

ABSTRACTS

First Session

The institutionalisation of medicine from East to West

Anne-Marie Moulin (CNRS / CEDEJ, Cairo)

The institutionalisation of medicine has taken place at different tempos from one country to another from East to West: whether it concerns the shifting of locations of students and practitioners (medical nomadism), the methods of transmission (universities, master to disciple apprenticeship), the education control (standardisation, role of the State). The tempo is not that of a continuous and cumulative progress, but of a succession of turning points, crisis or even revolutions, which have led to the pluralism which we know today, integrated officially or not, of medical schools, with often a reinvention of local traditions, and finally acknowledgement of the diversity of methodical persuasions. This outline of a general problematic will underscore the originality of medical knowledge in the range of medical sciences, and the absence of a consensual scientific image of the body, in other words of a universal model, indication of a true epistemological complexity in the theoretic treatment of the human body.

Local Needs vs. Global Demands: Trends in institutionalisation of Indian medical practices

Leena Abraham (Tata Institute of Social Sciences, Mumbai)

The paper discusses trends in institutionalisation of various indigenous medical practices in India, since the turn of the last century and identifies two distinct phases. The first phase emerged in the colonial context and was shaped by the contingencies of colonial policies and the nationalist discourse. The second phase dates back to the 1990's in response to an emerging global market for indigenous medicines. Today, the norms and practices that govern these institutions are periodically revised and reformulated by external demands rather than driven by an internal need to strengthen medical practices. This communication will address some of the implications of the second phase on the earlier processes of institutional development of Indian medicines. I argue that the failure of biomedicine to reach out to the poor, the middle class demand to regulate the domestic private sector, the international pressure to ensure quality control of goods and services exported to international markets, and the growing power of AYUSH industry produce new modes and means of state legitimacy and regulation.

Of the esoteric, the exoteric and the professional: Modes of institutionalising medicine in India

Harish Naraindas (Jawaharlal Nehru University, New Delhi)

This paper attempts to provide a framework and a possible language of discourse for talking about how medicine may have been institutionalised in India. It attempts to argue that rather than the usual anthropological categorization of Indian civilization in terms of either the classical or the folk, or

attempting to resolve the duality by jettisoning it altogether and seeing it as a set of eclectic practices in the plural, it may be interesting to address medicine as a kind of unity between an esoteric and exoteric tradition. It may then be argued that the exoteric part of the tradition, from about the late nineteenth century, is professionalized and 'unified' in the image of biomedicine, thereby relegating parts of the esoteric tradition to the margins.

The moral character of medical standardization

Laurent Pordié (IFP / Paul Cézanne University, Aix)

The standardization of medicine, that is to say, the casting of medicine in a normative framework conditioning its theory, apprenticeship and practice, has long been described as a political process. It takes place in direct relation to the central power structures and entails remarkable transformations of therapeutic power. Medical knowledge, practice and discourses are subjected to a profound reorganization. This reorganization, however, cannot be reduced to a mere political reading. It also involves the moral foundations of medicine and of the healer's social power. The institutionalisation of medicine (systematization, structuration and standardization) has a normative dimension, the character of which is both political and moral. I propose to explore in this paper the parallel principle of medical standardization and moralization of the healers' power. To this end, I will consider the historical development of Tibetan medical institutions and their contemporary dynamics, especially in the case of international development-, experimental science- and market-driven standardization.

Second Session

The institutionalisation of astrology in Indian Universities. Ideological, historical and social perspectives.

Caterina Guenzi (Centre d'études de l'Inde et de l'Asie du Sud, Paris / IFP)

Astrologers in India are widely consulted for therapeutic needs. People seek their advice to get a diagnosis of planetary influences and to obtain a prescription of remedies to solve all kinds of personal and family problems. My paper will explore the question of the institutionalisation of astrology (*jyotiṣa*) in universities. In this concern, three analytical levels will be considered: the centralized and political level of the University Grants Commission, the case of the Banaras Hindu University, and the various and not standardized practices followed by astrologers in Banaras. The confrontation between these three different levels will raise multiple questions concerning the impact of the process of institutionalisation on the professional identity of astrologers and on the relationship between practitioners and clients.

Negotiating Western science and the State. The case of the institutionalisation of indigenous medicine in Kerala

Burton Cleetus (French Institute of Pondicherry)

The institutionalisation of health care and the relatively high level of investment in western medicine, made by the state as well as by individuals and social groups has been an important factor in the identification of the state of Kerala as a progressive one. Large number of western medical institutions in the village and urban centres were established leading to the engagement by the people of the state with western medicine and its basic epistemic paradigms and methods for

the last one and a half century. The indigenous medicine which hitherto catered to the need of the indigenous society over the period of time made a slow exit from the mainstream society and the state. This communication seeks to understand as to how did the indigenous medical tradition of this south western coast of the Indian sub-continent negotiate with the political authority of the state as well as with the proponents of western medicine either through the integration or negation of the ideas of western medicine and science in its attempt towards framing an institutional pattern with or without state aid.

Institutionalisation and growth of homeopathy in time and space in India

Anne-Cécile Hoyez (University of Rouen)

First traces of German-born homeopathy in India can be found in Punjab as early as 1830. From then, it started spreading throughout the country thanks to informal networks (associations of doctors and lay practitioners) and political support (local rulers). At the eve of independence, homeopathy was organised and popular among urban elites. The process of institutionalisation started soon after Independence, and homeopathy was officially recognised as a system of medicine in 1973. In this presentation, I will explore the historical and spatial diffusion of homeopathy from Germany to India. Then, I will describe the multiplicity of actors who participate to this original, and still active, process of institutionalisation.

Role of associations of experts in the revitalization of Siddha medicine

Brigitte Sébastia (IFP / Ecole des hautes études en sciences sociales, Toulouse)

Since 1970s, Siddha medicine is taught and practised in two governmental colleges in Tamil Nadu. However, the learning and the treatment of patients are extremely criticized because of their reductive aspects by the hereditary practitioners (*paramparai cittamaruttuvar*) as well as by the students coming from these families. This situation encouraged the hereditary practitioners to form associations and to conduct trainings on certain specialties of Siddha medicine, which are not taught in governmental colleges. Meetings are organized in order to increase the exchanges on the clinical results, formulations and manufacturing processes of medicines. While the government seeks to draw aside from the therapeutic field the therapists who possess no officially sanctioned curriculum, these associations offer them the means to re-appropriate their medicine. By ensuring a continuous training, delivering diploma, and encouraging the circulation of knowledge and the homogenization of the medicinal formulations, they act as true institutions.

The making and unmaking of cure. Eye treatment in Siddha medicine

V. Sujatha (Jawaharlal Nehru University, New Delhi)

Eye treatment or *Kan vaithiyam* as it is called in Tamil, is an ancient speciality in Siddha medicine, about a thousand years old, that continues till date. This paper focuses on the details of the learning and practice of *Kan vaithiyam* among those Siddha vaidyas who have had their training in medicine in the traditional institutions. Based on field studies in South India, the paper charts the contemporary existence of *Kan vaithiyam* in a form different from that of the college educated Siddha doctors.

How is the knowledge of eye learnt and practiced? What happens to the knowledge and the social organization of its learning and practice under changing circumstances? What is its relation to those forms of Siddha medicine that are embodied in modern organizations? What are the insights

about medical knowledge and its institutionalisation that this complex situation of Siddha medicine that adorns various, coexisting forms, hold for us? The paper addresses these questions.

Third Session

From “greenish leaves” to “herbal Ayurvedic treatment”: Professionalising Narikuravar medicine

Gabi Alex (South Asia Institute at Heidelberg)

The Narikuravar, a formerly peripatetic group, are known for their effective oil-based medical balsam which contains substances of plant and animal origin. Originally the collection of the ingredients and the selling of the medicine was part of their peripatetic lifestyle. Nowadays they are settled in colonies and they have accommodated their various businesses to the manifold changes of their own lifeworlds as well as the social and economic changes in the world around them. This paper describes different aspects of professionalisation and institutionalisation of the Narikuravar medical business with reference to their changed modes of subsistence and settlement.

From home to market: Responses, resurgence and institutionalisation of Ayurveda from 1830s to 1920s

M.S. Harilal (Centre for Development Studies, Thiruvananthapuram)

This paper explores early transformation of Ayurveda from two different, but intertwined aspects, as a) a system of medicine, which has two components, a knowledge base and institutionally recognized professionals, and b) an industry, producing traditional medicine and related products for the market, in which the production system and the market are important. Using the snippets of information from archival documents and secondary sources, this paper argues that institutionalisation of manufacturing and training used as survival strategy, put Ayurveda in a negotiated modernity. The analysis phases the early production relations namely, no-price/charity production of a familial mode at the first phase, a variant of petty commodity production at second and finally slow entry of financial capital and mass manufacturing in the third stage. This paper notes severe differences from the general model of commercialization especially the nature and origin of capital flowed in.

For whom the bells toll: Good practices and standard laws for traditional medicine business in India

Madhulika Banerjee (University of Delhi)

There are two trends currently significant with respect to the institutionalisation of the business of traditional medicine production in India that I would like to discuss. The first is a marked trend towards institutionalisation of businesses with respect to manufacture of medicines, in terms of Good Manufacturing Practices, Good Laboratory Practices and Good Agricultural Practices. These have all been formulated in the past five or six years, in response to the enormous potential for these medicines and raw drugs in the international market, where these standards are minimally required. The second is an institutionalisation of the international traditional medicine business, led by the United States and the European Union, in an effort to regulate this market that is growing by leaps and bounds, in favour of the safety of their citizens/consumers. Both of these call for urgent and critical analysis on political and economic grounds to answer two questions: what is the contestation

between different interest groups that this institutionalisation reflects? In whose favour does it seem to be headed?

Fourth Session

Institutionalising medicinal plant management in Kerala: Forest control, rights of use and participation

Lucie Dejouhanet (IFP / Université de Nanterre - Paris X)

Accounting for the increasing market value of medicinal plants, Kerala State decided to institutionalise the collection and marketing of non-wood forest products, so as to reduce the influence of private merchants over this flourishing market. With the aim of improving collectors' income and welfare, the State government gave in 1978 the exclusive right of collection of forest products to members of Scheduled Tribe Cooperative Societies, and since 1980, a Federation heads these Societies and holds the monopoly on the forest products marketing. However, the Federation and Forest Department incentives co-exist together with illegal private marketing.

This paper aims at describing logics of power underlying actors' strategies for controlling forest use and space. It questions relationships between collectors and institutions, and explores attempts at participative management.

Intellectual property rights for traditional medicines: Where does India stand?

N. Lalitha (GIDR, Ahmedabad)

Documentation procedure, standardization of practices and adhering to global trade standards are some areas that need attention in the study of institutions incentives pertaining to Indian medicines. Intellectual property rights (IPR) are one such related issue. The Government of India has taken efforts to document Indian medicines, which are available in public domain in different languages in digitalized form (Traditional Knowledge Digital Library). This Library is made to prevent claiming any IPR on an Indian remedy that is popularly known. While, the process of arriving at commercial drugs from these remedies can be patented, yet claiming IPR on these will not be a simple process, as there are overlapping IPR laws such as the biodiversity Act and the Plant Protection Act. Besides there are unresolved issues concerning data exclusivity for Indian medicine and benefit sharing mechanism. This paper will detail the issues in providing IPR to Indian medicine and the current standards adopted by the Government of India.

Geographical indications: a legal tool adapted to protect medicines and their producers?

Delphine Marie-Vivien (CIRAD / National Law School of India University, Bangalore)

India law protects geographical indication (GI) which identifies agricultural goods, natural goods or manufactured goods as originating, or manufactured in a region where a given quality, reputation or other characteristic of such goods is essentially attributable to its geographical origin. Therefore, being a collective right, GI could be an interesting tool to protect medicines produced locally (from medicinal wild plant to processed product). Many agricultural products have applied for registration as a GI, as for example Njavara rice, the medicinal rice of Kerala. The question is thus to see how and at which conditions GI permits legal protection of the product and gives right to the producers when commercialised in an open market with risk of misuse.