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ASIAN MEDICINE 15 (2020) 183–196



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Epilogue

Healing Concerns in South Asian Texts, Histories, and Societies

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Abstract

This epilogue reflects on scholarship in the study of South Asian medicines and healing traditions at the end of the twentieth century and in the first two decades of the twenty-first century. It underscores the growing multidisciplinary nature of this field, and it suggests that the contributions to this special issue signal this development and speak to the theoretical richness and importance of this research.

Keywords

medicine – healing – South Asia

The study of medicines and healing in South Asia has developed into a highly multidisciplinary field in the first two decades of the twenty-first century. It has expanded beyond established communities of philologists, historians of medicine and science, and medical anthropologists into a global network of scholars forging research that still draws on textual criticism, history, and anthropology but also incorporates questions of religion and gender, philosophy, literature, and economics, as well as concerns in the applied medical professions. The seven articles in this special issue offer a diverse set of regional and historical studies on the important, yet till now largely overlooked, matters of time and history in the construction, remembrance, and practices of healing in the South Asian region.

Given the many dimensions and disciplines informing the study of South Asian medicines and healing traditions, the task of writing a coda to a volume like this one, reflecting on the state of the field and how we got to where we are

today, is a bit daunting. I do not attempt to synthesize or offer a full digest of the field in this epilogue, thankfully. Instead, to highlight some of the interventions in these articles, I identify a selection of relatively recent scholarship as a way to provide some context and point to, at least from where I sit, the range of important and thought-provoking research in the field today. My perspective is unique, no doubt, and it might not resonate with everyone. But that is perhaps an insurmountable obstacle with this kind of undertaking. Thus, having said that, I proceed by drawing on my entry into the field in the fall of 2000, as a graduate student at the University of Chicago. I highlight some of my observations at the start of the twenty-first century and then work forward in time to the Madison symposium in 2018 that produced the present collection. At the very least, the time frame seems apropos: I embarked on the study of Indian medicines and medical literatures two decades ago—a measure of time that can accommodate multiple trends and shifting paradigms—and from the outset I was looking back at scholarship of the twentieth century in an effort to make contributions in the present one. The articles in this special issue are outgrowths, extensions, and responses to some of the earlier scholarship as well as indicators of the exciting developments presently unfolding in the study of South Asian medicines and healing.

When I began to study Indian medicine in earnest, I intended to do philological research on the “big trio” (*brhatrayī*) of Sanskrit medical classics—*Carakasamhitā*, *Suśrutasamhitā*, and *Aṣṭāṅgahṛdaya*—that was informed by theories and methods in the historical study of religion. Like many doctoral projects, I changed mine, narrowed its focus, and refined it over several years as I learned about scholarship that came before me, discovered resources available to me, and developed ideas I wanted to bring to this research. At the time, there was abundant, high-quality, and cutting-edge research on both Indian medical history and literature and the historical study of religion in South Asia. But the combination of these two areas in a single North American university was somewhat novel at the time, and I had to cultivate relationships between experts on religion, Sanskrit, and South Asian studies at my university and experts on the history of medicine and Indian healing traditions who were based in India and Europe. This type of doctoral advisory arrangement was not distinctive to my particular course of study. Like peers in other fields who sought to forge these types of transnational and transdisciplinary relationships with mentors and advisers, I was often challenged in the early 2000s to find the right language, theories, and methodologies to make my research a navigable intellectual bridge for everyone involved.

In the last quarter of the twentieth century and in the early 2000s, Medical Humanities programs were cropping up at many North American universities.

This interdisciplinary field helped me work through some of the South Asian studies material on medicine and healing in novel ways.¹ Anthropologists, sociologists, literary critics, and scholars of religion working in Medical Humanities were applying critical theories and methods to questions about healing, healthcare, and constructions of the body—in all varieties of this term, such as anatomical bodies, social bodies, and political bodies. Yet, apart from a limited number of studies, questions and research set in American and European contexts dominated Medical Humanities in the latter decades of the twentieth century and at the start of the twenty-first century.² There was no obvious reason why the questions and analyses I discovered in Medical Humanities, questions and analyses that spoke to the prevalence of the medical and restorative underpinnings of culture and human modes of expression, could not also be fruitfully applied in South Asian contexts. Scholars in both areas seemed largely unaware of each other's ideas, however. I endeavored to connect these communities, if possible, by yoking Sanskrit textual studies to questions and analytical methods in religious studies in such a way that put Indian medical studies within the orbit of Medical Humanities. The project developed into a literary study of the Sanskrit medical classics that drew from and, I hope, has contributed to a subdiscipline of Medical Humanities known as narrative medicine.

On several occasions when I tried to connect philological research on Indian medical texts with conversations in the study of Hinduism and South Asian Buddhism, I struggled to find language that allowed me to speak intelligibly to both communities. I decided that storytelling was the link I needed to connect the two fields (hence the connection to narrative medicine). Everyone tends to know, use, learn from, and generally like stories. And since stories about bodies and healing are of course not exclusively Indian or South Asian phenomena, by presenting and analyzing stories and storytelling techniques in Indian medical literature, I hoped to speak not only to scholars interested in South Asian cultures and history but also cross-culturally to anyone interested

1 Medical Humanities was established first in medical schools in the late 1960s (at the University of Pennsylvania, Hershey) and early 1970s. Recently, the field's expansion to investigate health and healthcare outside the purview of physicians alone has prompted a shift in naming to Health Humanities, an ostensibly more inclusive title that accommodates multiple healthcare professionals and the many aspects of health that are studied and experienced outside the biomedical clinical setting.

2 Arthur Kleinman's work on Traditional Chinese Medicine stands out as an exception in this regard, e.g., his early comparative work, *Patients and Healers in the Context of Culture* (1981).

in the intersection of literature, healthcare, and the experience of the medical patient.³

I arrived at these ideas about healing and the patient and the value of Medical Humanities under the influence of pioneering scholarship that filled the latter half of the twentieth century and the tremendous productivity in the field at the start of the 2000s. I'd like to mention some of this research and recognize some scholars who paved the way not just for me but for many of us working on healing traditions in South Asia today. I hasten to add that this is only a sketch: many studies and scholars are left out. What's more, I focus on research that has appeared in English. To be sure, there is a lot of excellent scholarship in this field in South Asian and European languages that I cannot mention here, and some readers will surely note lacunae vis-à-vis their specific disciplines and decry the absence of certain research areas, such as yoga, the martial arts, and tantric traditions, in this type of overview. These subjects could indeed be included, and I often involve them when I teach courses on health and healing in South Asia. But I proceed with a narrow scope all the same, in the hope that even this cursory view illuminates some of the ground-work leading to the original research on associations between temporality, historicity, and healing in the articles in this special issue of *Asian Medicine*.

Philological research on India's Sanskrit medical literature was already well established before the latter half of the last century. Ayurveda and the Sanskrit literature associated with it occupied the interests of many colonial- and postcolonial-era scholars in India and the West. Editions and translations of the Sanskrit medical classics and later medieval texts in the decades before and after Partition in 1947 opened up India's "knowledge for long life" (*āyurveda*) to generations of scholars for exploration and comparative analysis. People who have spent time with some of these collections will likely know the names Julius Jolly, Carl Cappeller, Jean Filliozat, Surendranath Dasgupta, Girindranāth Mukhopādhyāya, P. V. Sharma, and Premvati Tewari, for example, who produced helpful analyses of this literature, contextualized it, and often illuminated its cultural import (though some of these scholars originally produced their studies in German, French, and Hindi, many of their seminal works also appeared in English translations). These and other scholars in South Asia, Europe, and North America explained the philosophical foundations of

3 For me, the question of the patient was (and remains) the fulcrum upon which all so-called medical or healing concerns must begin and ultimately rest. The patient in the Indian context, however, rarely receives theoretically direct and rigorous scholarly attention. I attempted to address this deficiency in my book *Somatic Lessons: Narrating Patienthood and Illness in Indian Medical Literature* (2012), and I continue to look into this matter today.

India's classical life science and sometimes compared it to premodern works that helped establish biomedicine, such as the writings of Hippocrates, Galen, Ibn Sina, and others.⁴

Translations and studies of Sanskrit medical literature continued apace in the last decades of the twentieth century and the early years of the twenty-first. In 1999, the first installment of G. Jan Meulenbeld's five-volume masterwork appeared, *A History of Indian Medical Literature*, which will likely stand for the foreseeable future as the unexcelled resource on the prosopographical and literary features of both premodern and modern medical literature in South Asia.⁵ Whereas Meulenbeld's work can be used piecemeal as a reference source, Dominik Wujastyk and Kenneth Zysk's series with the publisher Motilal Banarsidass, "Indian Medical Tradition," featured original and republished research in monographs and edited volumes. The books in this series revealed just how diverse South Asian medicines have always been and continue to be, and they brought critical analyses to the Sanskrit corpus concerning Indian ideas about suffering and healing that neither romanticized nor softened the complex interplay of religion, politics, and philosophy in Ayurveda and India's other healing traditions. Among the most widely cited books in the series are Kenneth Zysk's *Medicine in the Veda*, Francis Zimmermann's *The Jungle and the Aroma of Meats*, Charles Leslie's *Asian Medical Systems*, Meulenbeld and Wujastyk's *Studies on Indian Medical History*, and Guy Mazars's *A Concise Introduction to Indian Medicine*.⁶

In their own research, Dominik Wujastyk and Kenneth Zysk significantly advanced the philological study of Indian medicines and the history of science in South Asia. Zysk established new research on the origins of Ayurveda in the *Atharvaveda* and literary cultures of the Vedic period, and he revisited and extended an important discussion started at least a century earlier by the Dutch Orientalist Hendrik Kern about Ayurvedic healing and Buddhism in South Asia.⁷ Wujastyk's *Roots of Ayurveda*, in which he supplies English translations of selections from several Sanskrit medical texts, remains one of the clearest and most reliable publications for scholars, students, and general readers to

4 Jolly 1994; Cappeller 1977; Filliozat 1964; Dasgupta 1922; Mukhopādhyāya 1974; Sharma 1975, 1992; Tewari 1997, 2003.

5 Meulenbeld 1999–2002.

6 Zysk 1996; Zimmermann (1987) 1999; Leslie (1976) 1998; Meulenbeld and Wujastyk 2001; Mazars (1995) 2006.

7 Zysk 1985, 1991; Kern 1896. The study of Indian medicines and their relationship with Buddhism has blossomed in the past two decades, though perhaps not as much as it has in East and Southeast Asian studies, through prodigious undertakings like the *Buddhism and Medicine* anthologies edited by C. Pierce Salguero (2017, 2019).

learn about the earliest layers of medical inquiry and development on the Indian subcontinent.⁸

Our understanding about the colonial and postcolonial impact on and exchanges with indigenous South Asian medicines and medical practitioners deepened in the 1960s and 1970s, when scholars like Charles Leslie, Paul Brass, Alan Basham, and others began assessing changes in the professional practice of Ayurveda and Unani before and after 1947.⁹ This topic was taken up with great theoretical rigor and insight in the 1980s, 1990s, and early 2000s by K. N. Panikkar, David Arnold, Gyan Prakash, Dhruv Raina, S. Irfan Habib, Kapil Raj, Seema Alavi, Kavita Sivaramakrishnan, Neshat Quaiser, and others, who demonstrated the importance of considering the influence of medicine, healing, and institutions of science in any analysis of colonialism. They taught us that ideologies seeking to classify, control, and “fix” the body are good to think with (*bon à penser*), as Lévi-Strauss wrote in 1962. Their work illuminated the ways in which science, technology, and medicine have been put into the service of imperial and religious agendas and shaped notions of modernity in South Asian societies.¹⁰

Today the historical study of colonial-era medicines in South Asia continues to be a vibrant and growing field. Recent studies by established and early-career researchers, such as Pratik Chakrabarti, Leena Abraham, V. Sujatha, Projit Mukharji, Guy Attewell, and Burton Cleetus, problematize earlier research about the nature and roles of medicine in empire building. Their scholarship invites and at times challenges us to rethink long-held assumptions about the agency of South Asian medical practitioners in the eighteenth, nineteenth, and twentieth centuries and their responses to colonialism.¹¹

While most of the aforementioned scholars work(ed) within the discipline of history (or the history of medicine), some of them and numerous others also drew/draw on ethnographic work of the past and/or complement their historical and archival research with their own fieldwork data. Ethnographers of South Asian medicines and healing in the second half of the twentieth century and early years of the twenty-first century cultivated and today continue to hone this blended methodology. Like the list of historians, this list of scholars is long and spans the globe. Lorna Amarasingham, Gananath Obeyesekere, Bruce Kapferer, E. Valentine Daniel, Joseph Alter, Margaret Trawick, Jean Langford,

8 Wujastyk 2003.

9 Leslie 1963, 1968; Brass 1972; Basham 1976.

10 Panikkar 1992, 1995; Arnold 1993, 2000; Prakash 1999; Raina 2003; Raina and Habib 2004; Raj 2007; Alavi 2008; Sivaramakrishnan 2006; Quaiser 2001, 2012.

11 Chakrabarti 2004, 2012, 2014; Abraham 2009; Abraham and Sujatha 2009; Sujatha and Abraham 2012; Mukharji 2009, 2016; Attewell 2007, 2014; Cleetus 2007, 2018.

William Sax, Frederick Smith, Lawrence Cohen, and Sarah Lamb are just some of the scholars whose work on Sanskrit medical literature; Sri Lankan medicine and Tamil identity; wrestling and Gandhi; Ayurveda, science, and nationalism; ritual healing and possession; and family and aging have taught us that medicine, healing, and techniques of caring for the body are as much a part of the warp and woof of South Asia's past and present social complexions as are politics, religion, the entertainment industry, family relations, and education.¹²

There are of course so many more people to mention and so much more to say about scholarship on medicine and healing in South Asia in the decades before and after the start of the twenty-first century. I can only begin to scratch the surface here. But it suffices to say that without much of the research I have mentioned, the Madison symposium that produced this special issue would have looked very different. Many of the aforementioned scholars and studies influenced my perception of the conversations and debates in the daylong symposium that Lisa Brooks, Victoria Sheldon, and Shireen Hamza convened at the Annual Conference on South Asia in Madison in 2018, entitled "Medicine and Memory: Temporal Aspirations, Continuities, Ruptures, and the Now." Out of the many papers presented in Madison, seven were revised for this collection.

Kathleen Longwaters's study of death and dying in the *Carakasamhitā* explores the limits of medical utility and the ethical issues the text raises today, two millennia after its production, about end-of-life care. She walks us through debates in the text about when it makes sense for physicians to try to extend life and when it is best to let a life end. Her analysis is informed by years of work in a clinical setting, and her reading of ethical imperatives about how to identify death in Sanskrit medical literature and the norms that literature conveys underlines the importance of acknowledging our positionality as readers of classical sources. Too often the matter of meaning-making in the scholar's own work, meaning that influences our motivations to choose the texts we study, is left out of the discussion. Longwaters's article also points to a lacuna in studies of the Sanskrit medical classics generally: the absence of the personhood of the patient. The patient is the motivation for healing, for he or she embodies illness and the possibility for well-being. Yet, the *Carakasamhitā* becomes fraught when discussing the physician's response to a dying patient. The text loses sight of the patient qua person at this moment and encourages the

12 Amarasingham 1980; Obeyesekere 1977; Kapferer 1979; Daniel 1987; Alter 1992, 2000; Trawick 1987; Langford 2002; Sax 2009; Sax, Quack, and Weinhold 2010; Smith 2006; Cohen 1998; Lamb 2009.

physician to treat generic diseases and bodies, in a dispassionate final recourse that has echoes in discussions of end-of-life care in biomedicine today.

Shireen Hamza's contribution is a translation and analysis of the autobiographical final chapter of Shihāb al-Dīn Nāgaurī's fourteenth-century Persian medical text, the *Shifā' al-maraz* (1388 CE). Nāgaurī's life in the medical profession is an eye-opening account for historians of science in South Asia and the Persianate world. His autobiography describes experiences learning and practicing both Unani Tibb and Ayurveda in Rajasthan. At a microlevel, the story displays the complex makeup of Nāgaurī's healing work, its rootedness in texts, and its clear imbrication with the politics, economics, and religions of his day. At a macrolevel, Hamza's translation prompts us to rethink how we historicize South Asian healing traditions and depict the multimodal landscape of premodern South Asia, acknowledging the mixture of medicines in the work of individual physicians without imposing or imagining a fiat of one over another.

Sabrina Dattoo also addresses multiple healing traditions in her article, though in a more recent period. In her explication of competing histories and definitions in the construction of "Indian medicine" in the 1923 Usman Report, Dattoo draws our attention to a disconnect between the British colonial state's engagement with so-called Indian medicine and varied healing modalities in North India's Urdu-speaking communities. She explores Urdu testimonies of *hakim-vaids* that indicate the presence of an early modern, multivocal medical context which, despite its incongruity with the medical and political reorganizations unfolding at the time, persisted into the twentieth century uninhibited by language and literature constraints arising out of the interplay between Greco-Arabic discourses, Persian and Urdu languages, and an imagined precolonial Vedic antiquity.

In a manner similar to how Longwaters and Hamza confront associations between texts, time, and healing procedures in South Asian medicines, Lisa Brooks's article reflects on general medicine and surgery in the *Carakasamhitā* and *Suśrutasamhitā*. She reads these Sanskrit texts through the ethnographic lens of her fieldwork with an Ayurvedic surgeon in Kerala. Her twinned methodology accentuates the presence of time-based perceptions and imaginaries in the contemporary practices of the surgeon. In a novel approach, she draws on both texts and practice, on both past and present, to examine articulations in Ayurveda of tactility and sensation via the work of the surgeon's hand.

Several contemporary case studies presented at the Madison symposium prompted a bracing exchange of ideas about freedom and independence in the healing modalities of nature cure and spirit mediumship, represented here in the contributions of Joseph Alter, Kalpana Ram, and Victoria Sheldon. Each

of these articles urges us to understand questions of identity, liberation, moral striving, and social status in local cultures and in historically contextualized terms rather than presuming that universal ideals apply in all places and times. For his part, Joseph Alter explains the influence of Adolf Just's late nineteenth- and early twentieth-century expression of the Lebensreform movement and German spa culture on Vithal Das Modi's political philosophy of health reform and institutionalized healing practice at Arogya Mandir, an Indian nature cure clinic. A middle-class Gandhian, Modi's writings about his pilgrimages to sites in Europe where nature cure was invented speak to the tendency of memory to romanticize the past in the service of instantiating ideals in the present, such as, in Modi's case, a Swadeshi public health paradigm in India inspired by self-sufficient spa villages of Germany.

Kalpana Ram's ethnography of mediumship and ritual healing among Dalit female healers working in the Siddha tradition in Tamil Nadu helps us understand conceptions of the past through a contemporary phenomenological inquiry in the spirit of Maurice Merleau-Ponty's preobjective investigation, describing how people carve out spaces for themselves in society as embodied, precritical (or preobjective) selves. Ram illustrates the historical inequality that has existed between men and women healers in Siddha, and she explores how a marginalized community of Dalit women healers cultivate self-perceptions and ultimately come to terms with their place in society.

Drawing on extensive fieldwork at a nature cure clinic in Kerala, Victoria Sheldon's contribution impresses upon us a critical methodological reminder: localized health practices in India can be advantageous windows into questions about social nostalgia and the ways in which a society forms its worldviews concerning such things as ethics, family, and the environment by means of its ongoing presentation and preservation of the past (as well as hope for the future). Sheldon demonstrates that nature cure in Kerala aims to empower patients to regain control over their lives and bodies by building on well-worn Indian ideals of freedom and self-sufficiency. Even the food people consume, she demonstrates, has the transformative power to attune them to the ebbs and flows of the natural world in a way that aligns with nostalgic conceptions of the past.

If we take a broad look at this collection, we see that concerns about healing—interests that undergird the cultural institution of medicine—form a discernible domain of culture that is analyzable apart from other cultural spheres like economics, politics, religion, education, and so on. At the same time, the studies in this special issue also encourage us to extend the scope of our inquiries about healing beyond the category and cultural domain of medicine to, for example, include questions in philosophy, religion, poetry and the arts, etc. When we do this, we begin to see that the interest and aim to heal—to heal ailing bodies and broken hearts, deluded minds and inept

leaders, fractured armies and crumbling fortresses, and countless other areas and examples—have been and still are central components of South Asian cultures that at times inform, structure, and soothe other cultural domains. That is, the drive to heal, mend, and stabilize that we are accustomed to seeing most clearly in medicine is much more than a strictly medical matter in South Asia (and we could extend this observation elsewhere as well). The drive to heal, that is, subtends many aspects of South Asian cultures.

Nevertheless, it is not sufficient to move from this observation to a view that everything we observe in South Asian culture and society is therefore by design medical, a direct product of or in some sense grounded in therapeutic thinking. Instead, we should recognize that concerns about healing supported and pervaded many South Asian cultural forms in the past, as well as now, and that, crucially, these concerns are observable to us today. In some cases, the ubiquity of healing interests in South Asian memories, histories, and societies might have been obvious to, or crafted or manipulated by, the peoples involved in the stories we learn about, study, and recount in our scholarship. In other cases, what we identify as the therapeutic aspects of things like diplomacy, war, family, poetry, education, etc. might not have been apparent to the people negotiating, fighting, loving, making art, educating, and so on. Yet, as critical observers of culture, literature, the past, and the present, we can see and name these things today. But we do so with the awareness that the healing and therapy in these moments and literatures might not have been articulated as such at the time. Healing concerns were there all the same, and by expanding the scope of our understanding of medicine and healing, we add nuance and multiple new dimensions of cultural expression to our readings of old texts, past events, and present-day communities. This general insight has the potential to open many doors for new projects and collaborations in the study of South Asian medicines and healing traditions. That is an exciting outlook, and it speaks volumes about the progressive theoretical and methodological interventions presently at play in this field, many of which are exemplified by the research articles in this terrific volume.

Acknowledgments

I would like to thank Lisa Brooks, Tori Sheldon, and Shireen Hamza for convening the 2018 “Medicine and Memory” symposium at the Annual Conference on South Asia, which led to the wonderful opportunity to collaborate on this special issue.

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