Introduction

Medicines and Memories in South Asia

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Abstract

This opening piece introduces the eight articles in this special issue of *Asian Medicine*, all of which emerged out of the daylong Science, Technology, and Medicine in South Asia Symposium: Medicine and Memory, at the 2018 Annual Conference on South Asia in Madison, Wisconsin. These articles are concerned with the ways in which time and healing entangle across regions and healing traditions in South Asia, including Unani, Ayurveda, Naturopathy, and biomedicine. Linking the findings from these articles with recent scholarship, our conversation in the symposium moved beyond the notion of medical *pluralisms* to a notion of dynamic *plurals*, through historicizing regional and local diversities in practices and philosophies, often grouped under a single name by communities and practitioners. In an increasingly communalist and politically fractured modern South Asia, we suggest that the discussions in this special issue make a critical contribution to understanding how cultural institutions of knowledge function in society.

Keywords

South Asia – medicines – temporality – plurals

Temporal Aspirations, Continuities and Transformations

Claims of authority, authenticity, and efficacy in healing traditions often hinge on constructions of the past. These assertions are characteristically expressed through cultural institutions and in literary contexts, such as schools, popular media, written treatises, and oral traditions. Healers and people who speak and write about healing contribute and respond to the cultural contexts of their day, molding aims, practices, remedies, and theories about life and well-being that underlie common characterizations of “medicine.” This special issue of *Asian Medicine* casts critical attention on the ways that changing historical sensibilities in South Asia inflect negotiations, articulations, and practices of medicine.

When practitioners of healing traditions invoke the past to establish or reinforce perceptions of their authority, authenticity, and efficacy, they routinely craft narratives that either yoke or separate their medical theories and practices to/from historical or imagined texts, people, and communities. In so doing, they construct stories about the passage of time that accentuate or invent moments of temporal continuity and/or rupture. The complicated and sometimes fraught matter of historicity in South Asian healing traditions lies at the heart of this special issue. The following studies explore how producers of premodern literatures, colonial media markets, and modern medical practitioners have authored, shaped, and used particular accounts of history to assert authoritative claims about healing, the body, and healthcare. This is not, however, a collection primarily about the history of medicine in South Asia. Rather, the contributions use multiple lenses to probe continuities and changes in historical sensibilities within and surrounding traditions of healing. The authors are concerned with history and the ways in which time and healing entangle across regions and healing traditions, such as Unani, Ayurveda, naturopathy, and biomedicine. At the same time, this collective research extends beyond history per se and roots the complex association of healing, history, and memory within conversations in anthropology, religious studies, gender studies, philosophy, and science studies.

This issue emerged out of a daylong Science, Technology, and Medicine in South Asia Symposium at the 2018 Annual Conference on South Asia in Madison, Wisconsin. Two of the coeditors, Lisa Brooks and Victoria Sheldon, and one of the contributing authors, Shireen Hamza, organized the symposium under the theme “Medicine and Memory: Temporal Aspirations, Continuities, Ruptures, and the Now.” The day was filled with thought-provoking debate and conversation, and we (the three editors: Brooks, Cerulli, and Sheldon) were equally struck by the high quality of the presentations and the variety of ways that participants defined and understood key terms and theories in the study

of health, healing, and medicines in South Asia. The seven articles presented here prioritize multivalent narratives of time underpinning the enactment of South Asia's medical traditions. This takes us beyond notions of so-called medical systems, premised on foundational discrete entities, which have led to identifications of syncretic and hybrid medical traditions. In keeping with Projit Mukharji's methodological suggestion of "conceptualizing learned traditions as always already internally pluralized" and setting aside the assumption of "clearly formed" healing traditions, the authors of these articles consider how South Asian medical epistemologies and practices are interwoven with discursive threads that invoke narratives of modernity and pastness.¹

The unique structure of the Madison symposium played a role in generating this diverse set of articles. Papers were oriented to distinct panel themes, including "Ontologies and Bodies," "Practitioner Concerns and Narratives," "Materials of Medicine," "Nostalgia and Imagination," and "Time and Method." Based on our discussions, many of the articles here consider the coexistence and internal plurality of medicines in South Asia, underscoring the multivalent modes of historical sensibility through which medical practices develop and change over time. They examine the ways that South Asian healing traditions have evolved and continue to transform, within cultural contexts and according to unique temporal imaginaries. Out of the sixteen papers presented in Madison, seven were revised and expanded for this publication. Each author presents a novel case study that introduces new approaches for thinking with South Asian healing traditions as simultaneously bounded by, and manufacturers of, historical sensibilities.

At the end of the symposium we had a collaborative discussion. Two particular insights emerged. First, the group recognized that the conclusions and concerns of the presentations were not dictated by the disciplinary training or commitments of the presenters, thereby enabling us to consider new possibilities for research and collaboration in the future. By working with open-ended, time-based panel themes, we forged points of connection across diverse methodologies. This mixed-methodology approach has yielded articles that we hope will be of broad interest to both scholars and practitioners. Second, our conversations moved beyond the notion of medical *pluralisms* to a conception of dynamic *plurals*. Each presentation complicated narratives of syncretism and hybridity by exploring regional and local diversities that communities and practitioners often group under a single name. This special issue therefore contributes to a postcolonial commitment famously articulated by Homi Bhabha, to examine the "incommensurable cultural temporalities" that are involved

1 Mukharji 2016, 24.

in social and political changes over time.² Our multivalent approach was also inspired by recent conversations in feminist science studies about methodologies to decolonize and “reorient STS” by engaging “relational terms, taking into account contested and politicized terrains of history and contested claims of the past.”³ Hence, these articles coalesce in mutual recognition that the temporal is always political.

Medical Traditions as Temporal Tapestries

When we use the word “tradition” to describe a type of healing or medicine, we intend to signal an intellectual lineage and/or institution that has developed over time; that has tested and refined theories (orally transmitted and/or in written sources) about the workings of the body, disease etiology and pathology, and well-being; and that developed procedures to attend to ailing bodies and promote well-being. Among healing traditions in South Asia included in this collection are Ayurveda, nature cure, Unani Tibb, and biomedicine. Today, biomedicine is as much a part of the South Asian medical landscape as Unani and Ayurveda are, and since the British colonial period it has become the modern establishment medicine in the region.

We also use “tradition” to draw attention to claims of practitioners that gesture to continuities between what they do at present (e.g., diagnosis and treatment) and their perceptions of the past. The contributors explore some of the ways that medical practitioners express historical sensibilities in relation to healing practices. Rather than being a theme isolatable to a particular geographic or political location, the expression of a historical sensibility or historical consciousness is an important concern across disciplines that probe processes of collective change. Social actors conceive, protect, and advance their histories through a range of practices, informed by many ideologies, rendering conceptions of the past prevalent in their contemporary lives. Take, for example, the art of remembering royal ancestors through spirit possession, in which, as Michael Lambek observed, the “historical past is not completed but continuous in the present; in grammatical terms it is imperfect rather than perfect.”⁴ Similarly, the articles in this issue demonstrate that across periods of time in South Asia, practitioners have integrated notions of pastness into the ongoing present of medical caregiving and knowledge construction. Historical

² Bhabha (1994) 2004, 3.

³ Subramaniam 2019, 20.

⁴ Lambek 2002, 12.

sensibilities are not linearly structured, in other words. They are dynamic and synchronous, and “the past is conserved and curated; ... crafted, performed, personified; received and addressed; invoked, supplicated, appeased, accepted; authorized and ironized” by people and communities in the present.⁵

The collection of articles we have assembled addresses a core aim of *Asian Medicine*: to make available multidisciplinary essays on the historical, anthropological, sociological, and philosophical dimensions of Asian medicines. At the same time, the contributors to this issue attend to the roles of their theoretical orientations in constructing their understandings of social, medical, historical, and epistemological phenomena. In the introduction to the 2018 special issue of *Asian Medicine*, “Indian Medical Traditions between State and Village,” Maarten Bode noted that “without thick descriptions of ground realities informed by a critical understanding of the construction of categories and their valorizations, we cannot understand the Indian medical landscape ... We also need to reflect on the categories and methodologies used by anthropologists and social historians.”⁶ We aim to extend Bode’s postulation to include the other disciplinary modalities on display here. The authors of these articles provide thick descriptions of medical practices and close readings of texts, while also critically attending to the construction of categories and methodologies.

The Articles

The first four articles explore the entangled relationships between medical texts, time, and method. Kathleen Longwaters’s article explores ethical issues vis-à-vis death and dying, patienthood, and the body in the Sanskrit classic *Carakasamhitā*. Her article is inspired by years of work in a clinical laboratory, and it contributes to contemporary discussions on end-of-life care in the medical humanities. Lisa Allette Brooks examines representations of surgeons and surgical tactility in early Ayurvedic literature, examining passages from first-millennium Sanskrit treatises by reading with the sensory observations of a contemporary Ayurvedic physician who simulates the “hydro-dissection” described in the *Suśrutasamhitā*. She combines ethnography and textual analysis to show how sense, knowledge, technical skill, expertise, and judgment constitute the early Ayurvedic “surgeon’s hand.” This creates a unique form of intimacy between surgeon and patient. Shireen Hamza contributes a review

⁵ Ibid., 13.

⁶ Bode 2018, 103.

and partial translation of Shihāb al-Dīn Nāgaurī's fourteenth-century autobiography, in which Nāgaurī describes his experiences as a student and practitioner of both Unani Tibb and Ayurveda in Rajasthan. She discusses Nāgaurī's clinical experience with Hindu and Muslim patients, and explains that Nāgaurī's reflections on the diversity of his environment urge us to abandon the often-misleading notion of hybridity when we discuss South Asian medical practitioners' associations with European colonialisms and medicines. Sabrina Dattoo's study of Urdu-language testimonies in *The Report of the Committee on the Indigenous Systems of Medicine* (1923) probes a disjuncture between the British colonial state's engagement with "Indian medicine" and pluralistic therapies in North India's Urdu-speaking communities. The testimonies Dattoo analyzes bear witness to medical contestations in the Urdu vernacular public sphere and the influence of an early modern "epistemology of the eye."

The next three articles look at the ways that contemporary South Asian medical techniques, technologies, policies, and idioms of the body are used to negotiate changing imaginaries of history and potential futures. Joseph Alter's contribution offers a cultural history of *prākṛtik cikitsā*, also known as nature cure. He shows how practitioners of *prākṛtik cikitsā* drew inspiration from Lebensreform, the back-to-nature health movement of late nineteenth- and early twentieth-century Germany. Alter compares examples from nineteenth-century German publications with a nature cure hospital in Gorakhpur established by Vithal Das Modi in 1940, revealing an understanding of medicine based not on national heritage but on the habitus of class and global countercultural practices. Victoria Sheldon's article probes the ethical pursuits of two aging, end-of-life patients in Kerala, as they internalize their nature cure (*prākṛti cikitsā*) doctors' palliative advice to "do nothing" and rest rather than aggressively strive for biomedical cures. By naturally revitalizing their bodies, they each craft counternormative models of aging and illness that confront feelings of isolation from migrated kin. In doing so, they also invoke nostalgic idealizations of a purer, pre-toxic past. Kalpana Ram's contribution is a phenomenological study of the objectification of tradition in modern claims to heritage, juxtaposing differences in social support and agency between Siddha doctors and Dalit women spirit mediums in rural Tamil Nadu. Ram's article addresses the felt dimensions of social and gender inequality, in order to critique basic assumptions about the varied ways we might understand what it means to lay claim to or "have" tradition.

In the epilogue, Anthony Cerulli reflects on some of the foundational scholarship and research innovations in the study of South Asian medicines and healing traditions that preceded and in effect laid the groundwork for a special issue like this one. He offers an overview of the key interventions in each

contribution, simultaneously suggesting ways this collection adds new knowledge to current scholarship on the study of medicine in South Asia and considering what it might presage for future research.

Conclusion

These seven articles demonstrate the extent to which South Asia's multiple healing traditions have long coexisted with, been integrated into, and differed from shifting articulations of medicine in the region. As a collective body of research, the issue speaks directly to these intersections and it problematizes conceptions of authority, knowledge production, heritage, and collective memory. Each author eschews linear narratives of historical change and instead interrogates how authoritative discourses about ideas of healing, modernity, and tradition operate in plural pre- and postcolonial medical landscapes. In an increasingly communalist and politically fractured modern South Asia, where religious identities and fundamentalisms affect nearly every sphere of life, this discussion is increasingly vital to understanding how the cultural institution of medicine functions in society.

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