



NEWSLETTER

International Congress on
Traditional Asian Medicines
**ICTAM IX , 6-12 August
2017 Kiel**
Encounters, Translations and
Transformations

The 9th International Congress on Traditional Asian Medicines will be held in Kiel, Germany from 6-12 Aug., 2017. Our general theme will be: "Asian Medicines: Encounters, Translations and Transformations"

We bring you IASTAM's Spring/Summer 2016 Newsletter. Much of this issue is taken up with arrangements for the forthcoming Kiel ICTAM. Putting on ICTAM is a major undertaking and I would like to thank Angelika Messner and her team at Kiel for the very substantial work they have already done on this, and also our Treasurer, Michael Stanley-Baker, who has been closely involved in arrangements for ICTAM from the beginning.

Geoffrey Samuel (President, IASTAM)

ICTAM IX

Call for Papers

ICTAM IX is now accepting applications for paper presentations. We encourage papers that develop the theme "Encounters, Translations and Transformations" by revisiting old paradigms in the spirit of new research. Paper proposals should take the form of an abstract of 250 words. Please indicate the panel or which of the fields (listed here: <http://www.ictam2017.uni-kiel.de/en/actions>) your paper falls

under. Please also add a short CV and indicate your affiliation. Deadline for paper submissions is 1 October, 2016.

All paper submissions should be through: submissions@ictam.uni-kiel.de.

For further inquiries please contact: Prof. Angelika Messner: messner@sino.uni-kiel.de.

See <https://www.ictam2017.uni-kiel.de/en/call> for more information.

Vision statement

Asian medicine today is a multi-billion dollar industry. Asian medicines are engaged in complex global networks of actors: conservators who watch the changing supplies of wild plants in Asian mountains, medical botanists who study the substitution practices of collectors and marketers in Asia, policy makers who control or prevent the entry of drugs into European countries, corporations who seek to exploit drugs based on Asian medical knowledge, professional associations who seek to regulate Asian medical practice. ICTAMs VII and VIII both took place in Asia (2009 in Bhutan, 2013 in Korea). The European location of ICTAM IX will allow us to take stock of the current state of Asian medicine and to examine the global flows of medical knowledge, practice and materials from a different but equally significant vantage point.

Significant role in improving the wellbeing of people - Nobel Prize for Tu Youyou

Traditional Asian medicines play a significant role in improving the wellbeing of people worldwide, both as a health care system in their own right, and as a resource for bio-discovery projects. Their applications will only grow, and it is crucial to scientifically validate traditional claims for the therapeutic uses of the formulations. The recent award of the Nobel Prize for Medicine to Tu Youyou for her development of an anti-malarial drug derived from traditional Chinese medicine serves as an inspiration, and is a living proof that traditional medical wisdom can serve not only as a cultural relic but also as a reservoir of curative compounds that could save millions of life worldwide. To reach a full understanding of traditional Asian medicine, we need to integrate professionals from many disciplines, including medical anthropologists, traditional medicine practitioners, clinical trial specialists, ethnobotanists, ethnopharmacologists, ethnopharmacognosists, ethnochemists, herbalists, businessmen, historians, economists, political scientists, conservationists, botanists, translators and more. ICTAM IX will bring together these professionals to share their experience, findings and knowledge, and work out appropriate strategies and networking to enhance research on traditional medicines.

Encounters between practitioners of biomedicine and of traditional Asian medicines

Asian medicines have an increasingly prominent presence within the wide range of so-called traditional or alternative medicines within Western societies. This increasing presence requires specific attention to the consequent encounters between practitioners of biomedicine and of traditional Asian medicines. Such encounters take place in a variety of local contexts, created, for example, by the Heilpraktikergesetz (the 1939 decree regulating non-biomedical healers) in Germany, or the differing

regulatory regimes existing in other European countries or in the USA. Understanding these encounters and local contexts, and disentangling the complex interactions between ‘theory’ and ‘practice’ they generate, requires all of the various skills of IASTAM members, both as researchers in our various disciplines, and as practitioners whose work is informed by our research.

For an inter- and transdisciplinary research exchange

We intend to provide space at ICTAM IX for inter- and transdisciplinary research exchange, and for discussing points of intersection and of tension between our various approaches and perspectives. ICTAM IX will be an opportunity to develop new networks of collaboration and exchange, and to consider how both our association, and the field as a whole, can move forward. ICTAM IX will gather studies from clinical trial specialists, anthropologists, historians and clinicians, economists and political scientists, conservationists, botanists, translators and more.

International speakers

We plan to invite and engage with representatives from the political sphere, at both national and European levels, as well as international organizations such as the WHO. We hope to have speakers from research funding institutions, such as Horizon 2020, the German Research Council, and the Wellcome Trust, as well as representatives of key practitioner bodies throughout the EU, such as the heads of councils of Chinese, Ayurvedic, Unani, Siddha and Tibetan (So-wa-rig-pa) medicines in the various EU countries.

ICTAM IX as a transnational forum

We intend that ICTAM IX will create a trans-national forum within which practitioner bodies can work together in a supportive and collaborative way in order to represent Asian medicines within the EU, to coordinate research, and to source and provide expert advice as required.

Michael Stanley-Baker, Geoffrey Samuel, Angelika Messner

Panels, Keynote Speeches and Workshops

We are inviting panels, keynote speeches and workshops in the following fields, as well as miscellaneous and free topics (see item 11):

1. Encounters, Receptions, Transformations of Asian medicine in Western medical and academic contexts

Asian medicines have become the subjects of formal university degrees in Western medical schools, the social sciences and in the humanities. They are also positioned state legislation as cognate to alternative, folk and/or traditional Western medicines. We invite reflection on how Asian medicines have been positioned and understood within these contexts.

Questions to discuss: Do the perceived similarities between traditional Asian and European medicines represent homologies between the systems, or are they a product of their common non-modernity, constructed out of common contestation with biomedical authority?

2. Ethnobotany, Phytochemistry, Pharmacology and Clinical Studies: Multidisciplinary approaches. Improving the standard of clinical trials

Questions to discuss: What have been the primary hindrances to good-quality clinical trials in the past, and what is changing? How do economic and political factors, and the public reception of Asian medicine, impact on clinical trials? Who have been the primary avenues for major studies? How are they funded? Can IASTAM enhance communication across practitioner trial networks? How can clinicians produce or participate in better trials, and can the space of the conference provide a network for better collaboration between scientific research organisations and clinical practitioners in such trials?

3. Policy, Economics, Global Health, Development

The rise of Asian medicine as a major economic force has drawn the attention of politicians and economists, who now seek to claim or defend against patent rights, to claim Intangible Heritage support from UNESCO, or to shore up political platforms based on post-colonial defences of indigeneity.

Questions to discuss: Who is tracking the total world supply of Asian medicines (or is WHO tracking them?), and what are the major directions in which government health policy is moving? How can individual practitioners and their representative groups, anthropologists and trials researchers keep better track of and help to shape these changes in national and international health policy and regulation?

4. Botany and Conservation

The immense demand on drug supplies, resulting in conservation problems in certain regional and mountain areas, the increased knowledge of botanists both of substitution practices and of species which grow in different regions also opens up new necessities. Manuals for cultivation of Asian herbals are now being written in English for producers in America and Europe. The ongoing changes in the drug supply chain are not entirely about loss and degradation of Asian environments, but also about emerging new centres of production in the Western Hemisphere as well as in Asian contexts.

Questions to discuss: How have restrictions on the use of drugs in Europe and the Americas affected the production of drugs in Asia? How have prohibitions on traditional ingredients made from endangered species, or on mercury compounds and other substances regarded as poisonous or dangerous affected global usage and production, in Asia and elsewhere? What is the current state of this flux, and what directions will it move in?

5. Ageing and Health Care

The dissonance between increasing longevity and the relatively small numbers of working young represents a new global challenge for medical care and their protagonists. Academics and practitioners are invited to present integrated research papers and training sessions articulating the problems and opportunities in designing culturally adaptive intergenerational community care.

6. Translation of Asian medicine into English and other languages

Translation is much more than the creation of one-to-one semantic equivalencies, but involves processes of reconstructing entire meaning domains within the target culture. Those meaning domains are not just textual, but emerge as institutions, clinical encounters, practice strategies and political contexts. Clinical, political and philological needs all exert pressures on the production of new translations of Asian medical theories and texts into English and other European languages. The call for standardization by WHO of Chinese medical terms, as well as the forthcoming 11th revision of the International Classification of Diseases (**ICD11**) has led to multiple translation projects and schools of thought. Similar processes taking place in relation to other Asian medicinal translations, such as Sowa Rigpa.

Questions to discuss: What are the stakes, and who are at play in these complex negotiations of meaning, authority and efficacy?

7. Scholarship and Practice

Questions to discuss: How does history serve clinicians? How can historians learn from clinic experience to write better ethnographies and histories? This section considers the interface between history and practice, scholarship and clinical treatments. Can a better historical consciousness lead us to revise or refresh our perspectives in clinic? What questions do historians and clinicians have in common, and where do we talk past each other? How can we provide more fruitful exchange and co-produce better work?

8. Breath, Spirits, Meditation, Movement Practices

Religion, spirituality, meditation, *qigong*, yoga, and other practices fluidly form important aspects of Asian and traditional medicines. When they enter Western or modern biomedical contexts, they become reconfigured by notions like objectivity, rationality and empiricism, and are relegated to a problematic space. Official bodies like the NIH adopt terms to describe Asian medicines as treating “mind, body and spirit,” while bodies like Quackwatch seek to invalidate all Asian medicines as disingenuous. We invite papers in the section to reflect on the historical continuities between religious and medical practices, and their reconfigurations or resistances in biomodernity.

9. The Traditional Medicines of Central and West Asia

IASTAM has been strongest in covering medical systems with robust textual histories from locales of Western European colonial contact. However, those areas with more Soviet or Iranian influence have not been as well-covered. We propose to forge ties within the vibrant intellectual communities in Berlin and wider Eastern Europe with strengths in Central Asian and Iranian medicines, and make special outreach to these groups. We further wish to strengthen areas that are already active threads in ICTAM conferences and *Asian Medicine* articles before now.

10. Health Promotion through Yoga, Ayurveda and others

There is a worldwide growing activity in the field of health promotion influenced directly or indirectly by Yoga, Qi Gong, Ayurveda and others. Adult education/University Extension, Government organizations, Companies, etc. integrate concepts inspired by Asian medicine and their health promotion strategies.

More and more people are ready to do themselves something for their health. Practical evidence, interest of the people and research shows that this will be a growing field in future. There where WHO initiatives to understand health in its biopsychosocial dimension (first definition 1946) and to create health where people live, at the workplace, school, family (second WHO definition 1986, Ottawa Charta). After this the worldwide health promotion has developed much.

Since the UN declared in 2014 an International day of Yoga with the expectation of global health, Yoga has become an important role. Standards, quality insurance, education, concepts, research (esp. heartrate variability) are a huge field for papers. They can come from Health Sciences, Sports, Psychosomatic/Behavioural Medicine, Functional Anatomy, Yoga, Sociology, Neuroscience etc.

11. Miscellaneous and Free Topics

Paper and panel proposals outside these areas are also invited and will be grouped under Miscellaneous and Free Topics.

Announcements

Basham Prize Announcement

The Arthur L. Basham Medal was established by IASTAM in 1989 in honour of the great Indologist and co-founder of IASTAM, to recognise eminent scholars in the field of Asian medicine. The medal is normally awarded to Asian and Western scholars at alternate ICTAMs. IASTAM will announce details of the nomination programme early in 2017. All financial members are eligible to make nominations. Nominations are invited from the Council and also from the general membership, and should be sent to the Secretary-General, James Flowers. Nominations will be considered by a special Council committee appointed for the purpose. The recipients will be announced at the next ICTAM.

Charles Leslie Junior Scholar Essay Award, 2016

The Charles Leslie Junior Scholar Essay Award for 2016 has been awarded to Di Lu, PhD Candidate, China Center for Health and Humanity, University College, London for his essay "Transnational Circulation of the Knowledge of the Caterpillar Fungus to the Early 20th Century" The judges' commendation stated, 'This is a fine study of the transnational networks that collaborated in creating knowledge of the caterpillar fungus that relies on extensive primary sources in Chinese, Tibetan, and several European languages, as well as a strong conceptual framing using Harold Cook's arguments about the extent of intertwined global trade with development of natural knowledge and science in the early modern period.'

The runner-up, Mathias Vigouroux, Lecturer at Zhejiang University, School of International Studies, received an honourable mention for his essay, "Shaping New Identities: the Development of Early Modern Japanese Medicine as a Profession". The commendation for Mathias's essay noted, 'The first discussion of the topic in a western language, this essay employs extensive primary sources concerning how Japanese elite physicians in the Edo period (1603-1868) legitimised themselves vis-avis their competitors. The essay relates these developments to broader arguments concerning the medical profession and professionalisation.'

Special Session in Honour of Professor Unschuld

A special panel is being organised at the Kiel ICTAM in honour of the retirement from his position at the Charité-University of Berlin of Professor Paul U. Unschuld, distinguished historian of Chinese medicine and former President of IASTAM. There will also be a small exhibition of manuscripts from the State Library Berlin that originally stem from Professor Unschuld's collection.

The Communications Officer

It is not always easy for the leadership of an organisation such as IASTAM to manage the job of communicating among members and the outside world effectively. It can be difficult to get the right balance between the need for consultation, the desire to move ahead with urgent issues and the desire not to take up too much of the time of Council members and/or the general membership with minor matters. After discussion with Council members, the Executive Committee has decided to upgrade and extend the present position of Newsletter Editor to form a new position of Communications Officer. As well as being responsible for producing the Newsletter on a regular basis, the Communications Officer would have a wider remit of ensuring that communications are clear and transparent within Council, and with the broader Association. The Communications Officer will aim to get a sense from the Association about what are the most pressing issues, and whether members feel communicated with and/or able to participate, and would develop solutions as needed. He or she will also be encouraged to promote networking with other societies and assist in building IASTAM's profile in the wider world in whatever ways seem appropriate. We are grateful to Paul Kadetz, the present Newsletter Editor, for agreeing to take on this wider role in the run-up to the next ICTAM, when we hope to have a wider discussion in Council and at the AGM about how best to promote effective communication within the Association.

The Future of IASTAM, 2016

IASTAM came into existence in the late 1970s, primarily as an academic organization of scholars and scholar-practitioners. Its activities have been centred around the promotion of scholarship concerning Asian medicines, particularly in the areas of history of medicine and, more recently, medical anthropology. The situation of Asian medicine in today's world is very different from that when IASTAM was founded, not least in that Asian medical traditions are a much more prominent and recognised part of global health care today than they were at that time. IASTAM's Executive Committee and Council feel that it is time to reconsider the Association's purpose and activities. What might our role be over the next few decades? The Vision Statement for the Kiel ICTAM provides one perspective on this issue. At our request, Vivienne Lo, a long-term member of the society and former President, has provided a statement of her own views, which we reproduce below.

Geoffrey Samuel

Reflections on the Future of IASTAM **by Vivienne Lo**

I can hardly believe it has been nearly fifteen years since I first came across IASTAM and was appointed Secretary General in 2002. I inherited that position from my colleague Dominik Wujastyk at the Wellcome Trust Centre for the History of Medicine, and had little idea what I was taking on at the time. The Halle ICTAM of the following year was heralded with gigantic storms and floods which prevented many Council Members attending, but for those of us who did, it turned out to be an unexpected pleasure full of sunshine, sumptuous banquets and eminent guests from all over the world who debated hotly the relationship between Tradition and Innovation.

Since then IASTAM has come a long way. We have had three further ICTAMs in Austin, Texas, 2006, Thimpu, Bhutan, 2009 and in Sancheong, Korea 2013, with themes that have reflected changing priorities in the field: Sense and Substance in Traditional Asian Medicine; Cultivating Traditions and Challenges of Globalisation; and Beyond Integration: Reflections on Asian Medicines in the 21st Century. In 2005, Waltraud Ernst and I inaugurated the first, and still the only, interdisciplinary journal devoted to the subject of Asian medicine. Under Marta Hanson's stewardship we are now into the journal's 9th volume, and can be proud that it continues to reflect the unique independent and multi-disciplinary voice of the Society, and its freedom from institutional ties.

During the conference in Halle I overheard Professor Unschuld praising IASTAM as 'a society of people who disagree' and I published at the time agreeing that that was a character that we could be proud of –and one that I hoped we could build on. Our divergent views reflect the Society's desire to provide a platform for many different voices and, in keeping, it gathers to it professionals, academics, business men and policy makers whose interests are often polarised: state or self-regulation?, alternative, complementary, or integrated, or none of the aforementioned?, local, national or global, or all at the same time?, commercial or community ownership? EBM or medicine as individual art? These are just some of the tensions that have unfolded and continue to play out on the IASTAM stage.

IASTAM's unique and independent character also reflects the Society's multidisciplinary, its determination to build networks across frontiers. If at times the result is a cacophonous, carnival of conflicting knowledge and practice, then all the better for the way it reflects the world around us.

This inclusive remit, though, is often uncomfortable at an institutional and administrative level. While the core identity of the Society remains the periodic ICTAM, now with the interim substance of the bi-annual journal, our ambitions beyond this certainly outweigh current capacity.

IASTAM's success has always relied on the passionate commitment of a handful of people, whose dedication and hard work is often unseen and can easily result in premature burnout. The challenge lies in how to sustain committed interest and support it by attracting interests of the succeeding generation, and to pay on-going attention to building a cohesive and ever-evolving identity.

There are many issues, apart from diversity, on which I think the Council and membership can agree. Surely most members believe that the many traditions of Asian medicine have a role to play in the provision for health-care around the world, that solid situated histories and anthropological studies are the ground upon which quality of traditional healthcare is established, and that the Society should be a forum for this research. We are all, for example, committed to raising standards of education (of practitioners, but equally of their patients) and access to information, as the primary form of regulation of the professions, as opposed to or adjunctory to the legislative means which are always going to be more controversial.

In 2001 I also had high hopes for the formalisation of our formidable network of experts in a way that would provide continuity of service, authoritative consultation, networking events and advocacy to achieve those ends. I retain those hopes. The past fifteen years have seen extraordinary developments in mass media and enormous potential for rapid communication across national and professional boundaries. There are surely new blogging spaces, social media networks, practitioner societies that will facilitate such a programme if only we co-ordinate the collective interests that certainly exist.

Only by re-enlisting those past members (who used to be predominantly historians, anthropologists and practitioners in South Asia), strengthening the newer East Asian membership, bringing back the American practitioners who were there in Austin ICTAM, reaching out beyond old frontiers we can then begin to maximise IASTAM's potential.

Mobilising old resources, and locating new groups who will shape the future of IASTAM undoubtedly requires the know-how of younger web-savvy researchers and practitioners, and the ability to speak, as one group, to new audiences. I look forward to another conference, hopefully in Germany again, when we can re-visit many of these questions with fresh eyes.

Workshop Reports

International Workshop May 8-10, 2015: Developing an interdisciplinary and multilingual digital knowledge base on Tibetan medical formulas with a focus on stress-related 'wind' (rlung) disorders

The three-day long workshop brought together international expert physicians and scholars of Tibetan medicine – medical anthropologists, historians, (ethno)botanists, pharmacologists, pharmacists – working with and/or on Tibetan medicine, and also experts in Chinese medicine, as well as IT specialists. The aim was to discuss and contribute toward how an interdisciplinary and multilingual digital knowledge base should look like that could be used in the future as an analytic tool for documenting and analysing Tibetan medical formulas. Processes of cultural translation are intrinsic to such translations between different languages, medical concepts of health and disease, and disciplinary approaches and interests, and therefore are often vexed and problematic.

Prepared by a one-month-long pilot study by visiting scholar-physician of Tibetan medicine, Dr Cairang Nanjia from the Tibetan Medical College, Qinghai University, PRC, and the author of this report, at the time a Wellcome Trust research fellow at EASTmedicine, University of Westminster (2012-2015), this ensuing workshop proved a fruitful platform for discussing some of the outcomes and issues involved in such a complex endeavour. Both pilot project and workshop were co-funded by the British Academy/Leverhulme Small Research Grant combined with private funds by The Sino-British Fellowship Trust. Asian workshop participants were supported by an additional IASTAM fund. The author would like to express her gratitude to these foundations and to IASTAM that made this encounter between scholars from different disciplines truly special and fruitful. This included scholars who rarely discuss their different interests and approaches, physicians-cum-pharmacists from Asia, and pharmaceutical producers focusing on Tibetan formulas.

We focused on a particular Tibetan formula complex containing the main ingredient eaglewood (Lat. different types of *Aquillaria*; Tib. *a ga ru* or *a gar*)—in the following Agar-formulas (Agar 8, Agar 15, Agar 20, Agar 35, Sogdzin 11). These were chosen as case studies for they are usually prescribed in relation to specific classifications of 'wind' (Tib. *rlung*) disorders that can be correlated with what we understand as classic 'stress' symptoms, such as insomnia and depression.

Dr Cairang Nanjia began the inquiry by documenting Agar-formulas in Tibetan medical, botanical and pharmacological texts used at present in Amdo, the Tibetan populated parts of Qinghai and Gansu provinces of China, focusing also on their structure, single ingredients and relations to each other. The author related her ethnographic material on different styles of production and prescription practices of Agar-formulas in both China and parts of Europe, and both Cairang and Schrempf co-developed, together with advice from IT specialist Kapetanos a possible multi-level digital knowledge base structure of synonyms and homonyms in order to deal with the complexity of different languages, concepts and terminologies. The preliminary results were presented at the workshop for discussion.

Workshop participants used different sources and analysed them following up on specific questions, such as which texts are important for understanding Tibetan *materia medica* and formulae and by whom they are produced, prescribed and used today; which ingredients are we actually talking about in a formula; how and why are certain rare or endangered *materia medica* ingredients in a formula substituted; why and how does a formula work; what is its local, regional, botanical identification; what are 'wind' (Tib. *rlung*) disorders in Tibetan medicine and how can one correlate them with biomedical diseases related to 'stress' (let alone trying to define the fluid concept and the Tibetan dynamic of 'wind', or what does stress mean to body and mind). Complex issues without doubt constantly required our own translation exercises between Tibetan, English and Chinese languages.

Sources used and topics addressed by the workshop participants ranged from analysing Tibetan historical medical and botanical texts to develop a feasible structure for Tibetan formulas (Czaja) to Chinese publications on minority medicines and how information on their *materia medica* is collected in China (Springer); how the seminal Tibetan medical text, the *Four Tantras* or *rGyud bzhi* explains the classification and treatment of *rlung* disorders (Cuomu); how specific *rlung* disorders, specially

'heart wind' (Tib. *snying rlung*) and 'life sustaining wind' (Tib. *srog 'dzin rlung*), are taught to Tibetan medical students in Xining (Sanjijia); presenting his experiences as a physician-cum-pharmacist by the eminent co-founder and teacher at the Tibetan medical hospital in Xining (Dr Nyima); how Agar-compounds in their various forms and styles are prescribed in both Asian and European contexts (Schrempf); presenting patient case studies and related prescription practices for 'wind' disorders in the UK (Millard) in which, however, no Agar-compounds were used; asking socio-cultural and ethno- as well as medical botanical questions about the difficulties in identifying plant names, such as *Aquillaria agallocha* (van der Valk, Allkin, Leon); demonstrating salient issues of sustainability of *materia medica* growing in Ladkha (Padma Gurmet); demonstrating the life work for Tibetan medicine by the eminent scholar and teacher Akong Rinpoche in both his home area of Kham and the UK, focusing on the sustainability of medical plants (Sweeney); how to understand Tibetan *materia medica* and formulas in relation to TCM while both address stress-related symptoms (Ploberger); how the pharmaceutical company Padma AG has created and adapted the Tibetan formula Sogdzin 11 into Padma Nervotonin (Schwabl and Vennos); and, last but not least, what a digital data base can offer if one is interested in mapping drugs across time and space (Stanley-Baker, Chen Shi-Pei, Brent Haoyang Ho).

The aim of the workshop was to relate and analyse formula and substitution patterns, culturally distinct ideas of efficacy and safety and different disease categories/body images in relation to ways of diagnosing, formulating/producing, prescribing and using these chosen Tibetan formulas. Only careful translations will allow to properly correlate different concepts of Tibetan, Chinese and biomedicine, keeping regional, national and global regulatory regimes in mind. It would be desirable if in the future we could pursue an integrative and synthesising approach to Tibetan Medicine with a sensitivity to various interpretations in this multi-lingual endeavour, as well as trying to correlate different disciplines and practices.

The aim would be to explore careful and meaningful ways of representing Tibetan cultural and medical knowledge and develop suitable key search terms in different semantic networks in order to make such a digital knowledge base a useful tool for researchers and practitioners alike.

For more information concerning the EASTmedicine research group and the workshop, see the group's website at <https://www.westminster.ac.uk/eastmedicine-research-group>

Mona Schrempf

Workshop: Sacred Cures – Situating Medicine and Religion Across Asia Max Planck Institute for the History of Knowledge, May 2-4

This workshop, co-organised by council members Michael Stanley-Baker and Pierce Salgeuro, brought together specialists in the intersection of religion and medicine in the Himalayas and East, South, and Southeast Asia. All together, they examined what work has been done by the terms medicine/religion, or related binaries such as medicine/healing or classical/vernacular. What is clarified or distorted when these categories are mapped onto other languages, periods and regions?

They explored commonalities across regions and across time, working from the classical to the contemporary. How do scholars and cultural actors alike produce “medicine” and “religion” as fields and as methods? Taking stock of recent gains in the field, they discussed remaining areas for study, and compared and refined the tools and terms that might be used in that endeavour.

Papers were pre-circulated, and no presentations were made in the workshop. Participants were invited to address the following areas:

1. Historiography: How has the religion/medicine question been framed by different academic communities?
2. Materials: What primary sources or archives are available for the given historical periods and/or cultural contexts, and how these afford different kinds of analysis of the question?
3. Means: What moments, encounters, processes, practices, and relationships produce or reveal significant (re)structurings of medicine and religion?

Many of the panellists are long-standing IASTAM members, and the forthcoming edited volume will be published with IASTAM members in mind.

Speakers

- Pre-Modern/Classical-Medieval: Donald Harper, Vivienne Lo, Katja Triplett, Michael Slouber, Tu Aming & Joey Hung,
- Early Modern: Projit Mukharji, Katharina Saberning, Leslie DeVries, Angelika Messner
- Modern/Contemporary: Helen Lambert, Celine Coderey, Elisabeth Hsu, Geoffrey Samuels, Mona Schrempf
- Closing remarks: Judith Farquhar & Kenneth Zysk

Michael Stanley-Baker

Brief News Items

First Annual Academic Conference of the Specialty Committee of Tibetan Medicine of the World Federation of Chinese Medicine Societies, Xining, Qinghai, China, August 7-9, 2015

The World Federation of Chinese Medicine Societies is best known for its work in promoting a Chinese government-endorsed perspective of Chinese traditional medicine (*zhongyi*) both within and outside the People’s Republic of China. Within China, it also acts as an umbrella organisation for other forms of traditional medicine, those associated with the various ethnic minority populations (*minzu*), such as the Uyghurs, Dai, and Tibetans. A Uyghur committee was set up within the WFCMS a couple of years ago. In August 2015, an inaugural meeting was held for a Tibetan committee in Xining, Qinghai, in conjunction with what is intended as the first of a series of annual academic conferences on Tibetan medicine. Most of the participants were Tibetan medical scholars and practitioners from the PRC, but there was a substantial attendance of non-Tibetan scholars from

China, and a small group of foreign attendees, including the IASTAM President, who spoke at the plenary panel, and several other IASTAM members.

Geoffrey Samuel

World Health Summit, Berlin, October 11-13, 2015: Global Health for Development Workshop

The World Health Summit is a multi-national conference bringing together experts in biotechnology, epidemiology, medical practice, public health, new medical technologies and many other fields. It works in concert with the WHO to bring people together to coordinate more closely with each other and with the primary objectives forwarded by the WHO.

In October 2015, the WHS sponsored a roundtable on medicine and culture for the first time, in collaboration with the Humboldt Forum, a new venue which is being established in Berlin on the Museum Island with a remit as a locus for cultural dialogue and exchange. This roundtable, convened by Dr. Jean-Yves Tanno, was a means for the Humboldt Forum to bring cultural dialogue into conversation with modern health institutions. Speakers included Andreas Heinz, Inge Missmahl, David Napier, Jalid Sehoul, Paul Unschuld, Ella Watson-Stryker, who spoke on topics as diverse as Mental Health in Inner Cities in Afghanistan, on West African Ebola Camps, and on Cultural Determinants and Wellbeing..

IASTAM's treasurer, Michael Stanley-Baker, spoke on the importance of communicating with actors local countries in their own terms, and on the advantages to be gained by the WHO by collaborating with local medical expertise when attempting to further their goals within a given region. Stanley-Baker suggested that organisations like IASTAM make ideal cultural brokers, because of their skill in cultural translation, and their sensitivity to the needs and parameters by which local medicines are performed and distributed. Rather than focussing on "culture" as a single object, in contrast to and subordinate to Medicine or Science, medical workers need to be conscious of the multiple cultures in operation, including biomedicine as a culture, not as single locus of truth. Rather than supervening local cultures and imposing uniform biomodern values and institutions, medical actors would benefit by considering how WHO agendas translate into local cultural terms. From this ground, by establishing how local medicines and global institutions can best dialogue, we can allow both local and global actors to mutually benefit through common goals.

This roundtable proved the seed for future collaborations between IASTAM, the WHO and the Humboldt Forum, whom we are in the process of inviting to participate in the next ICTAM conference.

Michael Stanley-Baker

ICAAM conference, Pune, India, 3-7 January 2016

ICTAM India organised a conference under the title ICAAM (International Conference of Advances in Asian Medicine) from 3rd to 7th January 2016 in Pune, India. Several IASTAM members from outside India presented papers at this event. Further details can be found on the IASTAM India website at <http://www.iastamindia.org/> and on the conference website at <http://www.icaam2016.com/>

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