Pull-out supplement

theFocus

Traditional Indian Medicine: heritage, health security, ontology

In 2012 the International Institute for Asian Studies (IIAS) offered institutional and logistic support to build, strengthen and consolidate a research network on the contemporary relevance of Indian Medical Heritage (InMerit_RN). This network offers a virtual space for collating research findings and other information about India's medical heritage, covering diverse perspectives, interests and backgrounds (www.iias.nl/research/indian-medical-heritage-research-network).

Besides offering a platform to researchers, InMerit_RN also wants to inform the larger public about the outcomes of social-cultural and historical research on Indian medicine. The network especially wishes to link initiatives and people who work on the contemporary relevance of these traditions both in India and in Europe. Of special interest is the integration of Indian medicine in India's public health system and its role as a second resort for middle class Indians and Europeans: the 'CAMinisation' of Indian medicine. Since the 1980s āyurveda in particular, the largest and best known among India's medical traditions, has been exported to the West and taken its place as a form of 'complementary and alternative medicine' (CAM). This makes Indian medicine, in addition to being a local and national phenomenon for which there is a department in the Indian Ministry of Health, a global affair.

Maarten Bode

Photos courtesy of I-AIM Health Care Center, Bangalore

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> Continued from previous page

IN THESE FOCUS PAGES on Indian medicine ten scholars write on current and related topics such as providers of Indian medicine, their practices and their status, different local forms of Traditional Indian Medicine (TIM), consequences of the commercialisation of Indian medicine, Indian medicine and the state, and positivist research.

Many medical systems, one health culture

There is no lack of healthcare providers in India. India has about 1.4 million physicians who have a Bachelors or Masters degree in western biomedicine – in India also known as modern medicine or allopathy – or in one of the Indian medical systems currently governed by AYUSH, the department for Indian medicine within the Ministry of Health & Family Welfare. AYUSH stands for āyurveda, yoga, unani, siddha and homeo-pathy (from German origin, but well established in India). The Tibetan medicine known in India as Sowa Rigpa has relatively recently been added to AYUSH. Most of these government sanctioned biomedical and AYUSH doctors, as they are sometimes called, live and practise in urban areas, where 30% of India's population (of over 1200 million) lives.

Seventy percent of the 700,000 AYUSH doctors practise a hybrid form of medicine, whereby they combine biomedical pharmaceuticals, biomedical diagnostics and industrially produced 'traditional' medicines. For many of them their training in one of the AYUSH systems gives them backdoor entry into private biomedical practice, because half of the subjects they were taught are biomedical in nature. One fifth of AYUSH doctors work in public health facilities such as Primary Health Centres and District Hospitals, where they mainly substitute for biomedical physicians. A small majority of the AYUSH degree holders – probably no more than ten percent – practise a form of Indian medicine that is relatively in tune with traditional notions, concepts, aetiologies and practices.[1]

Apart from these 1.4 million medical practitioners with a government sanctioned degree there are around two million health practitioners who belong to what can be called the 'folk stream of Indian medicine'. They are not officially registered and their practices differ strongly. Some have mainly a somatic (physical) focus while others treat mental problems within a religious context. There are general herbal healers who minister to a range of common ailments and chronic conditions, as well as specialists belonging to families who have been treating ailments of the eyes, ears, and skin as well as muscular and nervous disorders for generations. Others attend to emergencies such as snakebites and other cases of poisoning, or manage broken bones and deformities of the legs, ankles and feet (fig 1.) A number of them limit their activities to providing healthcare in the form of herbs, special foods and regimental advice to family members and neighbours, while others run a family clinic, treat hundreds of patients per day and attract patients from far away. Some are illiterate, while others belong to scholarly families of physicians. Our knowledge about these folk practitioners is growing but still scarce and scattered. A recent work claims that there is one folk practitioner for every 700 Indians, compared to one biomedical or AYUSH physician for every 1500 people.[2]

To put all this into perspective we need to know that a large section of the Indian population has no access to good quality professional medical care. This is probably true for the 40% of the Indian population living below or on the poverty line. According to the WHO, 50% of the Indian population has no access to essential drugs. One of the reasons is under-investment in medicine and health. The Indian government only spends 1% of its BNP on health, of which a meagre 3% is allocated to the AYUSH systems. Public health facilities frequently go without basic necessities such as life saving drugs. Doctors, especially in rural areas, are often not at their posts, and patients who are poor and of a disadvantaged caste and class are routinely not taken seriously and are regularly exploited by physicians who do not listen but who just sell them unnecessary drugs and medical tests.

Recently there has been an upsurge in efforts to integrate Indian medicine into public healthcare, which is good for 25% of healthcare delivery in India. Though these efforts mainly concern AYUSH doctors, and folk practitioners are largely excluded, there are attempts to give these practitioners of Local Health Traditions (LHT) a place in public health as well (see Focus articles by Priya and Shankar). Undeniably the largest group among these folk practitioners are *dais* [traditional birth attendants] who, apart from managing deliveries, also treat newborns and their mothers (see Focus article by Sadgopal). AYUSH graduates look at these developments with a certain suspicion. They probably want to defend their professional status and perhaps their purses too.

Instead of focussing on medical pluralism – India's diverse range of medical systems and the many combinations in which patients seek them and healers practise them – with its connotation of equality and democratic access it makes more sense to speak of one Indian health culture. Though it is common to contrast (western) biomedicine with Indian medicine, a more fruitful dichotomy for analysing the contemporary state of Indian medicine is the differentiation between government sanctioned medicine (including the pan-Indian AYUSH systems) on the one hand, and the many forms of folk medicine, or Traditional Systems of Medicine (TSM), which are locally situated, on the other.[3]

Indian medical traditions are certainly not static. They are constantly evolving, changing, and in process. The state, the market, and modern science are important transformers of Indian medicine. The state is the central point of four articles in this Focus section. Ritu Priya pleads for a policy change and argues for democratic medical pluralism and medical services in tune with the realities of people's lives; Darshan Shankar argues that India's folk medical streams offer health security to the poor and therefore deserve government support; Brigitte Sébastia and Sharmistha Mallick make us aware that contempo-rary government policies towards Indian medicine can leave us with truncated and biomedicalised forms of Indian medicine; and Mira Sadgopal pleads for integrating traditional birth attendants, who are currently marginalised, in public health.

Leena Abraham and Harilal Madhavan concentrate on āyurveda in Kerala, the South-western Indian state often seen as the Mecca of Indian medicine. According to them, and many others in India, commercialisation of āyurveda in the form of corporatisation, commoditisation, and pharmaceuticalisation, threatens the availability of Indian medicine for the poor because it makes medical ingredients more expensive, aligns āyurveda to elite sensibilities, and makes āyurvedic training and treatments unaffordable. This point of increasing medical communalism is taken up by Neshat Quaiser who argues that the essentialisation of unani's body of knowledge, as well as unani's representation of the human body, which started in the colonial period, is due to political communalism that leads to medical communalism, e.g., animosity within Indian medicine. Medical systems emit both medical messages and meta medical messages. They treat ailments and express identities. Though on the system level there are many similarities between Indian medical traditions, on the social-cultural and political level relationships are not always that cosy (see Focus articles by Quaiser, Priya, Sébastia and Sadgopal).

Modern science is also an important reviser of Indian medicine. In their articles, Darshan Shankar and Ram Manohar discuss and illustrate the use of modern medical research to make āyurveda part of the global project of Evidence Based Medicine and Integrative Medicine. Like the promoters of Chinese medicine they are looking for common ground with modern biology and biomedicine.[4] They want āyurveda to hook onto new developments in medicine, such as personalised medicine and systems biology. Eventually, the goal is the institutionalisation of scientific scepticism by building an āyurvedic research community. According to them, āyurveda not only contributes to better health but can also offer medical science new treatments and concepts. The latter is the topic of the article by V. Sujatha, who shows that Indian medicine could break the deadlock created by Descartes' dualism of body and mind.

Biosocialities and the ontological power of (western) biomedicine

In our times of Evidence Based Medicine (EBM) it is reasonable to ask for scientific proof. In general we must conclude that there is not much modern scientific proof for āyurveda, India's best researched medical tradition.[5] On the other hand, there is no research that shows that āyurvedic treatments *do not* work and, in fact, only thirty percent of biomedical treatments performed in the West under conditions of reasonably affluence are Evidence Based. Indeed, the propagators of EBM do not always shun rhetoric to advance their cause.

There are at least three reasons for a lack of scientific proof for the validity of Indian medical traditions: heavy underinvestment in research on the safety and efficacy of substances and treatments; a lack of organised scepticism in the form of a research community; and the absence of treatment and research protocols that do justice to the logics of Indian medicine. Because of the ontological power of western biomedicine it is tempting to reproduce its categories and associated logics. However, we best realise that ontologies are never given in the order of things. They offer a perspective and construct 'natural' categories that are made 'real' in processes of cultural and scientific socialisation. Biologies and representations of the body are in culture, not beyond. Annemarie Mol is right when she argues that medical ontologies are brought into being, sustained, or allowed to wither away in common day to day socio-material practices. According to her, ontologies "(...) are informed by our bodies, the organization of the healthcare systems, the rhythms and pain of our diseases, the shape of our techno-logies all of these all at once all intertwined all in tension".[6]

Those who study Indian forms of medicine must critically analyse how the body and its diseases are enacted. We must dare to question the rhetoric of Indian medicines. In practice, Indian medicine can also be reductionist when patients' individualities are ignored (see Focus article by Mallick), or commercial when Indian medicines and treatments become commodified (see Focus articles by Harilal and Abraham).[7] However, Indian medicine offers us a unique perspective when it explains and treats ill health and disease as imbalances of and between somatic, psychological, spiritual and environmental levels of being.

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Notes

1 Bode, M. 2012. 'Ayurveda in the 21st Century: Logic, Practice, and Ethics', in Leena Abraham and V. Sujatha (eds.), *Medical Pluralism in Contemporary India.* New Delhi: Orient Blackswan, pp.59-76.
2 Sheikh, K. & A. George (eds.) 2010. *Health Providers in India. On the Frontlines of Change.* London, etc.: Routledge.
3 Hardiman, D. & B.P. Mukharji (eds.) 2012. *Medical Marginality in South Asian: Situating subaltern therapeutics.* London, etc.: Routledge.
4 Verpoorte, R. 2012. 'Good practices: The basis for evidence-based medicines', *Journal of Ethnopharmacology* 140:455-457. This article refers to the EU-FP7 project on Good Practices in Traditional Chinese Medicine (TCM).
5 Bode, M. & U. Payyappallimana. 2013. 'Evidence Based Traditional Medicine: For Whom and to What End?', *eJournal of Indian Medicine* 6(1):1-20.
6 Mol, A. 2002. *The Body Multiple. Ontology in Medical Practice.* Durham & London: Duke University Press, p.6.
7 Bode, M. 2008. *Taking Traditional Knowledge to the Market: The Modern Image of the Ayurvedic and Unani Industry. New Perspectives in South Asian History* 21. New Delhi: Orient Blackswan.

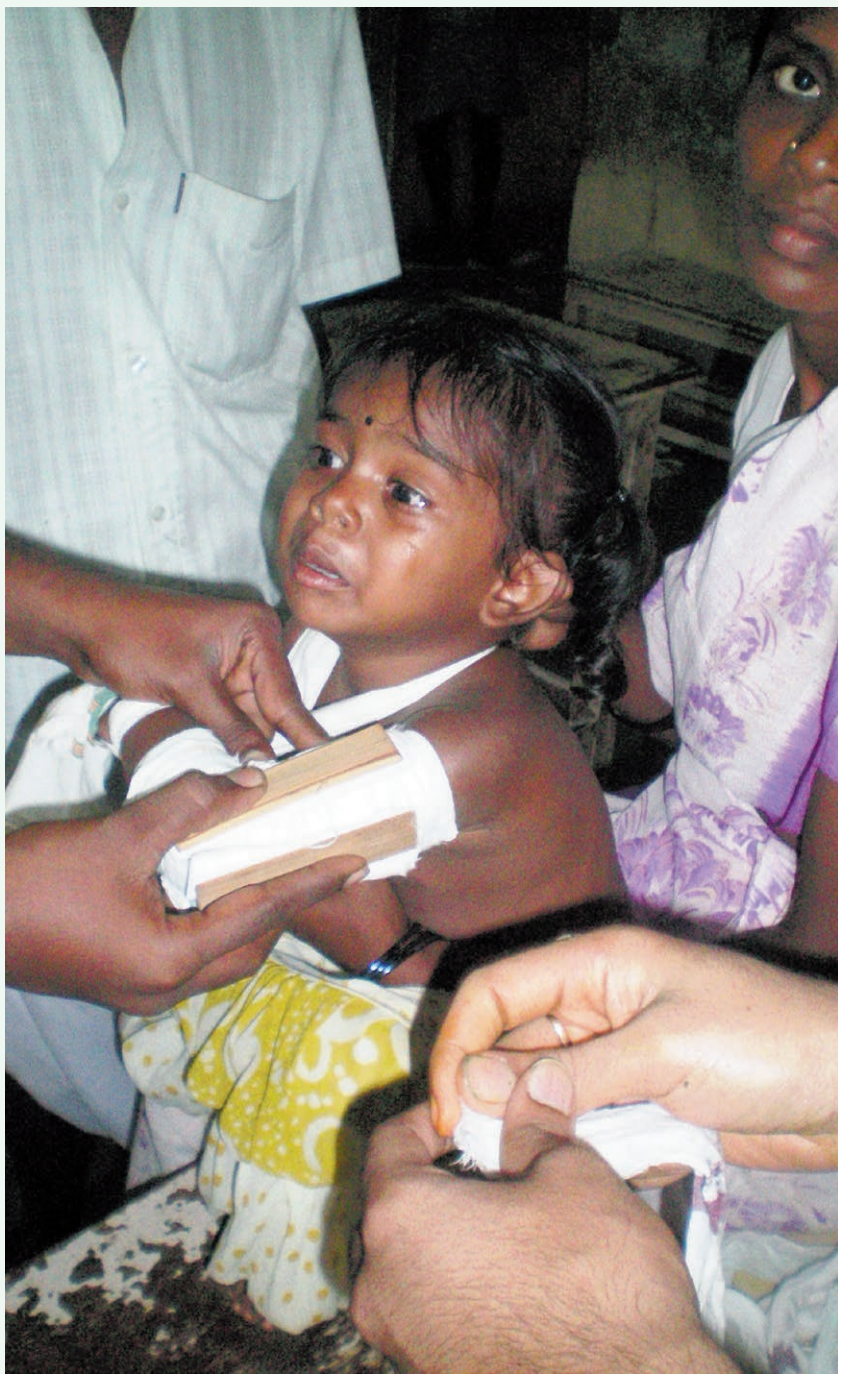

Fig. 1: Traditional bone setting clinic in South India. (photo by author).