)**

-CALL FOR PAPERS-

The International Association for the Study of Traditional Asian Medicine (IAS TAM) will hold its Eighth International Congress of Traditional Asian Medicine in the Changwon Convention Exhibition Centre, Changwon, Gyeongsangnam do, South Korea from September 9-13, 2013. The theme for the Eighth Congress will be “Beyond Integration: Reflections on Asian Medicines in the 21st Century.” The sub-themes of the Congress will be “Canonisation and Textual Authority,” “The Mainstreaming of Asian Medicine,” “Spirits,” “Efficacy and Effectiveness,” “Networks and Systems” and “Asian Medicines in Global Health and Development.” The Congress will provide a forum for the latest scholarship in Asian Medicine.

The International Association for the Study of Traditional Asian Medicine (IAS TAM) is the world's foremost community of scholars and practitioners devoted to understanding the history

and contemporary practice of Asian medicines in all its many forms. IASTAM membership is made up of academics and clinicians, pharmacologists and epidemiologists, and many other stakeholders caring for the past, present and future of Asian medicines. IASTAM is also known for putting on the most exciting events and conferences in the field. Please join us for this exciting event in Korea that will feature many of the leading scholars and practitioners in the field of Asian Medicines.

The congress details may be found on the website of IASTAM www.iastam.org. As information comes to hand this webpage will be updated. Registration facilities will be made available there with a full description of the congress accommodation options, cultural activities, tentative schedule and a list of the presenters of papers.

Papers dealing with any aspect of Asian Medicine will be welcome, including both academic and those concerning clinical practice. The Organising Committee encourages broad participation from senior and junior scholars, and practitioners and students in the field of Asian Medicine. IASTAM is making a serious effort to strengthen the bridge between practitioners in the field and academia. Individuals may submit proposals for consideration in any of the sub-themes or separately from any of the sub-themes. Please go to the website to submit an abstract and follow the instructions.

IAS TAM 「傳統亞洲醫學國際研究協會」 尊請您提交明年九月韓國研討會演講報告申請書。

協會會員包含學者，臨床醫生，藥理學家和流行病學家。代表學科包含歷史，人類學，哲學，公眾健康政策，宗教學，不止。協會會員包括全球極先進的亞洲醫學學者。

研討會標題即是： 超越結合醫學 - 反映亞洲醫學于21世紀。

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www.iastam.org

歡迎您參加，分享貴人之經驗，洞見

Deadlines

31 January 2013	Acceptance of submissions ends
30 April 2013	Notification of acceptance of submissions
15 May 2013	Publication of preliminary programme
31 May 2013	End of Very Early Bird Registration
30 June 2013	End of Early Bird Registration
13 September 2013	End of Full Price Registration

Congress Fees (US Dollars)

Very Early Bird Registration	170
Early Bird Registration	200
Registration	230
Student Registration	150
Accompanying partner/companion	100 (includes two banquets and four lunches)
Accompanying family member if under age 18	Free

Registration includes participation at all sessions, two dinner banquets and four lunches. Other meals will be self-catered. There are restaurants in the Convention Centre and also many restaurants in the near vicinity ranging from high-end dining to the cheap and convenient of good value.

Registration also includes transportation within Korea to and from the venue in Changwon, as well as transportation for two day trips, one to the World Traditional Medicine EXPO in Sancheong and another to the Korean Institute of Oriental Medicine (KIOM) in Daejeon. Conference participants must also purchase IASTAM membership at the time of registration. As a member you will receive the most recent edition of our Journal, *Asian Medicine*. To join as a member of IASTAM, please do so on our website.

Please register on the Congress page on the IASTAM website www.iastam.org

There will also be a post-conference optional programme of tours to Korean Medicine clinics in Seoul. This will be free of charge and will include free lunch. The duration may be one day or five to ten days of clinic observation by arrangement.

Cancellation Policy

All cancellations must be received in writing and emailed to James Flowers jflower6@jhmi.edu by 31 July 2013 for full refund. If a cancellation is made during the month of August 2013, 50% refund will be provided. No refunds for cancellation will be provided after August 31, 2013.

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-Volker Scheid, Chair, ICTAM VIII Organizing Committee; President, IASTAM; Professor of East Asian Medicines and Director of the EASTmedicine (East Asian Sciences and Traditions in Medicine) Research Centre at the School of Life Sciences, University of Westminster, UK; Wellcome Trust Medical History and Humanities Investigator Award.

-James Flowers, Secretary-General, IASTAM; PhD Candidate, Department of History of Medicine, Johns Hopkins University, US; Department of Medical History, College of Korean Medicine, Wonkwang University, South Korea.

-Marta Hanson, Senior Editor, Asian Medicine; Associate Professor, Department of History of Medicine, Johns Hopkins University, US.

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-Yeon Seok Kang, Secretary-General, Korean Society of Medical History; Assistant Professor, Department of Medical History, College of Korean Medicine, Wonkwang University.

-Dong Ryul Kim, Department of Medical History, College of Korean Medicine, Kyunghee University.

In Memorium

Regrettably and most sadly Anne Keiko Golambos, an acupuncturist and member of IASTAM, passed away this past May. Anne participated in our last ICTAM Conference in Bhutan in 2009 and founded *The Global Clinic* providing Asian Medicine and acupuncture to low income populations in indigenous Guatemala. We in IASTAM send our deepest condolences to her family and friends.