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Editorial

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This collection of articles opens up new cross-cultural and multidisciplinary ways of understanding efficacy and safety in globalised Asian medicine. Using a variety of disciplinary approaches together—historical, philosophical, anthropological, public health—the contributions examine Tibetan and Chinese medicine on their own terms and also in comparison. They contextualise the views of and nurture appreciation for distinct actors in both Asia and the Euro-American regions who are involved in making, regulating, distributing, prescribing, and consuming Tibetan and Chinese medicines. Highlighting the roles of these actors in Tibetan and Chinese medicine, this volume demonstrates how they understand, confront, or negotiate multivalent epistemologies and practices of efficacy and safety. The contributions also reveal underlying hegemonic discourses that prevail between scholar physicians or within distinct medical systems, and in relation to prevalent ideas and practices of medicine represented by different national regulatory regimes situated in time.

Why focus on efficacy and safety? They are two sides of the same coin and tackle the same fundamental issue: how to best heal in a safe and responsible manner. In the past and present, without efficacy there is no therapeutic action; without safety, efficacy can be jeopardised. Based on their historical and ethnographic inquiries, contributors to this volume explicitly challenge overly reductionist, purely biochemically and economically-driven truth claims about efficacy and safety. Nevertheless, these truth claims guide standards and regulations governing laboratory research and global health discourse. This also applies to pharmaceutical companies that produce Asian ‘traditional’ medicines fostering profit-maximising drug development. Therefore, throughout this volume, we explicitly do *not* differentiate between ‘efficacy’ and ‘effectiveness’, as is usually done in complementary and alternative medicine (CAM). Instead, local experts and informants have their say in their own words using their own epistemologies.

We pursue two aims. On the one hand we show how particular perspectives evolve and prevail that do not have voices in overly market-oriented discourses. We take our readers deep into the thoughts, debates, and practices of scholars, practitioners, and pharmaceutical producers of Tibetan and Chinese medicines. We elucidate textual scholarship, apprenticeship, and craftsmanship as well as historical, philosophical, and religious dimensions. On the other hand, as this volume also demonstrates, crucial actors have produced empirically viable knowledge on effective treatments and have defined safe medicinal drugs within or outside of the socio-medical mainstream of their time. The contributions focus upon diverse practices and styles of validation in multifaceted ways, exploring distinct subjectivities, interrelationships, and connectivities that, together, ensure efficacy and safety.

As socio-cultural scientists working in the fields of Tibetan and Chinese medicine in China, the editors initially began their conversations on this topic during a seminar series at the *EASTmedicine* Research Group¹ in London.² Under the theme ‘Circulations and Prescriptions of Medicines: World Regions Connected and Compared’, the seminar addressed the global mobility of medicinal drugs as well as local therapeutic applications. We investigated ethnographic contexts in which local actors engage with drugs—by collecting, processing as single ingredients or compounded, mass-producing, distributing and exchanging transregionally, and at times also transnationally. As colleagues in the collaborative project ‘Beyond Tradition: Ways of Knowing and Styles of Practice in East Asian Medicines, 1000 to the Present’ at *EASTmedicine* we focus upon de-centring China and diversifying Asian medical systems from historiographic and ethnographic perspectives. We are rethinking the area of ‘East Asia’ (and further afield) outside of national boundaries in terms of interrelated histories and styles of therapeutic practice, beyond tradition and throughout history until the present. As colleagues specialising in Tibetan or Chinese medicines, and as editors of this volume, we reflect upon the multidirectional processes of cultural re-translations between how we think

¹ *EASTmedicine* stands for East Asian Sciences and Traditions in Medicine, and is an interdisciplinary research group at the University of Westminster under the leadership of Professor Volker Scheid. URL: <<https://www.westminster.ac.uk/eastmedicine-research-group>>, last accessed 4 December 2015.

² This seminar series 2012/13 was organised by Lena Springer, and funded by the D. Kim Foundation for the History of Science and Technology in East Asia. URL: <<https://www.westminster.ac.uk/news-and-events/news/2012/east-medicine-seminar-series-announced-circulation-and-prescriptions-of-medicines-world-regions-connected-and-compared>>, last accessed 4 December 2015.

within our own academic disciplines and how we understand our subjects and their different contexts.

In particular, multiple re-translations are crucial in the communication between healers and their patients and their making sense of illness; they are important processes in the production of knowledge and efficacy in healing. Translations may co-exist in parallel with clinical practice and research, be commensurate or incommensurate, or ignored in various medical and social contexts. The local naming of drugs and labelling of compounds, different claims of identity and legitimisation, the politics of representation in Tibetan and Chinese pharmacopoeias, and the inclusion in or exclusion from state drug nomenclature are all acts of cultural translation worth investigating in both history and at present.

In our ongoing ethnographic research on Tibetan and Chinese medicine in the past decade and during academic conferences held in China, we noticed that cooperation or thematic overlaps between the two fields of expertise are severely hampered.³ Current processes of incorporating Tibetan and other nationality medicines into China's public health system are modelled on 'traditional' Chinese Medicine (TCM), i.e. replicating the latter's successful historical development by institutionalisation, standardisation, and export. While Chinese medicine has already been dealing with adaption and appropriation since the 1950s and even earlier, Tibetan medicine has tackled these problems more recently since the early 1990s in a much shorter period of time. Yet, in the past 15 years the situation has changed with the economic success of pharmaceutical factories producing Tibetan medicines in China and the safeguarding of Tibetan cultural heritage. However, as our research shows, non-institutionalised actors in both Tibetan and Chinese medicine are increasingly subordinated to the state-version of TCM licences and certificates.

Most recently, within the 'World Federation of Chinese Medicine Societies' (WFCMS), two Specialist Committees have been established—one for studies in Safeguarding Traditional Knowledge in Chinese Medicine and Pharmacy (*Zhongyiyo chuantong zhishi baohu yanjiu zhuanye weiyuanhui* 中医药传统知识保护研究专业委员会) in 2013, and one for Tibetan Medicine and Pharmacy in 2015 (*Zangyiyo zhuanye weiyuanhui* 藏医药专业委员会). While the way in which Tibetan and Chinese medicine are integrated into the

³ In 2005, Mona Schrempf organised a panel on the globalisation of Asian medicine with physicians of Tibetan and Chinese medicine in Beijing at the Education Forum for Asia, and was amazed to see that there was no interest on the side of Chinese experts in Chinese medicine of even acknowledging their Tibetan colleagues and academics working on the subject of Tibetan medicine.

national health system and regulatory regimes in China remains a contested issue, this also offers a new field of contestation and inquiry.

Aiming at equal positioning and discussion of Tibetan and Chinese medicine, the editors of this volume co-organised a panel focused upon contemporary ‘Concepts and Practices of Efficacy in the Production, Circulation, and Prescription of Asian Pharmaceuticals’ at the ICTAM 8 conference in Korea in 2013.⁴ Panel participants discussed how aspects of efficacy and safety are produced and reproduced in relation to Asian pharmaceuticals from both historical and ethnographic points of view in a variety of socio-political, economic, and transnational medical contexts in India, Bhutan, China, Taiwan, Europe, and the US. This volume includes four contributions from members of that conference panel. They are joined herein by other academic experts working on relevant historical and ethnographic aspects of efficacy and safety in Chinese and Tibetan medicine.

The volume has two parts. Part I traces discursive practices in historical and contemporary contexts, and Part II introduces present practices, based on ethnographic fieldwork and on personal and transregional, national, and transnational historiographies. Part I begins with Nathan Sivin’s contribution. Inspired by medical anthropology, the historian of medicine, Chinese science, and religion enquires into Chinese medical texts from the eleventh-century Song dynasty. He employs cross-cultural analysis to reconsider the meaning of efficacy in the ancient texts and also in present-day US. He makes us think about underlying assumptions on how we often inadvertently separate the ‘true’ biomedical from ‘other’ lesser types of efficacy, devaluing what biomedical validations would call the ‘placebo effect’ or ‘meaning response’ rather than these being an important part of efficacy.

Olaf Czaja’s contribution examines Tibetan medical texts written by different scholars between the sixteenth and twentieth centuries in Tibet on important practices of administering Tibetan ‘precious pills’. These texts emphasise the efficacy of ritual preparations and empowerments of medicines as well as particular prescription practices in order to ensure both therapeutic efficacy and the patients’ safety. Precious pills remain the most highly esteemed medicines known to be effective for treating complex chronic diseases in Tibetan medicine in Asia. In contrast, because they contain purified mercury, today, European drug safety regulations prohibit the circulation of Tibetan precious

⁴ The eighth ICTAM (International Conference for Traditional Asian Medicines) conference was co-organised by IASTAM (International Association for Traditional Asian Medicine), the Korean Society of Medical History, and the World Traditional Medicine Expo in Sancheong, Korea, 9–13 September 2013.

pills considering them to be highly toxic. Within national drug regulatory regimes modelled on biomedicine, safety issues in traditional medicine tend to overrule empirical efficacy.

Continuing Part I, Leslie de Vries discusses in detail the divergent discourses on efficacy and safety in the medical texts by two Chinese physicians during the Ming to Qing epistemic transition in the seventeenth to eighteenth centuries. He relates them to the characteristic social, political, and economic changes at that time that pertain to the status of physicians and the use of medicinal drugs. This text-based historical study reveals the different concepts and phrases by Zhao Xuanke and his opponent Zhu Daxuan debating efficacy and safety of medicinal substances and compounds in regard to merits and shortcomings of the 'warming and replenishing' therapies.

Paul Kadetz deconstructs the biomedical underpinnings of the global discourse on 'safety' in relation to how the World Health Organization (WHO) has come to define 'traditional' medicines by unravelling the genealogy of the global safety discourse. He traces the rise of biomedicine to global power and, in particular, to how TCM became the model for integrating 'traditional medicines' into national public healthcare worldwide. Kadetz demonstrates that their safety rather than their efficacy tends to dominate national regulatory agencies and public concerns, while their 'traditional use' is taken for granted.

Sienna Craig examines the divergent and convergent discourses on and practices of efficacy among an array of practitioners from distinct cultural, national, or provincial backgrounds, as well as educators and researchers at two specific workshops on Tibetan medicine, which she helped to co-organise. She unveils the multifaceted understandings of efficacy across conversations and through different forms of collaborative knowledge generation: from making medicines in the most effective way via a joint consensus practice among different physician-cum-pharmacists from the Himalayas and Tibet at a workshop in Kathmandu, to discussions on integrative clinical research and the place of the humanities in the biomedically-dominant field of pharmacological research in China's Qinghai Province.

Part II begins with Lena Springer's ethnographic inquiry into the little known local worlds of raw medicinals and drugs in China's Sichuan Province that are collected and circulated by highly knowledgeable actors on the Tibetan Plateau and used in Tibetan and/or Chinese medicine. Springer demonstrates how the situational and relational character of labelling something as 'Tibetan' or as 'Chinese' medicines depends on the actors involved and their applied, sophisticated ways of knowing.

We stay in China, and continue with the neighbouring province of Qinghai, where Nianggajia examines the perceptions and experiences of a Tibetan

formulation's safety and efficacy among local Tibetan producers and patients of different cultural backgrounds, including Han and Hui. Specifically, he looks at a popular Tibetan medicine called the White Pill in the multiethnic yet predominantly Tibetan area of Rebgong, a local hub of Tibetan medical knowledge and practice.

Part II moves on to the Russian Federation and Buryatia with Tatiana Chudakova's ethnography offering her insights into the little known cultural politics of Buryat Tibetan medicine by situating it within the context of medical pluralism in Russia and Inner Asia. Framing diverse practices of Tibetan medicine in terms of contingent efficacies, she examines how medicines and medical techniques are already constructed as 'situated extensions of specific social relations, political formations, forms of practice, and epistemological commitments' (p. 252).

We broaden our view further to include western Europe and continue with Mona Schrempf's paper focusing on transnational Tibetan medicines as key sites of contestation between different value systems and styles of practice of efficacy and safety. Offering an analytical framework for comparison between China and Europe, she examines how distinct epistemic values are reproduced and re-enacted in three transnational formulation regimes and by two major styles of practice at times blurring the boundaries of Tibetan, Chinese, and biomedicine.

Wen-Hua Kuo examines the regulatory globalisation of Chinese medicine by tracing the development of the Chinese herbal industrialised formula PHY906. This formula was both promoted by the paramount Consortium for Globalization of Chinese Medicine (CGCM) and submitted to the US Food and Drug Administration (US FDA) for approval. In the eyes of these actors it serves as a pathbreaker for globalised TCM drugs at large.

Two notes from the field conclude this volume. Shelley Ochs provides us with her personal ethnographic insights into the synergetic medical practices of the Ho family physicians in Yunnan Province, China. Fusing the knowledge of Naxi medicinal plants, Chinese medicine diagnostics, and knowledge of Western medicine into an eclectic whole, this family has carved out their own style of practice, innovatively combining local and biomedical plant knowledge. Last but not least, Florian Ploberger, himself a practitioner of Chinese medicine in Austria and translator into German of the Tibetan medical canon, the *Gyüshi*, explains a Tibetan herbal formula by relating its single ingredients to a language of efficacy via both a European TCM terminology and Tibetan medical potencies.

With this volume we hope to deconstruct insular ideas and concepts of efficacy and safety by contributing to a better understanding of these fundamental

human issues in the context of Chinese and Tibetan medicine in both past and present. Thus, we hope to create mutually fruitful conversations on par between representatives and knowledge-holders in Tibetan and Chinese medicine as well as in CAM and biomedicine, and between the academic disciplines of history and anthropology, including the medical and pharmaceutical sciences.

