

The re-emergence of medical diversity in India

As the organisers of an anthropology conference on Medical Pluralism held in Rome in 2011 noted, medical pluralism – generally understood as the co-existence of diverse medical traditions in a single setting – is something of an ‘old fashioned’ topic in the social sciences. Although the term itself came into vogue only in the 1970s its emergence as a focus of research dates back to the 1950s, when anthropologists started to observe the expansion of ‘Western’ medicine or ‘biomedicine’ into developing country contexts and examine its effects on indigenous understandings and practices regarding illness.

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AT THAT TIME there was a prevailing assumption in public health circles that the putatively inherent superiority of biomedicine would automatically lead to major health improvements and the decline of other medical traditions. In the following decades many studies instead documented the continuing preferment of other approaches to managing illness and the coexistence of different therapeutic modalities, but towards the end of the 20th century social scientists turned to the study of more general processes of ‘globalisation’, including the worldwide spread of pharmaceuticals. Yet contrary to modernist assumptions, non-Western treatment forms have not disappeared, but today are assuming growing importance both in Euro-American contexts and within their countries of origin, often in revitalised forms.

In response, there has recently been a revival of interest among social scientists and historians in the nature and character of medical pluralism and this volume marks an important contribution to this initiative. It has particular contemporary significance in light of the Indian government’s recent moves to institutionalise a plural concept of medicine in its national health system by funding certain posts for qualified non-biomedical practitioners and advocating the ‘revitalisation’ of local health traditions.

The present volume contains 12 chapters representing a wealth of scholarship from several disciplinary perspectives and is subdivided into five sections that start with the ‘ancient’ traditions of Indian medicine (defined here in a somewhat exclusive manner as consisting solely of the textually-based or ‘codified’ medical systems of Ayurveda and Siddha) and go on to cover relationships between Indian health traditions and the state, variations within the codified traditions, varieties of subaltern practice outside the official sector (including midwifery and orally transmitted or ‘folk’ therapeutic traditions, both religious and secular) and the indigenous drug manufacturing industry. An impressive introductory overview by the editors usefully surveys the wealth of existing scholarship on Indian medical traditions and introduces the volume’s main themes. It is marred by a few contentious and partisan readings of the work of certain scholars and the occasional error of fact (such as the claim that Britain banned all non-biomedical practices in the 19th century, whereas Britain has always had a relatively permissive regulatory approach to ‘other’ forms of medicine and only use of the title ‘Doctor’ by those not trained in Western biomedicine was prohibited).

Delineating the scope of ‘Indian medicine’

The editors avoid explicitly defining what, in their view, counts as ‘medical’ in their Introduction, but the welcome inclusion of chapters dealing respectively with childbirth, the treatment of psychosocial problems at healing shrines and religious centres, and ‘local health practitioners’, illustrate some facets of the remarkable therapeutic diversity for which India is renowned. On the other hand the fact that half the volume (six out of twelve chapters) is devoted to Ayurveda or Siddha, whereas the numerous unofficial treatment forms across the subcontinent (herbalism, ocular treatment, physical manipulation, bonesetting, use of mantra, and so on) are represented by just one chapter and otherwise scarcely referenced, reinforces the common assumption that ‘Indian medicine’ refers solely to the textually legitimated, predominantly Hindu-origin medical traditions. This issue is addressed from another perspective in a theoretically

rich chapter on the position of Unani medicine post-Independence; Quaiser argues that whereas in the colonial period the indigenous traditions of both Ayurveda and Unani together fought for recognition in opposition to western medicine and the colonial state, after Independence a growing communalism became apparent and Unani became increasingly identified as Muslim in opposition to both Ayurveda and the postcolonial state.

A short review cannot do justice to the many insights and detailed arguments contained in all the individual contributions to this volume, but it is worth highlighting a few cross-cutting themes. One repeated emphasis is the multifaceted and diverse nature found within traditions such as Ayurveda and Siddha that are often portrayed as single unified systems, with distinctive regional variations (Abraham on ‘Kerala Ayurveda’), differences between institutionalised Siddha as taught in Government colleges versus that informally transmitted through families or apprenticeship (Sébastia), and distinctions in the ways biomedical diagnostic tests and patient understandings are negotiated by practitioners who seek to practise ‘authentic’ Ayurveda as compared to those practising a more syncretic variety (Bode).

While all the chapters in the volume demonstrate an impressive depth of scholarship relating to their chosen subject, some rehearse quite well-known arguments already familiar from existing literature, such as epistemological differences between understandings of disease etiology and approaches to diagnosis in Indian medicine in contrast to Western biomedicine, or contiguities between indigenous therapeutic traditions and their surrounding cultures with respect to the role of environment and lifestyle in producing health and disease. A few contributions offer rather simplistic stereotypes of Western biomedicine that fail to give weight to the substantial shifts in understanding and practise within this system that have occurred in the past few decades.

Testing policy against the reality of contemporary treatment provision

More original insights to our understanding of contemporary medical pluralism in India are provided in those chapters that engage with current policy perspectives and consider the implications of changing health systems and global markets for Indian medical diversity. A chapter on ‘local health practitioners’ (Payyappallimana and Hariramamurthi) offers a useful historical and policy overview that emphasises how the separation between what used to be termed ‘folk medicine’ and the codified indigenous medical systems is a historically recent result of the setting apart of codified medicine through institutionalisation of training and registration. Presenting current Indian government policy in a wider global context, these authors highlight the inherent difficulties in recognising and revitalising these traditions. Not only is the very definition of a traditional healer problematic, but documenting traditional knowledge (often advocated

as a means of preservation) and disseminating it through formal pedagogical methods may be risky and inappropriate, since much of this knowledge is experientially based and embodied as well as highly diverse.

In India, psychosocial and psychiatric problems are frequently treated in the religious sphere at regionally renowned shrines and temples. Davar and Lohokare describe approaches to treatment at some of these sites, in the light of recent government orders to close all institutions not covered by the Mental Health Act, following an incident where mentally ill people had died as a result of being forcibly confined when a facility caught fire. They condemn this sweeping attempt to outlaw, in the name of human rights, what for many people is the only genuinely available and accessible source of long term care, especially given the lack of biomedical facilities for dealing with mental health issues. Similarly the contributions by Sadgopal and Patel in different ways highlight the potential losses to women’s agency in moving from traditional modes of managing childbirth, attended by relatives or local midwives, to hospital-based or biomedically-dominated approaches. In so doing they also acknowledge, perhaps to a greater extent than other contributions, the inherent relationship between use of indigenous and non-biomedical resources and the formal health care system.

As a whole this volume offers a range of richly detailed case studies of some of the main medical traditions and practices that go to make up the diversity of ways in which health-related problems are treated in India. Despite some inevitable shortcomings it contributes both to our comparative understanding of the nature of Indian medical pluralism as a contemporary phenomenon, and sheds light on the profound potential positive and negative implications of state intervention in shaping this phenomenon. Incorporating historical, sociological and anthropological perspectives, it will be a valuable resource for students, scholars and policy makers alike.

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