Notes


General Asia


British deviant *xie*, Chinese scientific *qigong*, and Asian double-eyelid operations. India’s Āyurvedic Acupuncture, Arya Vaidya Sala pharmaceutics, and T.J. Majeed’s ImmunoQR drug treatment for HIV/AIDS. The Āyurvedic Institute of Alburquerque’s Āurvedyoga, “Vedic” astrology, and *panchakarma* spa treatments. The tri-humoral system of Christy Turlington’s Sundāri cosmetics company. These are cases of today’s hybrid world of Asian/biomedicine. The nine essays of *Asian Medicine and Globalization* track the paths of Western medicine in contact with local medical systems in British India, the Dutch Indies, and modern China, as well as local Asian medical practices as they travel across the national boundaries within Europe, the Americas, and Africa in an increasingly global world economy. In the same spirit of the comparative volumes Charles Leslie (1976, 1992), Arthur Kleinman (1977), Allan Young (with Leslie, 1992), and Dan Bates (1995) edited on Asian medical systems in largely nationalist contexts, Joseph Alter extends the conversation by asking his contributors to examine medical syncretism within new processes of transnationalism and globalisation.

Alter’s introduction on ‘The Politics of Culture and Medicine’ both cautions against the often invisible tyranny of nation-state histories of “traditional” Asian medicine and executes corrective analyses of the interactive relationship between Asian medicine and both national and transnational politics of culture. Each essay further disperses the illusion of a “tradition” of medicine linked to each modern Asian nation-state by emphasising the dynamic exchange of medical ideas and practice across borders within Asia as well as between Asia and the West in history to the present. Although Indian Āyurveda and traditional Chinese medicine are the most striking and well-researched examples of such phenomena in Asian medical history, because of the same nation-state divisions of academia Alter renders visible, the two fields, however, have rarely conversed with each other, much less converged, as they do here.

Three essays complicate the national histories of Chinese medicine and biomedicine in China by dealing with the following questions: how the supernatural aspects of the ancient concept of deviant *xie* are lost in translation within modern European acupuncture practice (Lo and Schroer); how *qigong* has gone through a process of secularisation and medicalisation during the Chinese state’s efforts to separate superstitious from scientific martial-healing practices (Chen); and how the politics of biomedical cosmetic surgery have interacted with Chinese nationalism and racialised aesthetics of the face during the reform era (Brownell).

The five remaining essays elaborate how medical syncretism illuminates transnationalism and globalisation as cultural processes: how do nationalist politics affect the theorising and practice of medicine in the transnational hybrid Āyurvedic Acupuncture (Alter); how did Indian physicians and scientists reinvent Āyurveda and Unani medicine along modern lines through interactions with Western medicine in late colonial India (Habib and Raina);
how heterogeneous were the colonial medical discourses and interventions in British India and the Dutch Indies (Kumar); how have nationalism, global markets, and pharmaceutical politics played into the mining of Indian medicine for AIDS/HIV treatments (Hollen); and finally, how has Ayurveda been integrated into US markets and New Age discourses to create new “Sanskrit Gynecologies” for engaging with American women’s health, beauty and purses (Selby)?

Collectively, the nine essays eschew national boundaries, illuminate transnational heterogeneities, and elaborate medical hybridities in both medical history in Asia and the practice of Asian biomedicine in the world today. Scholars will no longer read nation-state bounded histories of medicine anywhere in the world without wondering about the interactions at the borders and transmissions across the oceans. Practitioners of any form of “traditional” Asian medicine will no longer believe in the “tradition” of what they have learned, but rather understand better the confluence of forces that converge when they practise. Despite several cases where theory overrides evidence and prose undermines interpretation, I highly recommend this book for its multiplicity of methods, rich variety of evidence and present-day relevance.

MARTA E. HANSON
Johns Hopkins University