

Asian Medical Systems

Fall 2020, ANTH 1793
Pitt in the Himalayas
Day “B” 8:30 – 9:45: Hanifl Center

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COURSE DESCRIPTION

India is a social, political and economic environment in which a broad range of South Asian Medical Systems have grown and developed over the course of several thousand years. In the past 150 years these systems have been institutionalized and professionalized within the framework of colonial and national medical and public health policy. Many of these systems are intimately connected to the environment, and to the conceptualization, categorization, production and consumption of natural resources. This course focuses on a range of systems of medicine: Ayurveda, Unani, Tibetan Medicine, Yoga/Nature Cure, Allopathy and Homeopathy, as each one of these is supported and regulated by the Government of India. We will also look closely at forms of ritual healing that involve supernatural forces, home-remedies that are based on local knowledge, and the relationship between food and health. The purpose of the course is NOT to evaluate the effectiveness or medical value of these systems; it is to understand how these medical systems and health practices fit into a range of social, political, ecological, botanical and economic contexts. Given that a number of these medical systems are intimately linked to Himalayan botanical and environmental knowledge, the course will focus on the relationship between South Asian medical systems and mountain ecology.

TEXTS

All reading assignments for the course are posted online. The Readings are selected from the source books and bibliography below.

SOURCE BOOKS AND SUGGESTED READING

Charles Leslie and Alan Young (1976) *Asian Medical Systems*. Berkeley: University of California Press.

https://books.google.co.in/books?id=jiDo1Xxj4XUC&dq=Asian+Medical+Systems&source=gbs_navlinks_s

William S. Sax (2009) *God of Justice: Ritual Healing and Social Justice in the Central Himalayas*. New York: Oxford University Press.

Dominik Wujastyk (2001) *The Roots of Ayurveda*. New Delhi: Penguin Books

Poonam Bala (2007) *Medicine and Medical Policies in India: Social and Historical Perspectives*. New York: Lexington Books.

Zysk, Kenneth (1991) *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery*. New Delhi: Oxford

COURSE REQUIREMENTS AND FORMAT

The class will meet at the Hanifl Center campus classroom and at designated times and places during field study excursions. Each class session will involve a short lecture by the instructor and/or guest lecturers with specialized knowledge on specific topics.

Field Study Expeditions are scheduled throughout the term, some taking as much as a week, others between two and four days or less. Expeditions will be coordinated to fit into the curriculum as a whole. They are listed on the syllabus for this course in terms of their direct relevance to the topic for each week, but may be scheduled at times during the term that does not exactly fit with this timetable. Please see the master schedule of field activities for a perspective on the relationship between time spent at the Hanifl Campus, travel time, and time in field locations.

ASSIGNMENTS

The **appendix** at the end of this syllabus contains a number of prompts. Choose one – or propose one of your own – and write a 12 - 15 page paper.

- Three hundred word synopsis (10 points, due on Sept 14).
- 750 word outline (10 points, **due on October 5**)
- Field notes, part 1 (10 points, **due on November 8**)
- Field notes, part 2 (10 points, **due on November 10**)
- Final Essay, (50 points, **due on December 8**)
- Class participation 24/7 ;-) (10points)

WEEKLY CLASS SCHEDULE

Class meetings will involve two formats – 1) short lecture presentations based on Professor Alter's research and 2) discussion based on reading assignments and field experiences on expeditions.

Class 1: **Introduction and Orientation: Ecology, Society and Health**

August 31: Orientation: Ecology, Environment and Medicine.

Class 2: **Medical Systems and Medical Knowledge.**

Sept. 2: What is Health? South Asian Medical Systems.

Reading: Asian Medical Systems: Introduction

Expedition 1: Sept 4 – 11: Ladakh, Leh and Hemis Monastery

Class 3: Medical Pluralism and Institutionalization of Medical Systems in India

Sept 14: Contact, Conflict and Accommodation

Expedition 2: Sept. 15 – 16: Sainji GEMS.

Fieldtrip – Sept. 20: Places of Worship in Mussoorie.

Class 4: Ayurveda: Ancient Theory and Modern Practice

Sept 22: Culture and Science

Expedition 3: Sept. 25 – October 3: Majkhali Village, Homestay

Class 5: Unani: Islam and Greco-Arabic Medicine in India

Oct. 5: Case Study: Hakim Mohamad Said

Expedition 4: Oct. 9 – 17, Bali Pass and Jamnotri Pilgrimage

Class 6: Nature Cure and Yoga: The Global Flow of Medical Experimentation

Oct. 19: Yoga, Health and Medicine

Fieldtrip – October 20 – Tibetan Homes Foundation and Buddhist Temple

Special Event: October 23, Folk Music Performance.

Class 7: Tibetan Medicine across Borders: Philosophy, Ecology, and Politics

Oct 24: Herbs, Drugs and the Environment

Fieldtrip – October 25 – Mindrolling Monastery and Songtsen Library

Diwali – Festival of Lights, Oct. 30

Class 8: Folk Medicine and Ritual Healing: Gods, Spirits and Folk Healers

Oct. 31: Ghosts and Demons

Special Event: Nov. 4, Sarod Performance.

Class 9: **Women, Medical Knowledge and the Construction of Gender**

Nov. 8: Gendered Bodies

Class 10: **Plural Medicine, Identity and Nationalism**

Nov. 10: The Politics of Healing

Expedition 5: November 14 – 17 Parmarth Niketan, Rishikesh.

Class 11: **Globalization and the Commodification of Ethnomedical Knowledge**

Nov. 18: Commercialized Ayurveda

Class 12: **Therapeutic Food and Drink: Vegetarianism, Cow Urine and Fasting.**

Nov. 22: Mahatma Gandhi and Public Health

Thanksgiving

Expedition 6: November 24 - 25: Navdanya, Paonta, Kalsi

Class 13: **Endangered Species and Exotic Medicine**

Nov. 29: *Soma*, Musk, Rhinos and *Kiraghass*

Expedition 7: Nov. 30 – Dec. 4: Corbett National Park and Camp Kyari

Assignments

1. **Ayurvedic Medicine** is predominantly herbal. That is, drugs are made from wild plants and forest resources as well as from common food items such as milk, ghi, rice etc.. A large number of herbs and forest resources that are used in Ayurvedic medicine grow in the Himalayas. Many advocates for the use of these medicines support the development of natural herb gardens in the mountains. At the same time Ayurvedic medicine is big business. Pharmaceutical companies like *Dabar* and *Himalaya* generate huge profits based on the sale of chemically engineered “herbal” medicines and health products. The radically different priority of manufactured medicine and botanical medicine seems paradoxical, especially in the context of the Himalayas. How do you explain this paradox? One of the most interesting – and ingenious – approaches to “resolving” this paradox is a company called Patanjali Ayurveda, established by Baba Ramdev. Based on a study of the products sold by Patanjali Ayurveda, and by examining their marketing strategy, write a short 6 page paper explaining the paradox and Bab Ramdev’s “business plan”

2. Using a book on Himalayan flora as a guide try to identify as many **wild medicinal plants** as you can. While we are on expeditions ask people if they can help you identify medicinal plants. Keep a record of what you find using a camera and explain what the medicinal properties are for each plant.
3. Using books in the Hanifl Center library that catalog **wild medicinal plants**, try to figure out 1) if the books agree on what the herbs are good for and 2) if they provide you with an understanding of the relationship between pharmacology and ecology. In other words, is there some reason why plants that are like one another in various ways – taste, color, growing environment, genus, or “symbolic significance” (because they grow at high altitudes, near holy places) – have similar healing properties?
4. One of the many ways in which “**food is medicine**” in Ayurveda is in terms of the categorization of some food as hot and other food as cold. Some people are very concerned about not combining foods that are hot and cold or eating hot food in hot weather and cold food in cold weather. Some people also prefer to eat hot food in the winter and cold foods in the summer. Some foods are easily classified as one or the other – either hot or cold – whereas other foods are less easily classified. Even relatively new branded food and drinks are classified according to this scheme – cook for example is regarded as “hot” by a number of people. Talk to the people you meet about what they know about hot and cold foods. Does it influence what they eat? Write a short 6 page paper interpreting what you learn. What is the logic of the distinction and why do people think it is important.
5. Vata, Pitta and Kapha are **the three humors (tridosha)** that constitute the body and define health in terms of contemporary popular New Age global Ayurveda. You can find any number of self-diagnosis websites that will help you determine your “body type.” After taking one of the tests to “diagnose” your state of humoral health, write a short 6 paper explaining why you fit a particular category. Then, on the basis of reading assignments, critique the way in which contemporary New Age Ayurveda applies this theory in contemporary self-help application.
6. **Yoga** is a modern global phenomenon, and yet its mystical origin is closely linked to the Himalayas. On our expeditions to Gangotri and Rishikesh you will see examples of yoga in practice. You may also find examples in Mussoorie. Using specific examples, try to make sense of contemporary yoga. Are some forms more “traditional” than others? What sorts of claims do individuals make about the kind of yoga they practice? Do practitioners of yoga combine it with other forms of spirituality and/or healing, such as Ayurveda. Do any of the examples of yoga in practice reflect issues that are discussed in the readings for the course? Write a short 6 page paper explaining what you discover and how you make sense of contemporary yoga in its “ancient” environment of innovation and invention.

7. **Navdanya** is an organization that takes a very strong stand on environmental issues and organic farming. How do these issues relate to health? How would you develop a project for rural development that would further advance health reform in keeping with Navdanya's central mission?

BIBLIOGRAPHY – Sources for further study

The bibliography attached to this syllabus is extensive and inclusive. Relevant scholarly articles and books are added on a semi regular basis. The goal is to produce a comprehensive and up-to-date bibliography that covers a range of topics, questions and problems that stem from the central focus of the course. The bibliography can guide you in pursuing more specialized topics for further study as well as in expanding your perspective on the interdisciplinary links that new research produces

1. Ahamed, N., A.K. Gupta, and Neetu, *ETHNOMEDICINAL PLANTS OF DEOBAND TEHSIL OF SAHARANPUR DISTRICT, UTTAR PRADESH, INDIA*. Indian Forester, 2010. **136**(11): p. 1520-1528.
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- medicine and science, 1986. **10-11**: p. 105-19.
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 21. Bhasin, V., *Medical Anthropology: A Review*. Studies on Ethno-Medicine, 2007. **1**(1): p. 1-20.
 22. Bhatnagar, V.K., S.A. Hussain, and M. Ali, *A brief history of Ayurveda in Hyderabad*. Bulletin of the Indian Institute of History of Medicine (Hyderabad), 1994. **24**(1): p. 63-75.
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