



Institut
Français
de Pondichéry

Centre d'études de l'Inde
et de l'Asie du Sud (CEIAS),
CNRS-EHESS



Faults and Flaws. Therapeutic Practices Against the Norm in South Asia

7-9 March 2008, Pondicherry

Co-organised by the French Institute of Pondicherry
& Centre d'études de l'Inde et de l'Asie du Sud (CEIAS), Paris

With the support of the Nomad Research Unit and the Transversal Programme of the IFRE
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Objectives

Recourse to traditional methods of treatment is a fundamental characteristic of the health environment in South Asia. We observe in this region the coexistence and the entanglement of legally recognised medicines, popular therapeutic practices and healing rituals. Initially, research focused upon the normative systems to which the different therapeutic “associations” (or cliques, sects, organizations, “families”, “professional bodies”) adhere to, and the processes of legitimization that mould them. Whilst retaining this focus, recent complementary research is giving more attention to practices outside the norm.

The central concern of the proposed symposium is to examine the social and medical legitimacy of therapeutic practices with a negative approach, that is, by looking into cases where rules are breached, where values and codes of conduct are disrespected or transformed. Thinking about the faults and flaws in therapeutic practices opens up a vast field of enquiry concerning the relationship between lies and truth, between mistakes and accuracy, faults and merits, fraud and authenticity, orthodoxy and heterodoxy, legality and illegality. The participants will be invited to reflect upon the systems of norms and values, whether institutional or not, which define order and proscribe disorder. This approach will allow especially for an exploration of the normative dimensions of science and religion in present day therapies, and of the moral aspects of the medical systems. The overall objective is to better understand the reasons behind the transgression of established norms and the medico-social implications of such transgressions.

We are interested in addressing the question of relations between practitioners and their patients, of the diagnostic and the etiological systems, as well as of the therapeutic techniques and the politics of health and institutional regulations. The analytical approach will be inter-disciplinary. The symposium will bring together anthropologists, sociologists and historians, putting a range of different perspectives into contact, from the codification and interpretation of medical texts to the everyday therapeutic practices of healers across South Asia.



PROGRAMME

7 March

9:00 AM Welcome tea

9:30 AM Welcome Speech: Jean-Pierre Muller, Director, IFP
Introduction to the workshop: Laurent Pordié & Caterina Guenzi

10:00 AM Session 1: Debating science
Chair: Francis Zimmermann (EHESS, Paris)

Garcia da Orta's errors: politics, survival and science in the Portuguese Botanical Republic in India (16th c.)
Ines G. Županov (CNRS / CEIAS, Paris)

Beyond the clinical gaze. Variers' experiments with colonial modernity
Burton Cleetus (French Institute of Pondicherry)

Of norms, faults and flaws: the question of therapeutic practices and theories
Harish Naraindas (Jawaharlal Nehru University, New Delhi)

12:30 PM Lunch in the Garden of the Institute

14:30 PM Session 2: Truth, lies and errors
Chair: William Sax (SAI, University of Heidelberg)

Quack or "quack"? On rationalists' and anthropologists' obsession with truth or "truth"
Johannes Quack (SAI, University of Heidelberg)

Charlatans, traitors, and renegades in the critique of secrecy in siddha medicine.
Rick Weiss (University of Wellington, Victoria)

When divination fails. Astrologers, horoscopes and errors
Caterina Guenzi (French Institute of Pondicherry / CEIAS, Paris)

17:00 End of day 1

19:00 Cocktail and dinner at the French Institute

8 March

- 9:30 PM Session 3: Medical skills and medical ethics
Chair: Kavita Sivaramakrishnan (Public Health Foundation of India, New Delhi)
- Prajnaaparadha and Mithyaayoga, faults and flaws in Ayurvedic classic texts***
Francis Zimmermann (EHESS, Paris)
- « Bad behaviour is shameful! »: Medical ethics, elite social practices and conflict management in Tibetan medicine**
Laurent Pordié (French Institute of Pondicherry / CReCSS, Aix)
- To buy or not to buy? Ambivalence and the commodification of Tibetan medicines in Ladakh**
Calum Blaikie (University of Kent, Canterbury)
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12:30 PM Lunch in the Garden of the Institute

- 14:30 PM Session 4: Illegitimacy and illegality
Chair: Frederick M. Smith (University of Iowa)
- Empire and alternatives: *Swietenia febrifuga* and the cinchona substitutes**
Pratik Chakrabarti (University of Kent, Canterbury)
- From charity to medicine: The liminal status of Tibetan medicine in India**
Stephan Kloos (University of California at San Francisco & Berkeley)
- Contested boundaries: The rise of professional associations and the politics of Hindu Ayurveda**
Kavita Sivaramakrishnan (Public Health Foundation of India, New Delhi)

9 March

- 9:30 PM Session 5: Moral orders and transgression
Chair: Harish Naraindas (Jawaharlal Nehru University, New Delhi)
- Family unity as a therapeutic principle in Garhwali ritual healing**
William Sax (SAI, University of Heidelberg)
- An ambivalent family: The role of the family for psychiatric disorders**
Brigitte Sébastia (French Institute of Pondicherry / LISST, Toulouse)
- Two approaches to possession and mental health care: The Bālājī temple in Rajasthan and the Muthusamy temple in Tamil Nadu**
Frederick M. Smith (University of Iowa)
- Conclusion of the workshop: Ines G. Županov (CNRS / CEIAS, Paris)
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12:30 PM Lunch in the Garden of the Institute

ABSTRACTS

Blaikie, Calum (University of Kent, Canterbury)

To buy or not to buy? Ambivalence and the commodification of Tibetan medicines in Ladakh.

State-led agendas and commercial interests are major drivers of change in Asian medical systems, but how are the norms governing medical practices being contested and transformed in environments where these forces are weaker and less direct? The paper addresses this question by exploring a particular set of moral and practical dilemmas surrounding the production of Tibetan medicines as commodities in contemporary Ladakh. These problems are being approached in a variety of ways by different medical practitioners (*amchi*), calling into question some of the norms surrounding their practice.

The quality, quantity and range of medicines that *amchi* have at their disposal are important markers of medico-social status and legitimacy, and the purchase of readymade medicines is increasing, enabling some *amchi* to access a wider range of higher quality drugs than ever before. However, while this may signify progress in some respects, it is also often associated with negative changes in certain elements of medical knowledge and practice, and with laziness or greed. I unpack the dilemmas raised by this situation and argue that while factors such as training, status, location and form of practice certainly influence *amchis'* positioning and responses to these issues, distinct interest groups have not formed and deep ambivalence is ubiquitous.

Chakrabarti, Pratik (University of Kent, Canterbury)

Empire and alternatives: Swietenia febrifuga and the cinchona substitutes

This paper focuses on a cinchona substitute, the *Swietenia Febrifuga*, discovered by William Roxburgh on the Coromandel coast in the 1790s. This was the age of commerce, when therapeutics, like goods and people, travelled from one part of the world to another. Apart from commercial benefits, this was also linked to the global search for alternatives, generated by monopolies of trade. Availability and cultivability of similar species within areas of control was crucial. By focussing on this bark, its discovery, scientific analyses both in the colony and also in England, and many other similar substitutes, this paper highlights how, along with the searches for medical alternatives in the Empire, through the burgeoning networks of global geography and natural history, Europe had also undergone distinct methods of analysis, particularly with the emergence of modern chemistry. The paper shows how these two processes; the search for alternatives and modern chemical analysis, were crucially linked in the emergence of modern therapeutics. This chemical search for the 'active principal' discarded many local practices and alternatives. Following the discovery of quinine there was a major rush in Europe to acquire Cinchona and to grow it in habitable conditions throughout the empire. Soon the logic of alternatives was replaced by that of transplantation. This disregarded the many other alternatives to cinchona that had been locally recommended in the colonies. From the metropolitan and imperial perspective, and by virtue of modern chemical analyses, by 1820s, cinchona had become *the* panacea and the search for alternatives was over.

Cleetus, Burton (French Institute of Pondicherry)

Beyond the Clinical Gaze. Variers' experiments with Colonial Modernity

Indigenous medical revitalization in Kerala is inextricably linked to the life and times of P S Varier. Nevertheless, Varier's activities were not confined to medicine alone. He was also a scholar, poet, dramatist, musician, entrepreneur and philanthropist. Scholarly analysis on Varier and his experiments have overlooked these multi-layers of his personality as peripheral to the larger revival movement

within Ayurveda and tried to locate him as rationalist who critically engaged with tradition and thereby successfully negotiated with western science.

Even in his initial engagement with indigenous medicine there was a frustrating realization that indigenous medical rationality failed to be defined or defended through the parameters of western science. Literary traditions in medicine were defended as those that encompassed the science of the east; nevertheless it further exposed its vulnerability as failing to conform to the epistemic standards of western science. It is here that Varier, a “good physician”, crossed the boundaries of bodily care to the care of tradition, seeking to derive strength from it. He was of the realization that ‘the notion of truth’ was not merely a clinical practice, but a political one. Its boundaries were shaped by collectively defending the practice by his co-physicians, and its strength was derived from an imagined history that frequently crossed over between myth and tradition, which was legitimated in the last instance from societal consensus made possible through new modes of communication. This paper attempts to relocate the revival movement through these diverse frames of the life of Varier as a reflection of the movement itself and how a new form of indigenous science evolves and takes shape.

Guenzi, Caterina (French Institute of Pondicherry / CEIAS, Paris)

When divination fails. Astrologers, horoscopes and errors

What happens when astrological counselling does not work? This paper will analyse the way astrologers and their clients deal with wrong predictions and inefficacious therapies. The analysis will be based on fieldwork conducted among astrologers in Banaras (1995-2005). It will be shown that errors and mistakes, instead of being an incidental aspect of astrological counselling, play an essential role in the divinatory and therapeutic process. They are used as a means for asserting the truthfulness of horoscopes both in a scientific, empirical way, and in a religious, transcendental one. Horoscopes and predictions that do not match with people’s perceptions, instead of disputing the legitimacy of astrology, generate doubts about the way people perceive the reality. Clients are thus asked to reformulate problems and to actively involve in the therapeutic process.

Kloos, Stephan (University of California at San Francisco & Berkeley)

From Charity to Medicine: The liminal status of Tibetan medicine in India

Tibetan medicine, although increasingly institutionalized through the Men-Tsee-Khang and the Central Council of Tibetan Medicine of the Tibetan government in exile, is not officially recognized as a legitimate system of medicine in India. Nevertheless, it is not only tolerated by the Indian government, but actively sought as a health resource by members of all classes of Indian society, who constitute 90% of the Men-Tsee-Khang’s patients. As the biggest institution officially representing Tibetan medicine, the Men-Tsee-Khang has thus occupied an ambivalent status for most of its history in India: officially tolerated but not legally recognized, it operates as a “charitable organization” rather than a “medical institute”. Only in the last few years, consistent institutional efforts to attain legal status for Tibetan medicine in India have gathered momentum.

This paper will use preliminary data from my currently ongoing research to trace the history of Tibetan medicine’s (as represented by exile-Tibetans, not considering Ladakh etc.) interaction with the Indian state. This interaction will be described as an entanglement of different political interests and epistemological paradigms, including biomedical science, the Indian state, Ayurvedic associations, Indian and Tibetan publics, Tibetan identity-politics, and Buddhist ethics. How, this paper asks, do representatives of TM in exile negotiate this complex terrain in their quest of legitimizing Tibetan medicine and thus asserting their Tibetan cultural identity?

Naraindas, Harish (Jawaharhalal Nehru University, New Delhi)

Of Norms, Faults and Flaws: The question of therapeutic practices and theories

The call to examine the “breach of therapeutic norms in South Asia” is an exemplary struggle against, and reproduction of, the true, European, biomedical centre – the norm - as against the false, non-European, marginalized and flawed medical periphery. I hope to address the way this call has been framed by starting with the 2006 epidemic of Chikungunya in South India. It led to *therapeutic practices against the norm* not by the unregulated periphery but by the ‘biomedical’ public health department of the Tamil Nadu government (and other South Indian states) when it began to advocate and promote Indian and other alternative medicines to cure the incurable disease. This breach was denounced in two editorials of the *Hindu*. I examine the premises of this editorial outrage, which quite unsurprisingly is shot through with the above binaries, and then turn to a prototypical instance of the ‘origin’ of these binaries by looking at the case of the ‘incurable’ smallpox that a Bengali gentleman offers to cure through Indian therapeutic ‘practices’ in the year 1939. Unlike 2006, the colonial state, rather than endorsing his claim, ‘turns a deaf ear’, prompting him to publish an oxymoronic tract called *smallpox: an exposition of the Indian system of treatment*. What is of interest to us is that he not only offers an exposition of the Indian system of treatment, but also tells us the origin of this ‘system’. In the bargain he advances a theory of how medicine is to be understood as an institution in India by looking at its pedagogy, its texts, and its mode of transmission, where one is public, exoteric and ‘settled’ and the other is secretive, esoteric and ‘itinerant’. These two modes, partly motivated by different goals, appear to be two *strands* emanating from a common source and thus call into question the binaries that we are saddled with. It remains to be seen if this offers a better perspective of the nature of both medical practice and *theory* in India in the past and the present. If it indeed does, we may see norms, faults and flaws rather differently.

Pordié, Laurent (French Institute of Pondicherry /CReCSS, Aix)

« Bad behaviours are shameful! » Medical ethics, elite social practices and conflict management in Tibetan medicine

Practitioners of Tibetan medicine (the *amchi*) reveal an entire series of behavioural and moral codes that, ideally, they should follow so as to improve their medical practice and more broadly the fate of each of them. Tibetan medical ethics, which are found to some extent in the canonical text of Tibetan medicine, are based on Buddhism, and all healers underscore the importance of the moral dimension in the practice of medicine, a dimension that refers expressly to religion. In Ladakh, northwestern India, the elite practitioners of Tibetan medicine discursively reject such attitudes as anger, disputes, domination or verbal aggression. In this region, antagonism is generally perceived as a threat to social equilibrium and conflicts are normatively controlled as part of the local moral order. These attitudes are considered “dirty” or “deviant”, and the creation of, or participation to conflicts shameful. Conflict is also seen as undermining the image of involved elite practitioners, who present themselves as “good *amchi*”, in both technical and moral terms. However, tensions, disagreement and disputes characterize the relations between these practitioners. The occurrence of conflict is a common fact. How does conflict emerge, and how do the *amchi* deal with the feeling of shame? Can one be a “good practitioner” and quarrel with his homologues? To answer these questions, this paper will explore medical ethics and the way recurring social conflicts are experienced and negotiated by the elite *amchi*, who aim to keep their reputation as good practitioners.

Quack, Johannes (SAI, University of Heidelberg)

Quack or “Quack”? On Rationalists’ and Anthropologists’ Obsession with Truth or “Truth”

Based on ethnographic fieldwork on one major “rationalist organisation” in India (Maharashtra Andhashraddha Nirmulan Samiti – MANS – Organisation for the Eradication of Superstition) this paper describes and analyses the use of the label “quack” by representatives of MANS with respect to so-

called “traditional healing practices” in India. In a second step Jean Langford’s position on the notion of quackery is discussed and compared with the position of MANS on the one hand and Simon Blackburn’s discussion of William K. Clifford’s *The Ethics of Belief* on the other hand. The aim of the whole undertaking is to trace not only debates about “false doctors” with respect to therapeutic practices in India but to set those debates in relationship to positions on truth and “truth” within academia.

Sax, William (SAI, University of Heidelberg)

Family Unity as a Therapeutic Principle in Garhwali Ritual Healing

In the ritual healing traditions of Garhwal in the Central Himalayas of North India, family unity is an axiomatic moral principle. It is also a therapeutic principle because family disunity is one of the main symptoms of supernatural affliction, while family unity is a sign of therapeutic success. Finally, it is a ritual principle because many healing rituals explicitly seek to create or restore family unity. In this paper, I discuss these multiple aspects of family unity, including the contradictions and problems to which they sometimes lead. My central contention is that in this tradition, discourses of healing and of morality are inexorably intertwined.

Sébastien, Brigitte (French Institute of Pondicherry)

An ambivalent family: The role of the family in the emergence of psychiatric disorders and in the care

The priest in Puliampatti considers the possessed people who frequent the shrine as affected by psychiatric disorders or psychological problems. He does not recognize them as possessed by evil spirits and thus refuses to practice ritual exorcism. His refusal has resulted by the practice of informal therapeutic rituals carefully observed by the relatives who accompany the patients.

This paper examines the evolution of the Church regarding possession, and then explores the ambivalent position of relatives. These relatives are involved in the therapeutic process and exert on the patient violence and pressure during exorcisms (while they express their affection and attention outside the rituals), but they also are perceived as responsible of the occurrence of illness due to the fact they have committed a transgression or a mistake.

Smith, Frederick M. (University of Iowa)

Two approaches to possession and mental health care: The Bālājī temple in Rajasthan and the Muthusamy temple in Tamil Nadu

In this talk I will examine the approaches to possession and mental health care at the Bālājī temple complex in Mehndipur, Rajasthan, and the temple of Muthusamy in the village of Velayuthampalayampudur, Dindugal District, Tamil Nadu. Both Bālājī and the Muthusamy temple may be regarded as last case scenario healing sites. In both cases the majority of clients or patients have been through the available medical systems without discernible results. The treatment modalities at these two temple complexes are quite different, with little attention paid to westernized psychiatric examination and treatment at Bālājī and a considerable amount of it at the Muthusamy temple. I will summarize the treatment modalities at both of them, the scholarship on them, and eventually come to a set of conclusions that will provide a perspective on modernization of these relatively old folk healing systems.

Sivaramkrishnan, Kavita (Public Health Foundation of India, New Delhi)

Contested Boundaries: the rise of professional associations and the politics of Hindu Ayurveda

This presentation would explore the complex dynamics of 'legitimation' that was negotiated by Ayurvedic practitioners in north India in the early twentieth century as they addressed the delegitimising discourse inherent in western medicine and its growing institutionalization. While constituencies of practice were still more or less unchanged despite the expansion of western medical colleges and 'registration' of western medical practice, it was in the realm of ideas that urban arenas witnessed growing debate between western practitioners and indigenous practitioners and publicists about the attributes of 'unscientific', 'empirical', illegitimate practice. Simultaneously, there was also internal negotiation and debate between groups of practitioners as to what comprised , orthodox, canonical norms in Ayurvedic learning and concerning the status and acceptability of localized , regional traditions of practice in the process of construction a singular, 'national' tradition of learning. This presentation will argue that we need to understand and locate the norms and values constructed by indigenous medicine at various levels, amongst various actors- only one of which was the state- and also to understand their shifting vocabularies and politics. It will trace the emergence and evolution of national and regional 'corporate', professional associations in these decades and their cultural politics.

Weiss, Rick (University of Wellington, Victoria)

Charlatans, traitors, and renegades in the critique of secrecy in siddha medicine.

While secrecy has been a central feature in the transmission of siddha medical knowledge for centuries, the morality of secrecy in South India has dramatically changed since the beginning of the twentieth century. In Tamil-speaking South India and in South Asia more generally, secrecy as a mode of disseminating knowledge has undergone a radical change in value, from its consideration as a moral duty that keeps powerful knowledge in the hands of the good, to its regard as a selfish act that has led to the disintegration of a unified Tamil community. This paper will examine these shifting views of secrecy and the elements of this critique, which was forwarded both by colonial doctors and also by siddha vaidyas themselves. I will further suggest that the function of secrecy as a strategy for garnering prestige is now served by another form of concealed knowledge, that is, Tamil medical knowledge that has been lost in the ravages of time.

Zimmermann, Francis (EHESS, Paris)

***Prajnaaparadha* and *Mithyaayoga*, Faults and Flaws in Ayurvedic Classic Texts**

Actually, the two concepts of faults and flaws are at the core of the classical doctrine of Ayurvedic medicine. Faults in the regimen of life and flaws in the interaction between the living body and its environment constitute two of the three major categories of causes of diseases. Reciprocally, faults in the prescription and implementation of a given therapeutic treatment, and flaws in the connection of the sense organs to the physical qualities of surrounding substances, are two of the three causes of failure in the treatment. The division between faults (or *prajnaaparadha*, lit. "breaches of wisdom") and flaws (or *mithyaayoga*, lit. "inappropriate junctions") is explicit in the classic texts, where it plays a major role, and this presentation will attempt to set it back in the context of the Ayurvedic doctrine of humoral pathology.

Županov, Ines G. (CNRS / CEIAS, Paris)

Garcia da Orta's Errors: Politics, Survival and Science in the Portuguese Botanical Republic in India (16th c.)

In 1563, in his *Coloquios dos simples...* (Goa, 1563), a Portuguese physician Garcia da Orta presented his professional profile in these words: "though I am the humblest of all physicians, you should give more credit to me as eyewitness than to those fathers of medicine who wrote from false information". Writing from Goa, the capital of the Portuguese Asian "empire", Orta set himself up to judge the quality of knowledge produced about Asia and he provided critique of the way that knowledge was gathered and assessed. It is safe to claim that his book was based on a refutation of errors of the whole European medico-botanical tradition, from the ancient Greeks to his contemporaries in Europe. In this respect he was no different from other European botanizers of his time who increasingly stressed the importance of direct observation as opposed to "ancient" authorities. However, although he was able to play the usual Humanist game at discovering "falsifications" and "corruptions" of ancient texts by using philological method, he underlined that the major problem in medico-botanical texts was the distance, temporal to some extent, but mostly geographical. What is of interest to the contemporary debates on the history of science is Orta's insistence on "local" and plural location of the production of knowledge. While he acknowledges the importance of global flows of knowledge and practice, for Orta global means in fact connections and linking, not yet a European-centered information-gathering pull.