



*An International Research Programme (2004-2007)*

*Abstract*

Medicines, and more generally the means of which people avail to prevent, relieve or heal suffering and disease are formed, transformed and reformed in the field of health and beyond. The constitution of therapeutic spaces appears as the product of social and political combinations, of historical conjunctures, of encounters between people and representations, between ideologies and ideals. This regional research programme thus examines health traditions, giving particular attention to their social and political dynamics and to issues of identity. The general objective of the programme is to understand how contemporary therapeutic spaces are constructed, identified and legitimated. The use of the “medical” as a prism makes an thorough exploration of the social world possible, an exploration that becomes all the more relevant through the comparative approach offered by a regional project. Research conducted on identical subjects in diverse socio-historical, political and cultural contexts can, in fact, clearly indicate their singularities and underscore their similarities. This approach is essential for a detailed regional analysis.

This research programme explores transversal themes such as the **networks of power** surrounding health, **therapeutic innovations**, the **trans-nationalization of traditional medicines** and the **appropriation by the government of the relation to the body**. A number of fundamental questions concerning the political dimensions of health naturally emerge from these observations and constitute the framework of the programme. Besides the transversal themes mentioned above, vertical axes of research are also retained (sub-projects):

**1/** The institutionalization of healing: Governance, access to health care, and legal protection of indigenous knowledge ; **2/** The commoditization of Indian medicines. Raw materials collection, pharmaceuticalization, medical tourism, and the local and global markets ; **3/** Biomedicalization, clinical trials and the quest for efficacy; **4/** Citta (Siddha) system of medicine in Tamil Nadu. Identity, power and pluralism; **5/** Medicine at the border: the politics of Himalayan medicine in India; **6/** Understanding homeopathy today: Spaces, practices and cognition; **7/** Beyond codifications. ‘Folk’ knowledge transmission and healing practices.

This research programme intends to study the present state of healing systems and their historicity.

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### *Project overview*

It is customary to find all kinds of practices grouped under the common heading “traditional medicines” – mainly because they do not emanate from the biomedical paradigm elaborated in the West since the nineteenth century –, which are thus reduced to an expression that in fact designates nothing specific. The medical traditions are diverse in their historical constructions, their theoretical logics and practice, their contemporary social realities and their dynamisms. They discourage efforts toward conceptual unification and do not allow of schematic descriptions evoked by systematic analyzes.

Medical traditions overlap with other sectors of social life. The modalities of apprenticeship, the causal structures, the aetiology and the therapeutic modes are a direct expression of norms and values, representations (including illness) and issues of power that hold the socio-cultural edifice together. It is for this reason that the acts and practices of health, knowledge and its transmission, refer as much to the religious and therapeutic, as to the economic and the political fields, finally to form a coherent whole, the object of which is to explain, to prevent, to relieve or to heal what stems from a category of misfortune: illness. “Traditional” medicines, therefore, cannot be studied singularly.

South Asia is exemplary in terms of plurality. The medicines there are many and varied; they exist alongside each other and intermix, leading sometimes to hybrid forms on the medical and social planes. It is the latter point that we shall examine in detail in this programme. We shall thus see how traditional health care practitioners (*vaidyas*, *amchi*, midwives, *cittamaruttuvan*, “folk healers”, etc.) mobilize diverse registers so as to construct *their* contemporaneity. The therapists negotiate their social position in their community, their status as practitioners in the global medical system and the internal relations that animate their groups. The emergence of a new social discourse on indigenous medicines has modified the way in which the actors are perceived and how they perceive themselves in society. This social redefinition of medicines appears also in the processes of professionalization and corresponding institutionalization, which, moreover, it conditions. Care will also be taken to study the relative institutional logics and, in particular, the role played by the responsible instances in the normalization, the rejection or the integration of specific health care systems. The social (re)structuration of a health system involves and generates profound changes on the individual and institutional levels.

Asian medicines are characterized by growing urbanization, national and international expansion of the “traditional” health market and by the desire for an increasingly sustained “scientificity”. It is a question of political and socio-economic expressions that cannot be studied without taking measure of the way in which the medicines and the different modes of healing interlace and intermix. It is not, however, a matter of passive modalities, but of a constructive social principle that integrates vernacular therapies in the contemporary world and aims at reinforcing or sustaining their capacity for social and political action. These dynamics tell about the production of *local modernities* while offering a possibility to construe general international issues. The study of medicines informs us in these terms about local ideologies of modernity, about the relations that the Asian therapeutic world entertains with the globalized



world, and about the way in which it exerts an influence there.

A limited number of vantage points have been retained to this purpose, both transversally and vertically. First, this research programme explores transversal themes such as the **networks of power** surrounding health, **therapeutic innovations**, the **trans-nationalization of traditional medicines** and the **appropriation by the government of the relation to the body**. A number of fundamental questions concerning the political dimensions of health naturally emerge from these observations and constitute the framework of the programme.

Besides these transversal themes that concern all projects, vertical axis of research are also retained (as sub-projects): 1/ The institutionalization of healing: Governance, professionalization, access to health care, and legal protection of indigenous knowledge ; 2/ The commoditization of Indian medicines. Raw materials collection, pharmaceuticalization, medical tourism, and the local and global markets; 3/ Biomedicalization, clinical trials and the quest for efficacy; 4/ Citta (Siddha) system of medicine in Tamil Nadu. Identity, power and pluralism; 5/ Medicine at the border: the politics of Himalayan medicine in India; 6/ Understanding homeopathy today: Spaces, practices and cognition; 7/ Beyond codifications. 'Folk' knowledge transmission and healing practices.

### Axis 1

#### **The institutionalization of healing: Governance, professionalization, access to health care, and legal protection of indigenous knowledge**

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This project explores matters of “good governance” and “sustainable development”, while taking as a port of entry the issues raised by the institutionalisation of Indian Systems of Medicine (ISM). The challenge is to stress the *participation* aspect, as it is central to the ideas of both governance and sustainable development. The project will address to following questions: In the medical plurality of India, can the ISM contribute to take up the challenge of providing access to primary health care for all? How does this affect the transformations of the concerned institutions? In this context, does a space of possibilities exist, or is it created, so as multiple medical idioms (as expression of social institutions) find their place in the contemporary society? What does this imply for the formalization of cooperation between the modern Indian health institutions, ISM and civil society?

The project also explores issues of professionalisation, which are closely linked to these of institutionalisation. Although there would have been diverse uses of the term “professionalization” in academic works, notably in the context of Asian scholarly medicines and of the role of the state in the organized groups of “traditional” practitioners, these works are closely linked to the Western concept of professionalization. They approach the problem generally by the analysis of social matrices showing a “professionalization from the bottom”, which would precede a bureaucratic phase. It nevertheless seems to be necessary to reconsider these elements. The Indian model, for example, has been strongly influenced by the West, but it remains singular. The colonial introduction or imposition of social roles, of significations, of



modes of organization and of practices, created phenomena of acculturation, resistance and juxtaposition. These borrowings, these refusals and mixing are established according to different modalities, depending on the domains and the social groups considered. It appears to be necessary to reformulate the problem in terms of the “creolization” of concepts, each being subject to fragments of culture. We shall therefore study professionalization with attention to the multiple logics (bureaucratic or not) that gave rise to it and continue to transform it.

The specific objectives of the project are thus to identify and understand:

- The challenges in institutionalizing traditional healing practice in the process of extending the reach of the health care to benefit everyone;
- The transformation that the existing public health institutions have to undergo when the tradition is brought on par with modernity;
- The challenges in governance before the government in identifying those traditional practitioners who do not want to explicitly locate themselves in the new institutions but who have to nevertheless adapt to the new environment;
- The type of intellectual property measures that are existing to protect the traditional knowledge and how do they benefit the particular community when they are brought to public domain; and
- The benefits that have accrued been shared with the right holders wherever such knowledge has already been commercialized.

This project will unpack the dynamics at play in the institutionalization process of ISM and examine the conditions for intercultural governance, which seems to be the basic building block for democratic participation in the effort to provide health for all. These questions will be studied in India. A comparative approach is hoped to be conducted in South Africa.

## **Axis 2**

### **The commoditization of Indian medicines. Raw materials collection, pharmaceuticalization, medical tourism, and the local and global markets**

This project examines the entire chain pertaining to the commoditization of medicine, from the collection of wild plants and the cultivation of plants to the national and international commercialization and commoditization of indigenous medicines and the industrialization of drugs. It allows a reading of the forest resource and its management, of the human and commodities flows related to collection and marketing of plants, of the social logics at play in the conservation and cultivation of medicinal plants for the market. Traversed throughout by economic logics aimed at the accumulation of capital, the commoditization of Indian medicines reveals an implicit competition with biomedicine for reasons that are certainly financial (gigantic health care market in the Asian world), but also political and symbolic (forms and presentations corresponding to the frameworks of modernity). National commercialization also entails radical modifications of the practices and of the treatments provided. The medicines thus adapted necessitate, for example, the passage from a traditional approach that aims at healing the patient (adaptation of the treatment, relation with the patient) to commercial practices that hope to cure the disease (an essentially symptomatic orientation in the distribution in shops).



The urban revival by the middle and upper classes respective of indigenous medicines, which are deemed to be highly representative of the Indian identity, as far as this country is concerned<sup>1</sup>, shows them as mediating agents of a national sentiment. They seem at best to embody the issues that are constructed behind the slogan “*Be Indian, Buy Indian*”, very well known in the subcontinent. Medicines thus represent Nature and Indian modernity, an alliance that is highly valued by ecological movements. They symbolize the mild and the natural faced with the “violence” of biomedicine. For, it is a question here of a paradox because, while the element of domination (the West and biomedicine) is explicitly rejected, the models retained conform perfectly to it. Moreover, the financial attraction of cities leads to a new urban outbreak of charlatanism and to a rural exodus of ayurvedic practitioners, leaving the villages in the hands of often insufficiently trained biomedical agents. In this way, spaces of socio-medical vulnerability are created, which one intends to study.

The opening of indigenous medicines to the market also brings into play intellectual property rights (PR) relating to indigenous knowledge. Here, the way in which IPRs are hijacked to the advantage of local interests is observed: nationalist claims, counter globalization, social power and identities. The industrialization of medicines also includes exportation of “traditional” drugs to the West. It entails not only a transformation of the local therapeutic market, but also modifications in the way in which the development of traditional medicines is imagined and practised in the South. Ayurvedic medical tourism is here exemplary. The medicines are today modified so as to respond to the expectations of the international market (inside our outside India), but they are still sold and consumed for the virtues of their “traditional” and “thousand-year old” formulae.

### Axis 3

#### **Biomedicalization, clinical trials and the quest for efficacy**

Biomedicine occupies a prominent place in South Asia, as much because of its technical achievements as because of its expansion to new social and geographic territories. Healing traditions accept and compose, with biomedical authority, and thus modify their social expression, just as their practical exercise and their epistemology are sometimes seen to be transformed. One thus speaks of biomedicalization. For this, the loci of encounter and the borrowings between among different types of healing, from the most informal practices to biomedicine, will be examined. The analysis of these phenomena reveals the appropriation of ideologies, practices, certain epistemological aspects and organizational and structural biomedical models. Their study necessitates a detailed analysis of borrowings of a material or ideal nature, of practices and social relations that exist between indigenous medicines and biomedicine. Biomedicalization concerns, for example, the organization of traditional medical structures (standardization – in the biomedical sense –, specialization, differentiation of knowledge, new distribution of power, etc.); it entails changes, sometimes profound, at the

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<sup>1</sup> There are evidently Indian *identities*, even if the medicines embody a national identity that is “fetish-like” or are representative of broad sections of society (Hindu identity for āyurveda, Muslim for Unani medicine, Tamil for Siddha medicine, etc.). The industrialization of Indian medicines thus proceeds from an “art of representation” at the national and international levels, which is a fundamental condition of political action.



level of medical cognition and of the representations of the therapists. Biomedicalization is also situated in terms of practices (use of sphygmomanometers from biomedicines in āyurveda, etc.) and in terms of the legitimation of practices. The contemporary desire for scientificity, exemplary in the clinical trials concerned with native medicines, is very indicative of the political issues of the medicines. The trials borrow from biomedicine their form and their mode of organization, as well as certain basic concepts. These borrowings confer on them a legitimacy that favours their development, their financing and the recruitment of patients, with the more or less manifest support of governments and sometimes of international organizations. They are also the expression of ideological issues, which will be analyzed.

#### **Axis 4**

##### **Citta (Siddha) system of medicine in Tamil Nadu. Identity, power and pluralism**

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A study of the practice of citta (siddha) medicine in Nadu Tamil entails to wonder about the stakes that this medicine represents for the actors, whether they are practitioners or patients. This medical system is native of India but the difficulty in dating it and the similarity of its conceptual and lexical contents with those of āyurvedic medicine, has opened a space for the claims and speculation behalf the Tamil identity. Thus, the diversity of the topics tackled once one inquires into this medical system, invites to the transversal researches associating to the medical, social and religious approaches of the anthropology, the history, the botany, the geography and the study of Tamil and Indian religious movements linked with ideology of the citta system. Nowadays, this system of medicine holds a remarkable place in the field of the medical pluralism in Tamil Nadu. It presents a great flexibility to be suited to the ‘scientific’ discourse and to attract a clientele belonging of the different status of the society, and its practices, by their diversity, resist to the demands of standardization imposed by the health policies. So, the objectives of this research will be to highlight the original aspects of this medical system and to observe how, in being practised only in one State of India, it has succeeded in resisting to the competition of biomedicine and āyurvedic medicine.

#### **Axis 5**

##### **Medicine at the border: the politics of Himalayan medicine in India**

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This project examines the contemporary dynamics and the transformations of the “science of healing” (Sowa Rigpa), a medical system generally named in the Indian Himalayas as “*amchi* medicine” and internationally known as Tibetan medicine. Researches are specifically concerned with the social and political dynamics of this medicine along the Indian Himalayan belt, both among Indian populations who practice and use it since centuries and Tibetan refugees. The status of this medicine in India is of a particular nature: it is tolerated but not legal, it is the only scholarly medical practice classified in this country as a folk medicine; it has an ambivalent identity (practices in some parts of Indian since the tenth century, but



carrying a Tibetan identity, embodying Tibetan culture among the refugees, etc.); and it is increasingly sought by Indian nationals from the plains, and national and international tourists. The study of Tibetan medicine in India highlights issues central to border areas (Pakistan, China, Nepal, Bhutan), to so-called “Schedule Tribes”, to refugees in India and to the growing market for alternative medicines.

#### **Axis 6**

##### **Understanding homeopathy today: Spaces, practices and cognition**

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Malgré deux siècles de polémique autour de son efficacité thérapeutique (au sens biomédical du terme), et malgré l’absence de démonstration scientifique de celle-ci, force est de constater que la médecine homéopathique est toujours bien présente dans les sociétés occidentales et s’est même répandue à une partie du reste du monde. La médecine homéopathique est présente dans le monde indien, dans certaines sociétés créoles, au Brésil et sur le continent africain, même s’il s’agit souvent de formes bien différentes les unes des autres. Ces transformations sont le produit d’une adaptation de l’homéopathie à de nouveaux contextes sociaux et culturels. Il convient dans ce projet de considérer les « réponses » de l’homéopathie à son environnement social comme des ajustements, voire des innovations, sur les plans thérapeutiques, épistémologiques, cliniques et politiques. On sait également que la médecine homéopathique est totalement absente d’autres régions du monde sans que les raisons de cette diffusion ciblée ne soient clairement établies.

Jusqu’à présent, peu de recherches anthropologiques ont, à notre connaissance, investigué sur la question de la diffusion et de l’implantation de la médecine homéopathique dans des sociétés non-occidentales, malgré tout l’intérêt que cette question revêt. Les objectifs visés par la recherche sont doubles : il s’agit, d’une part, de mettre en lumière les voies et les vecteurs de diffusion de la médecine homéopathique vers diverses régions de l’Inde (en particulier la région de Pondichéry et ses alentours) et, d’autre part, d’évaluer l’impact de la présence ou de l’absence de cette médecine homéopathique sur les pratiques des acteurs et agents de santé dans les régions concernées (médecins, guérisseurs, infirmiers, etc.) à partir de l’analyse poussée de cas ethnographiques.

#### **Axis 7**

##### **Beyond codifications. ‘Folk’ knowledge transmission and healing practices**

Little attention has been given to folk healing practices so far by the social sciences in India, when one compares to the amount of literature pertaining to scholarly traditions that are legally recognized by the state. However, usually located in villages, “folk healers” are regularly frequented by the general population. This situation contrasts again very strongly with the national health policies that accord no or very little attention to these therapists. Folk healing is thus defined by elimination. In short, practices are “folk” that are not integrated in a specific department of the Ministry of Health and Family Welfare. Folk healing includes the



knowledge and practices relating to health that are not categorized in the department of AYUSH, an acronym that stands for āyurveda, yoga and naturopathy, Unani, Siddha and homoeopathy. Biomedicine, which retains a dominant position in the health system in India, obviously does not belong to it. Folk healing practices therefore bring together all forms of herbalism and domestic practices, medicines with more or less elaborate theories, religious therapies, practices of traditional birth attendants and diverse specialists (snakebites, fractured bones, ocular problems, “jaundice”, etc.), or so-called “tribal” medicines. Their origin is indigenous and their presence in India is multi-secular.

This project intends to contribute to the study of folk healing. It concerns knowledge transmission, ritualistic practices, ecology of the remedies, gender issues, childbirth, popular representations of illness, therapeutic recourses and domestic practices, religious therapies and the relations between legal-codified medicines and folk healing practices.

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These social phenomena account for new “medical cultures”, which the research programme hopes to decode and analyze. A political continuity is also observed in each of the axes retained. We find there more or less explicitly problems relating to power issues, to the social and political relevance of health or to questions of identity. The political character of medicines is a characteristic that has been recognized for a long time, but it is today expressed in changed contexts. It is therefore appropriate to study the contexts in question and the manner in which politics is represented. The objective is to provide the elements that are necessary and crucial for the understanding of medicines in South Asia today, while at the same time having a sufficiently broad range with the hope of devising new conceptual tools in general anthropology.

Thus, this research programme responds to fundamental social and health issues for the countries concerned. It investigates the manner in which traditional practitioners and the corresponding institutions technically and socially legitimate their medicine. The medicines are considered as social institutions in an analytic approach that makes it possible to discern, on the one hand, the dialectic between medical identities and social identities and, on the other hand, the modes of legitimation, the question of medical legitimacy and its social redefinition.