



The International Association for the Study of Traditional Asian Medicine

www.iastam.org

Spring/Summer 2014

Greetings From the President of IASTAM: Geoffrey Samuel

It is a great pleasure to greet you all as the recently-elected President of IASTAM. I have been involved with Asian medicine for seventeen years, initially as an anthropologist working on Tibetan medicine in India, and I have been a member of IASTAM for some seven years, including time as Vice-President and, until recently, as co-editor of the IASTAM journal *Asian Medicine: Tradition and Modernity*. During these years I have been able to get to know many of the people involved with the organisation. I have been impressed by the energy and commitment I have encountered, and by the fruitful linkages between academic study and practice evident both in many of the meetings I have attended and in many of the individuals I have met. I feel honoured to be your President. I was unable to attend last year's ICTAM in Korea, which by all accounts was a great success, but I hope to catch up over the years with many of the new members who came there for the first time, as well as others who have been around longer than I have not yet met.

IASTAM's most significant activities have always been the ICTAM meetings, but much happens between conferences. We have had a variety of smaller, regional seminars and meetings between the major conferences, and hope to continue to hold such events. If you are interested in organising events, please feel free to contact me or other Council members, or, if appropriate, the head of the relevant IASTAM desks (there are two at present, Narendra Bhatt for South Asia and Mona Schrempf for Sowa Rigpa).

Narendra Bhatt is also the head of IASTAM-India, the Indian chapter of IASTAM, which organises its own very successful programme and events on an ongoing basis.

Narendra has very generously offered to organise the next ICTAM in India (ICTAM IX), to take place provisionally from January 3rd to 7th, 2016, and along with other IASTAM members I look forward to what promises to be a very significant and worthwhile event.

In addition, IASTAM has a role in relation to the global practice of traditional Asian medicine. While IASTAM is not a practitioner organisation as such, both the Association and its journal have welcomed involvement by practitioners who wish to engage with the academic study of their traditions. The academics among us recognise the vital importance of keeping close links to the practice of the traditions we seek to study, and of promoting the voices of those who practice them.

Traditional Asian medicine is a far more salient category in most Western countries than when IASTAM was first formed, and is now much more widely employed. Its status and position in its countries of origin is also constantly changing and developing. As the international organisation for the study of these medical traditions, IASTAM can provide information, help to form opinion, and respond to relevant initiatives and requests. I hope that this advocacy and information role of IASTAM will grow, and that we will come increasingly to be seen as a reliable provider of information about Asian medical traditions, and an advocate where appropriate for their fuller utilization around the world. As President, I shall do my best to encourage this when opportunities arise.

The IASTAM journal, *Asian Medicine: Tradition and Modernity*, is one of the principal ways in which we can present information about Asian medicine to a wider public, and I would like to thank Marta Hanson and Mona Schrempf for taking over the editorship of the IASTAM journal, and to wish them good fortune with this important aspect of the Association's activities.

As many people now recognise, effective health care and the maintenance of optimal health and is best served by the use both of biomedicine and of alternate health traditions such as those found within the Asian continent. At present, much of the world's population has far from adequate access to either. The obstacles are economic and political, which we as an organisation can do little to combat, but they are also obstacles of ignorance and prejudice, where we may have more leverage. If IASTAM and its members can do anything to improve that situation, our organisation will truly justify its existence.

In closing, I thank the members of the outgoing Council, and all those involved in the organisation of the Korea ICTAM, including Han Sun Young, who organised the conference, and Kang Yeonseok and Cha Wung Seok of the Korean Society of Medical History, who provided essential and much appreciated support. I also thank Volker Scheid, the outgoing President, who has guided the organisation with grace, competence and commitment over the last seven years. His work has provided a secure basis on which we can build for the future.

NOTE ABOUT MEMBERSHIP AND WEBSITE

A decision was made at the last IASTAM Council meeting, in Korea, that IASTAM membership would run from one ICTAM to the next, and would be linked to Conference attendance. All people who attended the last ICTAM were required to join the association in order to attend the conference, and their membership will run until the next ICTAM. (Anyone who failed to join at the conference is asked to contact the Treasurer, Michael Stanley-Baker.)

Welcome to the New IASTAM Council

We would like to take this opportunity to welcome the new IASTAM council elected at ICTAM VIII in Korea in September 2013.

IASTAM Council 2013

President, **Geoffrey Samuel**,
Cardiff University, UK

Vice-Presidents:

Narendra Bhatt, Ayurvedic practitioner, India
Sienna Craig, Dartmouth University, US
Paul Kadetz, Leiden University, Netherlands
(newsletter editor)

Secretary General, **James Flowers**,
Johns Hopkins University, US

Associate Secretary, **Theresia Hofer**, University
of Oslo, Norway

Treasurer, **Michael Stanley-Baker**, Max Planck
Institute for the History of Science, Germany

Publications officers:

Marta Hanson, Johns Hopkins University, US
Mona Schrempf, University of Westminster, UK

Council members:

Reinhard Bögle, Ayurvedic practitioner,
Germany
Kang Yeonseok, Wonkwang University, South
Korea
Stephan Kloos, Austrian Academy of Sciences,
Austria
Kim Taewoo, Kyunghee University, South Korea
Angelika Messner, University of Kiel, Germany
Ritu Priya, Jawaharlal Nehru University, India
Pierce Salguero, Pennsylvania State University,
US (website and subscriptions manager)
Volker Scheid, University of Westminster, UK
Phurpa Wangchuk, University of Wollongong,
Australia

ICTAM VIII: Conference Reports

Beyond Integration: Reflections on Asian Medicines in the 21st Century, ICTAM VIII (the Eighth International Congress on Traditional Asian Medicine), Sancheong, South Korea, September 9-13, 2013

by Barbara Gerke, Humboldt University of Berlin, Germany

Since its conception in 1979 and through the initiative of key members such as Charles Leslie, Joseph Alter, Ken Zysk, Paul Unschuld, and others, IASTAM has developed into a forum in which medical practitioners and scholars meet to create a platform for a fruitful debate on Asian medicine. In its ‘antagonistic pluralism,’ to use Volker Scheid’s term, the regular IASTAM conferences (ICTAM) encourage discussions on the often contentious and political aspects of traditional Asian medicine, which finds naturally fertile ground to instigate ideas where practitioners, scholars, and scholar-practitioners meet.

Scholars from the humanities, who form a large part of the researchers attending IASTAM conferences, tend to contribute critical perspectives and awareness about the historical process of the medical practices, which medical practitioners sometimes lack and often appreciate. “At ICTAM I learn what was not taught in the TCM curriculum back home,” was the answer of an Australian acupuncturist to my question of why she attends ICTAM. “The conferences fill the gaps about history and social contexts that inform our day-to-day practice, but are not taught,” she concluded. This statement sums up what many practitioners seem to have felt: that the conference is not an ‘epistemological carnival’ as some critics predicted in the past, but has surfaced as a major get-together that pushes contemporary debates on Asian medicine forward. This became evident from the level of presentations by the distinguished key-note and plenary speakers, but also in the seven panels running parallel over the four fully-packed conference days.



ICTAM provides the platform in which academics can also learn from, or may themselves be, active medical practitioners, and thereby share how their theoretical analysis of the past still has meaning in present practice. An inspiring example of this combination is Vivienne Lo, IASTAM council member, who gave the Basham Medal Lecture. There she openly sketched an auto-ethnography, which she called ‘*An Archaeology of Medical Time*,’ on how her study of Chinese medical history informs her acupuncture practice and how the former lets her discover the past in her present practice. Taking the example of the development of ‘lucky hours’ and Chinese prohibition texts and the movement of *renshen* through the body, she took the audience on a journey through her personal discovery of the magic of the past in the present, giving examples of how her integrative academic approach resonates in her practice. She emphatically concluded that “if we deny that experience we deny the power of the medicine.”



The Korean Society of Medical History, which co-organized the ICTAM VIII meeting along with IASTAM, proved itself a generous host, providing a professional venue at the Samsung Human Resource Development Centre in the green and hilly area of Sancheong, three hours drive south of Seoul. A dedicated group of volunteering Korean medical students tirelessly cared for the endless needs of the more than one hundred participants.

South Korea well exemplifies how government structures can actually support diversity in traditional medical practice. Standardization and strict government quality control of traditional Korean medicine does not necessarily lead to a reduction of diversity or a homogenization of medical practice. As Volker Scheid, the previous IASTAM president, commented during the closing ceremony: “Korea has strong institutions that do not strangle diversity of medical practice.”



Korean medicine, which at previous ICTAMs was still only marginally represented, came to the forefront, not only through the many presentations and medical practice exhibits at the venue (e.g. facial rejuvenation acupuncture), but also through the conference field trip to the World Traditional Medicine Fair & Festival in Sacheong and the tour to Kiom, an R&D venue that creatively seeks to combine traditional Korean medicine with biomedicine. Whoever did not know about Korean medicine before this conference cannot claim ignorance hereafter: all participants received the generous gift of the entire English translation of the *Donguibogam* (published 2013), the four-hundred-year-old medical compendia of Korean medicine that was declared a ‘Memory of the World’ by UNESCO.



The conference was also the venue for new networking: the Korean Medical History Project and the South Asia Medicine Group met separately during one evening, planning new projects. I attended the group of anthropologists and Sowa Rigpa practitioners, who met to form an IASTAM working group on Sowa Rigpa, organized by Mona Schrempf. It was encouraging to see how practitioners of Tibetan, Bhutanese, Himalayan Amchi medicine and Bonpo medical traditions have found common ground under the new umbrella category of Sowa Rigpa since its official recognition under AYUSH by the Indian government in 2010. Promotion, preservation and research were key concerns mentioned during the meeting that drew up an initial agenda for potential future collaboration. This meeting, as well as the numerous presentations on Sowa Rigpa, showed that this medical tradition is establishing itself on a firmer footing among Asian medicines, emerging from a weakened point of persecution and exile.

ICTAM panel contents were specific as well as broad, and as participants freely moved between panels on Unani, Siddha, Ayurveda, Sowa Rigpa, Mongolian, Japanese, Korean and Chinese medicine addressing issues of treatment evaluation, efficacy and safety, spirits, mind-body integration, politics, legislation, and history, everyone could find food for thought, knowledge, and networking opportunities. Several panels and papers addressed questions of new research methodologies that would be apt for Asian medical systems.

For example, during the opening session, Volker Scheid mentioned future research opportunities provided by systems biology looking at pattern diagnosis as a bridge between system biology and TCM or Korean medicine.

Clinical demonstrations in the auditorium illustrated practical applications of Korean and Tibetan medicine. The keynote speakers were well selected and gave engaging presentations across the heterogeneity of Asian medical practice. Sienna Craig presented innovative projects and collaborative ethnographic events on Sowa Rigpa in Xining and Kathmandu; Judith Farquhar eloquently summarized the disintegrating futures of local medicines in China, and Narendra Bhatt critically reflected on the challenges Ayurveda faces in India.

Encouragement and recognition for young scholars at ICTAM are embodied in the Charles Leslie Prize for best presentations, which this time was sponsored by the Korean Society for the History of Medicine. The prize went to Karen McNamara from Syracuse University, USA, for her presentation 'Establishing a Traditional Medicine Industry in Bangladesh: Standardization and the Role of the WHO,' with additional awards going to Daniel Trambaiolo of Princeton University and Stephen Boyanton of Columbia University, USA. Academic papers as well as practice reports by clinicians of Asian medicine can now be submitted online to the peer-reviewed IASTAM journal *Asian Medicine: Tradition and Modernity* through Brill Editorial Manager: <http://www.editorialmanager.com/asme/>. The new chief editors are Marta Hanson of Johns Hopkins University, and Mona Schrempf of the University of Westminster.

The next ICTAM (ICTAM VIII) will be held in India in 2016 and will be organised by the long-term IASTAM member and vice-president Narendra Bhatt and his team, who enthusiastically welcomed the decision.

This report was first published in Himalaya, vol.33 no.1 (March 2014).

**ICTAM VIII, 2013: Conference Highlights
9-13 September 2013,
Samsung Sancheong HRD Center, Sancheong,
Korea**

The 8th ICTAM was held in Sancheong, Korea on 9-13 September 2013, jointly hosted by the International Association for the Study of Traditional Asian Medicine (IASTAM), the Korean Society of Medical History (KSMH), and the 2013 Sancheong World Traditional Medicine EXPO Organizing Committee. A total of 478 scholars, practitioners, and government officials from 28 countries (123 of international and 355 of Korean attendees including local committee members and volunteers) participated in the congress. The theme, 'Beyond Integration; Reflections on Asian Medicine in the 21st Century', was truly reflected in a wide range of topics, interdisciplinary approaches, and in-depth discussions during the conference.

There were six plenary sessions that included internationally renowned scholars on traditional medicines and leading figures of current Korean medicine in academia and health policy. They emphasized the diversity and value of Asian traditional medicine and expressed their concerns about the challenges and visions of Asian medicine in the 21st century.

There were also ten clinical demonstrations, and 201 papers (105 from international scholars and 96 from Korean scholars) were presented through 60 concurrent sessions. The clinical demonstration sessions, which were introduced for the first time as a new model for international exchange of traditional medical knowledge at the conference, drew attention from participants. Experienced clinicians in the fields of Chinese, Tibetan, and Ayurvedic medicine demonstrated their actual clinical techniques, and a number of the most influential societies of current Korean medicine also participated in the conference to show their unique and effective clinical approaches. page 5

The conference participants witnessed new possibilities of Asian traditional medicines and were highly interested in encompassing contemporary issues such as modernization, health policies, gender issues and the means for evaluating traditional medicines. The 8th ICTAM encompassed diversity with a wide range of discussions and presentations of numerous under-represented Asian medical traditions including Korean medicine.

The 8th ICTAM also included discussions on practices of traditional medicine in North Korea and Iran. There were also various discussions on Diaspora medicines, including Tibetan medicine in New York, India, and regions around China. Moreover, there were discussions on Asian medicines beyond the boundaries of 'Asia', practiced particularly in Europe, USA and Cuba.

Recent research was introduced which shed light on new categories of traditional medicine. For example, Judith Farquhar's presentation on China's ethno-national traditional medicines enriched the diversity of the 8th ICTAM. Professor Farquhar discussed the circumstances of the transformation of ethnic medicines in the course of governmental systematization in China and conveyed the vivid picture of current traditional medicines under modern institutionalization. Similarly, the folk remedies that existed outside the scope of conventional medicine were actively discussed.

The conference also included an exchange of divergent concerns on Asian traditional medicine. Scientific approaches to traditional medicine were discussed in aspects of clinical evaluation and mechanism investigation. Some sessions about the relationship between spirit and healing in Korean, Himalayan, Indian, Islamic and other Asian medicines increased the breadth of the discussion. Interdisciplinary sessions seeking links between Asian medicines and the humanities and social sciences further enriched the conference sessions.

In-depth analyses concerning various traditional texts of Asian medicine, such as the *Shanghanlun* were exemplary.

Heated conversations on the *Shanghanlun* enhanced its academic and clinical implications with its important position in East Asian medical tradition. Noteworthy was Stephan Boyanton's paper on the *Shanghanlun* which identified a historical transition of the meaning of 'Shanghan' and pointed out a possibility of new concepts of Shanghan.

The 8th ICTAM has provided an occasion for introducing Korean medicine to international participants. Usually more than two sessions concerning Korean medicine were held simultaneously during the conference, and Korean clinical sessions demonstrated various currents of Korean medicine. English translation was provided to enhance interests and understandings of Korean medicine among participants. *DongUiBoGam*, the representative text of Korean medicine, has come to the fore during the conference. Besides the rich discussions on various aspects of theories and practices of *DongUiBoGam*, every participant received an English version of *DongUiBoGam* as a gift.

On the first day of the conference (9 September 2013), all attendees were gathered in auditorium for the opening ceremony. Professor Woong-jae Maeng, the head of local organizing committee and the president of Korean Society of Medical History, gave the opening address emphasizing the meaning of the conference being held in the 400th anniversary of the publication of *Donguibogam*. Professor Volker Scheid, the president of IASTAM, recounted the brief history of IASTAM; emphasizing its openness and broad spectrum of international scholars and practitioners. Following welcome addresses of delegates and VIPs who attended the conference, participants enjoyed a welcome banquet and Nanta (percussion performance) in the central garden.

There were official tour programs including a visit to the World Traditional Medicine EXPO venues on Wednesday (11 September) and field trips to Hae-in temple (one of the most famous Buddhist temples in Korea) and to the KIOM (Korea Institute of Oriental Medicine) on Friday (13 September). Participants had a chance to visit several exhibition halls in EXPO and had dinner at the site. On the last day of the conference, about 60 remaining participants experienced both a part of Korean traditional culture and research on Korean traditional medicine during the visit to the temple and to the KIOM.

Exhibitions held at the entrance and corridors also attracted the attention of participants. Exhibitions on traditional Asian medicine displayed photos of practices, artifacts and manuscripts of various traditional medicines and there were panels for several institutions abroad and local clinics of traditional medicines. People took copies of the woodblock of the famous illustration on human body in *DongUiBoGam* at the memorial exhibit for the 400th anniversary of publishing *DongUiBoGam*, and experienced electronic moxibustion and acupuncture band therapy at the Korean medicine experience booth.

On the evening of Thursday 12 September, a general meeting of IASTAM was held followed by the closing ceremony. Karen McNamara was awarded the Charles Leslie Prize for the best paper by a young scholar, with Daniel Trambaiolo and Stephen Boyanton as runners-up. The Basham Medal was presented to Professor Vivienne Lo honoring her academic achievements in Asian traditional medicine and her dedication to IASTAM. As an additional prize to the medal, the original text of *DongUiBoGam* printed in Chosun dynasty was presented to Professor Lo by Professor Namil Kim, the Dean of Korean Medicine College, Kyung Hee University and a vice president of Korean Society of Medical History.

A post-conference clinic tour program was one of the more fascinating experiences in the conference.

Eighteen foreign scholars and practitioners witnessed clinical practice at seven Korean medicine clinics and hospitals and valued the experience that could only be witnessed in the field.

The conference theme, concerning the current situation for traditional Asian medicines, could not have been more timely, particularly as traditional Chinese medicine continues to expand its platform as an international standard of traditional medicine and to intensify its absorption of diverse knowledge and interests of local traditional medicines. There were diverging perspectives concerning the standardization and integration of traditional medicine into one platform, such as Chinese medicine and biomedicine, and the ways to maintain traditional medicines regardless of the influence of dominant medical systems. At this conference, participants expressed their concern about diversity and locality in traditional medicines and stressed the role of various Asian medicines for their contributions to human health and welfare.

The conference was an excellent event for scholars and practitioners to share their views and concerns for the Asian traditional medicines, and there was an intimate and convivial atmosphere around the venue. Participants enjoyed exchanging intense discussions of diverse issues and intimate conversations throughout the five-day conference. We are confident that the accomplishments of the 8th ICTAM will lead to the success of the 9th ICTAM to be held in India in 2016.



ICTAM VIII SPOTLIGHT:
Basham Recipient: Dr. Vivienne Lo



In her Basham Award acceptance address, *An Archaeology of Medical Time*, Dr Lo's presentation considered the interdisciplinary conversations that are at the heart of IASTAM's remit, the disparate voices of academic and practitioner that both challenge and inspire our members. Can we understand ancient texts through our experience of practice, and vice versa how does history inform practice and help us prioritise what remains meaningful and effective in the modern world?

To answer these questions the presentation was divided into two themes which crossed the divide between the making of history and contemporary practice: Based on the assumption that one can resolve present conundrums and confusion through historical investigation Dr Lo analysed archaeological sources that tell us about the early Chinese development of medical time: spatio-temporal ideas about the circulation of *qi*, fortune telling in diagnosis, prohibitions according to the calendar, thus constructions of medical time related to the seasonal, the calendar, celestial, cosmic, cyclical and lineal models. The discovery of this past with its legacy of ritual, medical divination, sexual cultivation and exorcism, its emphasis on auspicious times, serves to enhance our understanding of the present and helps us to make informed choices about what remains relevant in our practice.

The second theme centred around determining to what degree contemporary experience can help us to understand the historical record.

To this subject Dr. Lo brought personal observations about the sensory dimension of Asian medical practice, its use of tactility in diagnosis, its analyses of patient experience of the sensory worlds of digestion, emotion, pain, its shared sensory awareness of efficacy in the clinical encounter or during self cultivation practices like yoga, meditation and *qi* body techniques. Many of these practices, she observed, serve to sharpen acuity and sensory perception in a way that had the effect of slowing the passage of time. By bringing these contemporary experiences to the reading of ancient Chinese medical texts she demonstrated that we can uncover those historical innovations in medical practice that have sustained attention to the 'spirits' in traditional Asian medicine, and thereby ensured it a place and increasing popularity in the twenty-first century.

If we deny the apparently 'magical' aspects and effects of Asian medical practice, she argued, we undermine our power as practitioners of Asian medicine in the modern world, and as historians. Perhaps for political reasons we have to re-name 'magic' --- something closer to the term *ling* in Chinese medicine which perhaps translates as 'spirit efficacy'... exactly what term and how it can be explained by different sciences, different constructions of knowledge, she concluded, has to be left to the interdisciplinary work of future generations.

Vivienne Lo is the director of the UCL China Centre for Health & Humanity. She has been teaching the History of Asian Medicine and Classical Chinese medicine at BSc and MA level in UCL since 2002, as well as supervising many PhD students. Her own research concerns the social and cultural origins of acupuncture and therapeutic exercise. She translates and analyses manuscript material from Early and Medieval China and the transmission of scientific knowledge along the so-called Silk Roads through to the modern Chinese medical diaspora. She was the Secretary General of IASTAM between 2002 and 2006 and founded IASTAM's first peer-reviewed journal.

THE ICTAM VIII Conference Schedule

Time	9.8 (Sun)	9.9 (Mon)	9.10 (Tue)	9.11 (Wed)	9.12 (Thu)	9.13 (Fri)	9.14 (Sat)
07:00 – 08:15			Breakfast Meeting	Breakfast Meeting	Breakfast Meeting		
08:30 – 08:30		Registration				Departure	
08:30 – 09:00		Opening President's Address - Volker Scheid	Plenary Session - Namil Kim		Plenary Session - Narendra Ibat		
09:00 – 09:30				Concurrent Sessions			
09:30 – 10:00		Break	Break		Break		
10:00 – 10:30							
10:30 – 11:00		Concurrent Sessions	Concurrent Sessions	Break	Concurrent Sessions		Haini Temple Tour
11:00 – 11:30							
11:30 – 12:00				Concurrent Sessions			
12:00 – 12:30							
12:30 – 13:00		Lunch	Lunch		Lunch		
13:00 – 13:30	Arrival and Transportation		Plenary Session - Sienna Craig	Lunch		Lunch	
13:30 – 14:00		Concurrent sessions			Concurrent sessions		Korean Medicine Clinic Tour (Optional)
14:00 – 14:30			Concurrent Sessions	Plenary Session - Judith Farquhar			
14:30 – 15:00		Break			Break		
15:00 – 15:30							
15:30 – 16:00		Concurrent Sessions	Break		Plenary Session (Korean delegates)		KJOM Center visit
16:00 – 16:30							
16:30 – 17:00				Tour to EXPO	General Meeting Closing Ceremony / Dabhan Medal Lecture		
17:00 – 17:30			Concurrent Sessions				
17:30 – 18:00		Opening Ceremony					
18:00 – 18:30							
18:30 – 20:00	Reception	Banquet	Dinner		Banquet	Seoul/Incheon	
20:00 – 22:00		Group Meeting: Ayur Medicine Journal / Korean Medical History Journal	IASTAM Council Meeting	Group Meeting: Ayur Yoga Practitioners			

* There were ten Clinical Demonstration Lectures. Their Timings were coincident with those of Concurrent Sessions.

IASTAM International Activities

News from IASTAM-India



VAIDYA SOMESHWAR BHATT MEMORIAL SYMPOSIUM “AYURVEDA & INFECTIOUS DISEASES” & PANDIT SHIV SHARMA MEMORIAL ORATION Mumbai, India

[This report is prepared by Reinhard Bogle, Munchen, Germany, Member, IASTAM Council who was present at the event]

A Symposium on ‘Ayurveda and Infectious Diseases’ was held on 1 December 2013 at the Haffkine Institute for Training, Research and Testing in Mumbai, India together with the Pandit Shiv Sharma Memorial Oration. Dr. Ashok Vaidya, a well-known expert in Ayurvedic research, gave the keynote address on “The emergent challenges of infectious diseases in translational opportunities from Ayurveda.” A clinical pharmacologist by training and experience, Dr. Vaidya has been involved with research on Ayurvedic plants for diabetes, hepatitis, and rheumatoid arthritis among other pathologies. Dr. Vaidya identified that there is no separate chapter on infectious diseases, but *Jwara* (fever) covers in minute details the different points of diagnosis and treatment. The *mahastrotasa* (gastro-intestinal tract) is most important and the goal is to re-establish the balance of the *dosas* there.

Also the causes of infection are observed, as they include a lack of immunity from inside (disturbed *dosas*, *dhatu*s and *malas*) and outside factors like dirty water (i.e. disturbed *mahabhutas*).

Prof. Dr. R. B. Gogate, Dr. Prakash Tathed, A. Yardi and Dr. A. Kulkarni shared their experiences of Ayurvedic treatments for this group of diseases. Prof. Dr. Nirmala Rege & Dr. Chhaya Godse, both representing biomedical research, provided integrated approaches and identified future potential for these methods. Dr. Swati Mohite shared her experiences with Ayurvedic approaches for infections in pregnant women. Dr. Abhay Choudhary, Director of Haffkine explained the gaps in current treatments for communicable diseases and the possible role a system such as Ayurveda could play in treatment. Dr. Narendra Bhatt in his brief speech covered the newer concept of *microbiome* and how Ayurveda could possibly be correlated to the search for future solutions for infectious diseases from Ayurveda.

Vaidya Dinanath Upadhyaya, former Dean, Faculty of Ayurveda, University of Bombay gave the historical background, as president of the Mumbai Vaidya Sabha, and its activities to fight for rights of Ayurvedic profession. He also identified how Ayurveda activities were initiated at union, government and state levels. He explained the role of leaders like Pandit Shiv Sharma*, Vaidya Someshwar Bhatt and several others. Pandit Shiv Sharma became Member of Parliament of India mainly to ensure recognition of the Ayurvedic profession through the CCIM Act of 1971. He was supported by several committed leaders like Vaidya Someshwar Bhatt.

The Pandit Shiv Sharma Oration was delivered by Mrs. Shailaja Chandra, the former Secretary of Dept. of AYUSH (the highest government position responsible for Ayurveda, Yoga, Unani and Siddha, under the Minister of Health, Govt. of India). She pointed out that an oration has to provide critical review. She emphasized the need to create quality standards for practice and products of Ayurveda.

She stressed that the preventive aspects of health care from Ayurveda shall be brought in day-to-day practice to improve the health standards of people. She shared her experiences of variations and limitations of pulse diagnosis and *prakriti* concepts and the need to work toward integration with biomedicine. She explained the use of modern tools in education, training and primary health care. She suggested a need for new modules and new technologies that could be used for development of Ayurveda. She informed how *pancakarma* therapy had developed into a sought after therapy. She strongly suggested a system of accreditation for practice, for clinical trials, ethical considerations and accreditation of manufacturing companies and products.



In the hall, which was packed to full with nearly 300 people, a text 'SOMESHWAR' based on family history, life and contributions and compilation of personal experiences by variety of people – fellow professionals & activists, patients, community leaders and family members - concerning Vaidya Someshwar Bhatt (1914-1997) was released in presence of another stalwart Prof. Ranjit Roy Choudhary, an expert closely associated with national health policies and who was a long-time associate of the World Health Organization. Vaidya Someshwar Bhatt was a 3rd generation Ayurvedic practitioner who, from a young age, actively participated in activities for survival and promotion of Ayurveda in post-independent India.

He contributed to service amongst his own community through promotion of education and medical assistance. Commitment to the profession of healing, rather than commercial success, was most important to him. He held several positions for organizational activities and his silent contributions were highlighted by many who contributed to the text.

Prof. R. R. Choudhary gave directional suggestions for development of Ayurveda for its direct benefit in the national health care priorities and programs. Dr. T.G. Rajagopalan, an internationally renowned biochemist and former head of research at Procter & Gamble (India) gave an interesting talk on a novel activity-based approach for the standardization of Ayurvedic products.

With touching words of gratitude from Eshan, the great grandson of Someshwar Bhatt, and with commitment of the organizers to continue to work for benefit of mankind, the symposium came to an end.

This symposium was organized to commemorate Vaidya Someshwar Bhatt on his centenary year by the foundation established in 2004 by his son Dr. Narendra Bhatt in association with Mumbai Vaidya Sabha, the oldest association of Ayurvedic profession (est. 1890) and the Haffkine Institute, a very old (est. 1925) and reputed research institute of Mumbai.*

**Dr. Narendra Bhatt is Vice president of IASTAM and President of its Indian Chapter*

***Pandit Shiv Sharma was founder chairman of IASTAM with Prof. A. L. Basham*

If interested for text 'SOMESHWAR' please write to vsbf2004@gmail.com

News from IASTAM - Himalaya Desk **1st Meeting of the new IASTAM working group** **focused on 'SOWA RIGPA'**



September 10, 2013, during ICTAM 8, Sancheon, South Korea

Protocol for the new IASTAM working group of SOWA RIGPA

Initiators/ organizers:

Dr Mona Schrempf
— IASTAM Council Member, senior co-editor of the peer-reviewed journal *Asian Medicine – Tradition and Modernity*, EASTmedicine Research Centre, University of Westminster, London
Dr Sienna Craig
— IASTAM council member, co-editor of the journal *Himalaya*, head of IASTAM's former 'Himalayan Desk'

Participants at the Meeting:

— Dr Sienna Craig, IASTAM Council Member, organizer of former Himalayan Desk, Dartmouth College, USA
— Amchi Namgyal Qusar, amchi with private practice in Dharamsala
— Amchi Jamyang Drolma, Research Institute, Mentsikhang, Dharamsala
— Dr Dorji Wangchuk, Director, Institute for Traditional Medicine, Royal University, Bhutan
— Phurpa Wangchuk, PhD candidate, Biochemistry, University of Wolongong AU/Menjong Pharmaceuticals Bhutan
— Dr Herbert Schwabl, President of Swiss Complementary Medicine, Padma AG Switzerland
— Geshe Kelsang Norbu, Zhangzhung Traditional Medicine, Lhasa, TAR
— Geshe Monlam Wangyal, Tritten Norbutse, TM teacher, astrology, medicine, NEPAL
— Amchi Tenzin Bista, Monastery Lhomantang
— Amchi Nyima Gurung, Mustang
— Jan van der Valk, PhD candidate, Kent University, Medicinal Plants EU and India
— Danma, MA student, Tibetan community health, women's health
— Kei Nagaoka, PhD dissertation on TM in Tawang/Arunachal Pradesh, Japan
— Dr Stephan Kloos, Austrian Academy of Social Sciences, Vienna

— Dr Barbara Gerke, Central Asian Seminar, Humboldt University Berlin, Germany
— Dr Katharina Sabernig, independent researcher, Tibetan anatomy/ history, University of Vienna
— Dr Lena Springer, EASTmedicine Research Centre, University of Westminster
— Dr Patrizia Bassini, Medical Anthropology, Oxford University

OUR AIMS

Regionally and also thematically extending the ‘Himalaya Desk’ of IASTAM, the working group *Sowa Rigpa* aims at promoting and consolidating a research platform among its members and beyond, i.e. to document and analyse the plurality and diversity of historical and present texts, medical formulas, oral and local knowledges, theories and medical practices that make up *Sowa Rigpa*, translated commonly in English as ‘Knowledge of Healing’ or ‘Science of Healing’. This Asian medical system is regionally widespread across both Asia and increasingly so in the West, while at the same time it is generally based on the classical Tibetan medical text of the *Four Tantras (rGyud bzhi)* — or the *’Bum bzhi* among Bon medical practitioners. We are explicitly transnational in our approach and include both practitioners and academics interested in research on *Sowa Rigpa*, extending our inquiry also on other related or parallel existing healing systems and techniques, such as tantric, shamanic and folk practices, in communities across Asia and the West that are influenced by Tibetan culture and religion.

In our meeting, concern was expressed for the need to document NOW and analyse both more common and rare written historical texts, and the need to include oral knowledge including ‘folk medical’ knowledge as well as teacher-student-transmissions of privately practicing physicians of *Sowa Rigpa*. Also, the need for more practice-oriented training within *Sowa Rigpa* institutions, including knowledge of recognizing and compounding medicinal plants, was mentioned as an important objective in our group. The plurality and diversity of diagnosis and treatment practices, including astrology and the wide range of presently unused formulations, was emphasized to be worthy of further study.

By documenting and collecting further research knowledge on *Sowa Rigpa*, we also aim at supporting both the sustainability and availability of medicinal plants, the medical system of *Sowa Rigpa* in particular in Europe, and the health of communities in need that are facing fundamental social transformations. Our long-term goal is to get global recognition of *Sowa Rigpa* as an Asian medical system.

We welcome new members to this group!

Important note: If you want to become a member of our *Sowa Rigpa* working group and are not yet an IASTAM member, you will need first to pay membership to IASTAM, then contact me in order to become a member of this group and actively engage with all.

For Further Information Please contact
Mona Schrempf:
m.schrempf@westminster.ac.uk



IMPORTANT FOR ALL IASTAM MEMBERS:

Draft Revised Constitution of IASTAM

Note. *The following represents a tidied-up version of the revised Constitution as approved in principle at the Council meeting, ICTAM Korea, 2013. Any comments on this revised draft of the constitution or on the following Amendment should be sent to the Secretary-General, James Flowers, before April 30, 2014. They will be distributed to the Council as a whole before the final vote is taken by the Council on the Constitution and Amendment. If passed, the Constitution (with or without the Amendment) will become the official Constitution of IASTAM.*
– Geoffrey Samuel, President.

1. NAME

The name of the Association shall be the International Association for the Study of Traditional Asian Medicine (hereinafter called "The Association"). (For the purposes of this Association, 'Asian,' shall be deemed to include the whole geographical area of Asia, as region of origin of Asian medicines, including transnational Asian communities elsewhere, along with North Africa.)

2. OBJECTS AND PURPOSES OF THE ASSOCIATION

The objects and purposes of the Association are: To promote and encourage the study of traditional Asian medicines, including both the 'classical' systems and local and tribal traditions, as well as their globalised forms, in all their aspects – historical, philosophical, anthropological, sociological, and biomedical.

3. POWERS

The powers of the Association shall be deemed to include:

- the accepting of any gift, whether subject to a special trust or not, for any one or more of the subjects or purposes of the Association;

- the taking of such steps from time to time as the Council or the members in general meeting may deem expedient for the purpose of procuring contributions to the funds of the Association, whether by the way of donations, subscriptions, or otherwise;
- the printing and publishing of such newspapers, periodicals, books, leaflets, or other documents as the Council or the members in general meeting may think desirable for the promotion of the objects and purposes of the Association;
- the doing of all such other lawful things as are incidental or conducive to the attainment of the objects and purposes of the Association or of any of the objects and purposes specified in the foregoing provisions of this sub-rule.

4. MEMBERSHIP

4.1 A person is eligible to be a member of the association on payment of appropriate subscription fee mandated by the council. Membership shall be good for the duration of time agreed by the council A person shall not be admitted to full membership until their admission as a member is approved by the Council, or by the Secretary-General acting on behalf of the Council.

4.2 The Secretary-General shall be empowered by the Council to act on its behalf in admitting new members whose names shall be referred to the Council as soon as possible.

4.3 A member of the Association may, at any time, resign from the Association by delivering or sending by post to the Secretary-General a written notice of resignation.

4.4 Upon receipt of a notice under rule 4.3, the Secretary-General shall remove the name of the member by whom the notice was given from the register of members, whereupon that member ceases to be a member of the Association.

4.5 A right, privilege, or obligation of a person by virtue of their membership of the Association -

- is not capable of being transferred or transmitted to another person; and
- terminates upon the cessation of their membership, whether by death, resignation, or otherwise.

4.6 Members are not to be liable to contribute towards payment of liabilities of the Association.

4.7 Student members shall be full time students at recognized institutions. They shall pay a reduced membership fee, but shall not have voting rights.

4.8 Institutional members shall be libraries, museums, institutions of higher learning and other organizations acceptable to the Council. Institutional members will not vote on the affairs of the Association.

5. INCOME AND PROPERTY OF THE ASSOCIATION

4.5 5.1 The income and property of the Association, however derived, shall be applied solely towards the promotion of the objects and purposes of the Association and no portion thereof shall be paid or transferred, directly or indirectly, by dividend, bonus, or otherwise, to any member of the Association for personal use.

5.2 The Association shall not -

- appoint a person who is a member of the Council to any office of the Association to the holder of which there is payable any remuneration by way of salary, fees, or allowances; or
- pay to any such person any remuneration or other benefit in money's worth (other than the repayment of out-of-pocket expenses).

5.3 Nothing in rules 5.1 or 5.2 prevents the payment in good faith to a servant or member of the Association of -

- remuneration in return for services actually rendered to the Association by the servant or member or for goods supplied to the Association by the servant or member in the ordinary course of business;

- interest at current bank overdraft rate on money lent; or
- a reasonable and proper sum by way of rent for the premises let to the Association by the servant or member.

6. ACCOUNTS OF RECEIPTS, EXPENDITURES ETC

6.1 True accounts shall be kept

- of all sums of money received and expended by the Association and the matter in respect of which the receipt or expenditure takes place; and
- of the property, credits, and liabilities of the Association

6.2 The Treasurer of the Association shall faithfully keep all general records, accounting books, and records of receipt and expenditure connected with the operations and business of the Association in such form and manner as the Council may direct.

6.3 The Accounts, books, and records referred to in rules 6.1 and 6.2 shall be kept at the Association's office or at such other place as the Council may decide.

7. BANKING AND FINANCE

7.1 The Treasurer of the Association shall, on behalf of the Association, receive all moneys paid to the Association and forthwith after the receipt thereof issue official receipts therefor.

7.2 The Council shall cause to be opened with such bank as the Council selects a banking account in the name of the Association into which all moneys received shall be paid by the Treasurer as soon as possible after receipt thereof.

7.3 The Council may receive from the Association's bank or bankers for the time being the cheques drawn by the Association on any of its accounts with the bank or bankers and may release and indemnify the bank or bankers from and against all claims, actions, suits, or demands that may be brought against the bank or bankers arising directly or indirectly out of those cheques or the surrender thereof to the Association.

7.4 Except with the authority of the President or Secretary-General, no payment shall be made from the funds of the Association, but the Treasurer may provide the Officers with a sum to meet urgent expenditures, subject to the observance of such conditions in relation to the use and expenditure thereof as the President and Secretary-General may impose.

7.5 No cheques shall be drawn on the Association's bank account except for the payment of expenditures, that has been authorized by the President or Secretary-General.

7.6 All cheques, drafts, bills of exchange, promissory notes, and other negotiable instruments shall be signed by the Treasurer

7.2 8. ACCOUNTANT

8.1 At each general meeting of the Association, the members present shall appoint a person to carry out the external financial review of the Association, or confirm such appointment previously made by the Council.

8.2 A person appointed at a general meeting shall hold office until the general meeting next after that at which he is appointed, and is eligible for re-appointment.

8.3 If an appointment has not made at a general meeting, or the position has become vacant, the Council shall appoint an accountant of the Association and the person so appointed shall hold office until the next succeeding general meeting.

8.4 The accountant may be removed by a resolution of the Council, in which case the Council shall appoint another accountant to act until the next general meeting or the then current financial year of the organization.

9. ACCOUNTS

9.1 Once at least in each election cycle of the Association, the accounts of the Association shall be examined by the accountant.

9.2 In his or her report to the Secretary-General, and in certifying to the accounts, the accountant shall state -

- whether he or she has obtained the information required;
- whether, in his or her opinion, the accounts are properly drawn up so as to exhibit a true and correct view of the financial position of the Association according to the information at his or her disposal and the explanations given to him or her and as shown by the books of the Association; and
- whether the rules relating to the administration of the funds of the Association have been observed.

9.3 The Treasurer of the Association shall cause to be delivered to the accountant all necessary accounts, books and records of the Association, for the independent review.

9.4 The accountant -

- has a right of access to the accounts, books, records, vouchers, and documents of the Association;
- may require from the servants of the Association such information and explanations as may be necessary for the performance of their duties as auditor;

9.4 may employ persons to assist them in investigating the accounts of the Association; and may, in relation to the accounts of the Association, examine any member of the Council or any servant of the Association.

10. GENERAL MEETING

10.1 The Association shall hold a general meeting, normally as part of an international congress on traditional Asian medicine, at intervals of not more than five and not less than two years.

10.2 The general meeting shall be held on such day as the Council may determine.

10.3 The general meeting shall be specified as such in the notice convening it.

10.4 The ordinary business of the general meeting shall be -

- to confirm the minutes of the last preceding general meeting.
- to receive from the Council, auditor and servants of the Association reports upon the transactions of the Association during the last preceding financial year;
- to install new officers elected by mail ballot of all members in the months before the meeting;
- to appoint or confirm the accountant.

11. SPECIAL GENERAL MEETING

The Officers may, whenever they think fit, convene a special general meeting of the Association.

12. NOTICES OF GENERAL MEETINGS

The Secretary-General of the Association shall, at least three months before the date fixed for holding a general meeting of the Association, notify all members of the place, day, and time for the holding of the meeting, and the nature of the business to be transacted thereat.

13. BUSINESS AND QUORUM AT GENERAL MEETINGS

13.1 All business that is transacted at general meetings, with the exception of that specially referred to in rule 10.4 above as being the ordinary business of the general meeting, shall be deemed to be special business.

13.2 Fifteen members personally present (being members entitled under these rules to vote thereat) constitute a quorum for the transaction of the business of a general meeting.

14. PRESIDENT TO PRESIDE AT GENERAL MEETINGS

The President, or in his or her absence, the Secretary-General, shall preside as chairman at every general meeting of the Association.

15. AFFAIRS OF THE ASSOCIATION TO BE MANAGED BY COUNCIL

15.1 The Council -

shall control and manage the business and affairs of the Association;

- may, subject to these rules, exercise all such powers and functions as may be exercised by the Association;
- and, subject to the Ordinance and these rules, has power to perform all such acts and things as appear to the Council to be essential for the proper management of the business and affairs of the Association.

16. OFFICERS OF THE ASSOCIATION

16.1 The Officers of the Association shall be -

- a President;
- a minimum of three Vice-Presidents;
- a Treasurer;
- a Secretary-General;
- a Publications Editor;
- an Associate Secretary;

16.2 The Council may approve the appointment of not more than three Associate Secretaries to assist the Secretary-General and a Subscriptions Manager to assist the Treasurer in their work.

16.3 The provisions of 18.1 and 18.2, so far as they are applicable and with the necessary modifications, apply to and in relation to the election of persons to any of the offices mentioned in 16.1.

16.4 Each Officer of the Association shall hold office until the general meeting next after the date of his election but is eligible for re-election.

16.5 In the event of a casual vacancy in any office mentioned in 16.1, the Council may appoint one of its members to the vacant office, and the member so appointed may continue in office up to and including the conclusion of the general meeting next following the date of his appointment. If the President vacates his or her office for any reason their place shall be taken by the Secretary-General.

16.5 The Publications Officer shall be responsible for the production of the Association's journal, if any. If the journal has two co-editors, both shall be regarded as Publications Officers and full council members.

17. CONSTITUTION OF THE COUNCIL

17.1 The Council shall consist of -

- the officers of the Association ; and
- a minimum of 10 (ten) other members, who shall be selected by the Officers and other Council members.

17.2 Each ordinary councillor shall, subject to these rules, hold office until the general meeting next after the date of their election, but is eligible for re-election.

17.3 In the event of a casual vacancy occurring in the office of ordinary councillor, the Council may appoint a member of the Association to fill the vacancy, and the member so appointed shall hold office, subject to these rules until the conclusion of the general meeting next following the date of their appointment.

18. ELECTION OF OFFICERS

18.1 Nominations of candidates for election as Officers of the Association and Associate Secretary, who is appointed according Section 16 (2),

- shall be made in writing by members of the Association and
- shall be delivered to the Secretary-General of the Association in response to solicitation in the Newsletter.

18.2 The ballot for the election of officers shall be conducted by mail to all members in good standing.

19. VACATION OF OFFICE

For the purposes of these rules, the office of an officer of the Association or of an ordinary councillor becomes vacant if the officer or councillor

- dies
- resigns their office by writing to the Secretary-General, or in the case of a resigning Secretary-General, by writing to the President;
- ceases to be a member of the Association, or fails to pay all arrears of subscription due by them within fourteen days after they have received a notice in writing signed by the Treasurer stating that they have ceased to be a financial member of the Association.

20. MEETINGS OF THE COUNCIL AND SUB-COMMITTEE

20.1 The normal business of the Council shall be conducted by post and email, and the Secretary-General shall refer to the Council members all matters on which he is not authorized by Council to act personally. He shall normally follow the advice of the majority of the councillors.

20.2 The Council shall meet at least once at each international congress organized by the Association.

20.3 Special meetings of the Council may be convened by the President, or any four of its members.

20.4 Notice shall be given to members of the Council of any special meeting, specifying the general nature of the business to be transacted, and no other business shall be transacted at such a meeting.

20.5 Any six members of the Council constitute a quorum for the transaction of the business of a meeting of the Council.

20.6 No business shall be transacted unless a quorum is present.

20.7 At meetings of the Council the President, or in his or her absence, the Secretary-General, shall preside.

20.8 Questions arising at meetings of the Council or of any sub-committee appointed by the Council shall be determined on a show of hands or, if demanded by a member, by a poll taken in such manner as the person presiding at the meeting may determine.

20.9 Each member present at a meeting of the Council or of any sub-committee appointed by the Council (including the person presiding at the meeting) is entitled to one vote and, in the event of an equality of votes of any question, the person presiding may exercise a second or casting vote.

20.10 Written notice of each Council meeting shall be served on each member of the Council by delivering to them at a reasonable time before the meeting or by sending it by electronic means or by post in a prepaid letter addressed to them at their usual or last-known place of abode in time to reach them in due course of post before the date of the meeting.

21. SUB-COMMITTEES AND EXECUTIVE COMMITTEE

21.1 The Council may at any time appoint a sub-committee from the Council as it may think fit and shall prescribe the powers and functions thereof.

21.2 The Council may co-opt as members of a sub-committee such persons as it thinks fit, whether or not these persons are members of the Association, but a person so co-opted is not entitled to vote.

21.3 Three appointed members of a sub-committee constitute a quorum at a meeting of the sub-committee.

21.4 The President, the Treasurer, and the Secretary-General, constitute an executive committee, which may issue instructions in matters of urgency connected with the management of the affairs of the Association during the intervals between meetings of the Council and where any such instructions are issued shall report thereon to the next meeting of the Council.

22. MEMBERSHIP FEE

The membership fee payable by members shall be prescribed by the Council

23. FINANCIAL YEAR

The financial year of the Association is the period beginning on 1st January in each year and ending on the 31st December of the same year.

24. NOTICES

24.1 A notice may be served by or on behalf of the Association upon any member either personally or by sending it through the post in a prepaid letter addressed to the member at their usual or last-known place of abode.

24.2 References in this Constitution to the sending or serving of written notice and the like may be interpreted to refer to contact by electronic means or Newsletter

24.3 Each member is responsible for ensuring that the Secretary-General has an up to date and functional electronic mail address at which the member can be reached.

25. CONGRESS

The Association shall hold an international congress open to scholars, specialists and others interested in the fields covered by the Association at intervals of not less than two and not more than five years. *page 18*

The location of the next congress shall be decided by the Council after soliciting invitations from different potential hosts.

26. REGIONAL AND NATIONAL CHAPTERS

26.1 The Association shall establish regional chapters as groups organize in different regions of the world and petition for affiliation. No region will have more than one chapter. Chapters are intended to represent regional rather than political units.

26.2 Officers of the regional Chapters should submit an annual report to the Secretary-General of the Association for the Council by the end of each fiscal year, December 31, which includes a financial statement and a report of publications, conferences and other activities of the regional chapter.

26.3 Copies of all publications of the regional Chapters should be sent to the Publications Editor and the Officers of the Association.

26.4 Officers of the regional Chapters should be members of the Association.

26.5 The Council shall be empowered to withdraw recognition from Chapters

- that do not have at least ten members in good standing in the IASTAM, or
- the objectives or activities of which are inconsistent with or in conflict with objectives of the Association.

27. BASHAM MEDAL

An award in the name of Professor Arthur Llewellyn Basham is to be awarded, when so merited, on the occasion of the ICTAM meetings. The award was instituted by Prof. Paul U. Unschuld during his period as president of IASTAM. The principle of the award is to preserve the memory of Prof. Basham, co-founder of IASTAM with Prof. Charles Leslie, and to recognise special contributions by IASTAM members to promoting the goals of IASTAM.

28. ALTERATION OF THE CONSTITUTION

28.1 The rules may be amended by resolution passed by a majority of Council. E-mail votes are acceptable.

28.2 Notice of the proposed amendment shall be mailed to members or announced in the Newsletter.

* * *

Suggested amendment of item 28

Note: The current text of item 28 does not specify how long ordinary members are given to comment on proposed amendments, nor how and when Council votes on an amendment. It is also normal for Constitutional amendments to require than a simple majority, in order to ensure that they are widely supported. I am therefore suggesting the following amendment, which specifies the procedure and raises the bar to 60% of Council members in an e-mail ballot (which is still not a very strong requirement). This amendment will be listed separately in the Newsletter and voted on separately in the e-mail ballot on the Constitution. – Geoffrey Samuel, President.

28. ALTERATION OF THE CONSTITUTION

28.1 The rules may be amended by a resolution passed by at least 60% of the full membership of the Council, voting in an e-mail ballot or in a general meeting.

28.2 Notice of the proposed amendment shall be mailed to ordinary members or announced in the Newsletter, and the members given at least three weeks from the date of mailing to make any comments on the proposed changes. Such comments should be sent to the Secretary-General, who will advise Council members of any comments before the ballot takes place.

ANNOUNCEMENTS

The Charles Leslie Award for Best Essay by a Junior Scholar Announcement of a New Yearly Competition Deadline, 31 May 2014

This prize is awarded to the best original, unpublished essay in the critical study of Asian medicine submitted to the competition and judged by members of the IASTAM Council. The author can be one of three types of junior scholars of Asian medicine:

- 1) a practitioner of an Asian medical tradition (with none to no more than 3 publications)
- 2) a graduate student currently in a PhD program
- 3) a recent PhD who received his/her doctoral degree within the past 4 years.

There are no age restrictions on entering for this prize. The purpose of the award is to encourage junior scholars to apply methods from anthropology, history, or any other academic discipline, to the critical study of Asian medicines in their myriad contexts and from any period to the present. Manuscripts must be in English.

The winning essay will be announced in IASTAM publications and the society website and will be submitted to be reviewed for possible publication in *Asian Medicine: Tradition and Modernity*. The award also consists of a monetary award of \$150. Authors should follow *Asian Medicine: Tradition and Modernity* style guidelines for the submission. The winner will be announced within two months of the submission deadline.

DEADLINE FOR 2014: 31 May 2014

Please send submission with the "Charles Leslie Award" heading to both Senior Editors:
Marta Hanson: mhanson4@jhmi.edu
Mona Schrepf: arural@gmail.com

IASTAM COUNCIL

Procedures for Submission and Review of Small Grant Applications

OVERVIEW

The IASTAM Council currently has some limited seed funding available for events that relate directly to the mission of the organization. This may include funding toward workshops, conferences, collaborative research projects, digital resources or other activities that foster the Association's commitment to supporting scholarship and practice related to the history and contemporary landscapes of Asian medicines in all its many forms. These projects need not be affiliated with a particular "desk" or a regional "chapter" of IASTAM, but such affiliation is also acceptable.

APPLICATION PROCEDURES

At present, the Council is able to consider applications from new, current, or recently lapsed (within two years) members of IASTAM. However, becoming a current member of IASTAM is a condition of submitting the grant application for review.

Grant applications should consist of the following, to be presented in a document of no more than 1000 words:

- Project Overview
- Rationale and Significance
- Methods to be Used
- Key Collaborators and Qualifications
- Proposed Timeline
- Anticipated Outcomes
- Other Sources of Funding (prospective or secured)

This application should be submitted along with a proposed budget to Sienna Craig, IASTAM Council Member (sienna.r.craig@dartmouth.edu) by **May 15, 2014**. Budgets for proposed activities must not exceed \$5000.

Funding applications shall be reviewed by a subcommittee of the IASTAM Council and one external reviewer. If some funds remain unspent, or further funding becomes available, we will announce additional funding rounds at a later date.

Members of the IASTAM Council are eligible to apply for these Small Grants. However, in such circumstances the applicant is requested to work collaboratively with a non-council member and submit the proposal jointly. Council members affiliated in any way with a proposed project will excuse themselves from voting on the application.

CONDITIONS OF AWARDS

Upon receipt of a Small Grant from IASTAM, it is expected that the Grantee will appropriately acknowledge the Association in any materials related to the grant activities, including promotional materials, other grant applications, or publications or other media to emerge from work facilitated by this grant.

A detailed financial accounting of the grant and a report suitable for publication in the IASTAM newsletter (along with a selection of images / video as possible or appropriate) are due within 3 months of the completion of the grant. These materials should be submitted to Geoffrey Samuel, IASTAM President (SamuelG@cardiff.ac.uk) with a copy to Sienna Craig.

Asian Medicine: Tradition and Modernity

Asian Medicine: Tradition and Modernity is the journal of IASTAM, and is published by Brill (<http://www.brill.com/asian-medicine>). The latest issue, volume 7 no.2 (2012), came out earlier this year, and is a special issue, *The Diversity of Medicine in China and of Chinese Medicine in Europe*, edited by Marta Hanson. Catching up on a backlog of two issues missed out on last year in 2013, Marta Hanson and Mona Schrempf, the senior co-editors of the journal, are happy to announce four issues ready to go for this year 2014:

Special Issue 8.1. (2013) on *Mercury in Ayurveda and Tibetan Medicine*, with Barbara Gerke as guest editor, tackles the exciting, yet also vexing and contested use of mercury from historical, medical anthropological as well as from practitioners' points of views, including legal aspects on its very limited use in Europe. It will be out in spring 2014.

Issue 8.2. (2013), edited by Volker Scheid and Marta Hanson, will be a general issue with a special focus on the question of 'cold damage' in East Asian medicine.

Special Issue 9.1. (2014) by guest editors Laurent Pordié and Jean-Paul Gaudilliere with the title *The Herbal Pharmaceutical Industry in India – Innovation, Reformulation and the Market* discusses ayurvedic herbal pharmaceuticals as objects of innovation, reformulation and commodification in and between ayurvedic and biomedical parameters.

Special Issue 9.2. (2014) by guest editors Mona Schrempf and Lena Springer Focuses on the contested issue of Producing Efficacy and Safety in Tibetan and Chinese Medicine: Historical and Ethnographic Perspectives in and between East Asia and Europe.

Special Issue 10.1. (2015) is dedicated to *Medicine, Public Health and Healing in Bhutan* and will be co-edited by Mona Schrempf and Jonathan Tae.

If you are not already a subscriber to the journal, you will be able to join shortly via the new website. Further details will be distributed when the website is fully operational.

TCM Kongress Rothenburg

The planning phase for the 45th international TCM Congress Rothenburg from 27 to 31 May 2014 has gotten under way. In the past years, our exchange partnership with IASTAM has worked out wonderfully and we are grateful for fruitful cooperation that ensued. Together we support our great medicine. This creative and cost-free method has provided optimal conditions for beneficial mutual support.

Together we promote the idea of Traditional Chinese Medicine, which we have emphasised in our exchanges and would like to see entrenched once again. The TCM Kongress Rothenburg has developed itself into a centre for exchange and networking in Europe, owing to a fruitful cooperative effort and your help.

We would once again like to offer the option for exchange cooperation for the 2014 congress. We are more than happy to consider individual requests and suggestions and are open to expanding the spectrum of this exchange. In order to benefit from all the possibilities to the fullest, we recommend that you reply soon!

For further information about the congress please check our website or order our newsletter.

Please find the Link to the up to date Congress program TCM 2014 on the Congress Website: <http://www.tcm-kongress.de/en/programm/kurse/index.htm>

We look forward to working with you!
Best Regards,

Gerd Ohmstede (Congress President) and
Christian Yehoash (Congress Chairman)

MEMBER NEWS

Congratulations to Theresia Hofer!

THE
RUBIN

THE RUBIN MUSEUM OF ART
150 WEST 17TH STREET
NEW YORK, NEW YORK 10011
RUBINMUSEUM.ORG

MUSEUM
OF
ART



BODIES IN BALANCE: THE ART OF TIBETAN MEDICINE

MARCH 15–SEPTEMBER 8, 2014

Don't miss *Bodies in Balance: The Art of Tibetan Medicine*, on view through September 8, 2014 at New York City's Rubin Museum of Art. Curated by Theresia Hofer, this is the first comprehensive exhibition to explore the origins, history, practice, and guiding principles of the Tibetan science of healing.

The relationship between Tibetan medicine, Buddhism, and the visual arts has been integral to the development and transmission of this comprehensive tradition for a millennium. *Bodies in Balance* features approximately 140 objects dating from the ninth century to the present day that demonstrate the advancement of Tibetan medical knowledge as it was codified in medical texts, illustrated in art, and practiced with medical tools and medicines compounded from natural ingredients.

Drawing inspiration from the individualized approach to healing integral to Tibetan medicine, the exhibition encourages a personalized experience. Using a brief questionnaire, visitors can learn about the three forces that govern physical and mental health—wind, bile, and phlegm—and determine which is dominant in their constitutions. They can then follow corresponding pathways to find the exhibition components most relevant to them, as well as those café and shop items that are considered beneficial to their well-being.

Bodies in Balance: The Art of Tibetan Medicine is made possible, in part, by the E. Rhodes and Leona B. Carpenter Foundation, Ellen Bayard Weedon Foundation, and Gildan Active Wear, in Honor of Robert Baylis. Additional funding is provided by Dr. Matthew Goldstein, the 2014 Exhibitions Fund, and through public funds from the New York City Department of Cultural Affairs in partnership with the City Council.

EXHIBITION CATALOG

The exhibition will also be accompanied by an illustrated publication with contributions from Theresia Hofer, Barbara Gerke, Geoffrey Samuel, Pasang Yontan Arya, Ronit Yoeli-Tlalim, Inger Vasstveit, Sienna Craig, Gyurme Dorje, Yang Ga, Frances Garrett, Janet Gyatso, Katharina Sabernig, Martin Saxer, and Knud Larsen.

For more information about the exhibition and related programs, visit rubinmuseum.org/medicine.

Group visit information and guided tour options can be found at rubinmuseum.org/visit.

Detail from Tree of Diagnosis; painting 3 from a set of medical paintings; Tibet; ca.17th century; pigments on cloth and brocade; Pritzker Collection

Winter 2013 Newsletter

For access to the past newsletter, particularly for information on the IASTAM Katmandu workshop led by IASTAM members Sienna Craig, Barbara Gerke and Theresia Hofer, please use this link:

http://114.108.177.141/sub04/file/28.IASTAM_Newsletter_Winter_2013.pdf

EXECUTIVE COMMITTEE CONTACTS

President – Geoffrey Samuel
SamuelG@cardiff.ac.uk

Secretary General – James Flowers
jflower6@jhmi.edu

Treasurer – Michael Stanley-Baker
mstanleybaker@gmail.com