

Conference Report

ICTAM VII, Asian Medicine: Cultivating Traditions and the Challenges of Globalisation

Thimphu, Bhutan
7 – 11 September 2009

Suzanne Cochrane

Apart from the excitement of being in Bhutan (everything you hear about it is true – it is beautiful with wonderful, gracious, welcoming people!) this conference offered the opportunity to explore what I consider one of the key issues in our work: how to hold the concepts of, and practise within, the dissonance between tradition and modernity.

The International Association for the Study of Traditional Asian Medicine (IASTAM) was founded in 1979 and IASTAM conferences have recently occurred every four years. The next is planned for Korea in 2013. At the Thimphu conference 30 countries were represented and more than 200 people of a great variety attended, including practitioners and academics, as well as private entrepreneurs and government workers. We were streamed into fairly coherent panels and at any one time there were four panel discussions proceeding in separate rooms. One stream of panels exclusively concerned Tibetan medicine and was mostly held in the Tibetan language. This provided a forum allowing for members of the Tibetan medical diaspora to meet with each other, and for Chinese Tibetans and Bhutanese practitioners and academics to share clinical insights and discuss historical texts and practices.

There were also a couple of ongoing panels that ran over several days; one titled 'Cultivating the wilds: idioms and experiences of potency, protection and profit in the sustainable use of materia medica in transnational Asian medicines' and another on 'Trade and globalisation'. One presenter, Jan Salick, a pioneering botanist who has spent years documenting changes in Tibetan medicinal herbs in the Himalayas, has found herself one of the few scientists with irrefutable evidence of climate change.

Of course, there were some disappointing papers – practitioners too light on analysis, academics too rarefied to be interesting. However, because of the setting in the Royal Institute of Management building (designed around a courtyard, completely free of air-conditioning, and freshened each day by essence of lemongrass), the excellent food, the occasional end of rainy season shower, and the range of interesting people, any irritation or disappointment did not lodge for long. Settings do matter and have an influence on discourse in a myriad of ways.

There were, of course, Chinese medicine high points: the stream managed by Hugh MacPherson, 'New frontiers in effectiveness and evidence: from past to present', included MacPherson himself

(on pragmatic trials), Claudia Witt (architect of the German RCTs into the use of acupuncture for particular conditions, speaking about effects), Iven Tao (on dilemmas in modern acupuncture research), Francesco Cardini (on research into non-conventional medicines in a region of Italy), Elisabeth Hsu (on the perspectives anthropology can bring to the practice and understanding of traditional medicines), Volker Scheid (on notions of effectiveness in his own research on menopause in the UK), and Trina Ward (on the use of a qualitative research methodology to understand differences in Chinese medicine practice). For those interested in acupuncture research, this was the place to be. Highlighted was the need to find research methods that suit our medicine, and it was helpful to have the experience of those at the research coalface reported on a scale small enough for interaction.

During the final discussion panel, someone asked, 'Why bother researching? We know our medicines work. Our patients tell us so.' Such a response could have begun the whole discussion again. It reminds me of the words of the philosopher Rosi Braidotti: 'If you do not like complexities you couldn't possibly feel at home in the third millennium!' The whole conference tried to find a common ground between those

who held to traditional certainties and those who were open to every passing academic fashion.

Another panel discussion focused on yangsheng – ‘Cultivating perfection and longevity’. The most interesting paper here was from Felicity Moir and Cinzia Scorzon on ‘The principle of yangsheng in education’, which reported on the introduction of a compulsory and assessable yangsheng or self-cultivation series of subjects in a Chinese medicine course at Westminster University. Each year TCM students must nominate a self-cultivation project that they then seek to implement with support from tutorial buddies. They must then submit for assessment a report on their progress. Most significantly Moir and Scorzon reported that the quality of these students’ interactions in the student clinic had improved. Students displayed more empathy when asking patients to implement changes in their lives. The subjects also gave students a greater exposure to the cultural traditions of their medicine by including visits to Chinatown and a discussion of lifestyle practices in Asian traditions.

My own paper, written with Jane Lyttleton, was included in a session titled ‘Women and gender in medicine

and healing across Asia.’ However, the absolute high point for me was listening to the keynote address given by the Basham Medal winner Vincanne Adams, Professor of Medical Anthropology at the University of California, San Francisco. She spoke on efficacy – the idea that a medicine or intervention works. She asked, ‘How might we sustain a platform for inquiry that situates the problem of efficacy in the broadest possible terms, and in a manner that encompasses the way in which the part (the most intimate of clinical engagements) also stands for the whole (the place of Asian medicine in the modern world).’ She sought to find social science insights into an understanding of how best to heal. By telling stories of her life and career, her main point was, ‘When it comes to questions of efficacy, it sometimes helps to read between the lines, to recognise the things that don’t make immediate sense, that are not easily explained by the logics of reason and sensuality.’ Her address highlighted for me the tremendous contribution social scientists can make to our understanding of how to practise traditional medicines in the contemporary world. By carefully translating medical documents, by broadening our understanding of the role of a medicine or style of

healing in society, by challenging our application of biomedical ‘scientific method’ to our research, and by valuing the incommensurable elements of our medicines, social scientists bring us new challenges and bright new opportunities to think and practise beyond the often standardised guidance of our institutions. As Adams emphasised, ‘The subtle and layered meanings that are visible in the events of sickness and healing are seldom overlooked by those studying Asian medicine.’

I returned to Australia convinced that some national version of IASTAM would benefit both me and, hopefully, my colleagues. Perhaps a forum that occasionally gave us an opportunity to meet and discuss common issues with other people practising other Asian medicines would be interesting. And it could be worthwhile to invite the historians and anthropologists to find out where their studies are taking them. Or, as they did in the UK, define a task and work together to achieve it and get to know each other by working together. Perhaps cross-disciplinary dialogue and engagement and joint research can become an Australian endeavour, as they were at the inception of IASTAM.