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Geidj Faye during a massage

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Frontispiece:

The Seereer healer Geidj Faye massages a patient's shoulder. The woman is suffering from foot pain, back pain and pain on her shoulders because a sorcerer has attacked her. After having said a prayer to God the healer massages her feet, her back and finally her shoulder in a downward movement. To protect the patient the healer gives her plants for a steam bath *sut^* to take at home.

Photograph: Doris Burtscher

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Content

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Pharmacology of Foods in Traditional Chinese Medicine

Maria Michalitsch

Foods and Chinese Medicines with Special Regard to Practical Use in Everyday Life

In Traditional Chinese Medicine there is no real differentiation between foods and medicines. No sharp line is drawn between these two, since each substance – whether it is a certain food or drug – can be used as a remedy against disease. The reason for this lies in the pharmacological effect of the agent. This effect originates from the primary properties of a substance which is the temperature or thermal action and the taste of the agent – sweet, acrid, salty, sour or bitter. Another means of classifying herbs and foods is to identify which organ channel a substance enters which can be partly deduced from the taste (Bensky & Gamble 1993: 6f.).

Chinese Dietetics

All foods are part of the Chinese dietetics and can be used as a treatment of complaints or diseases. Exceptions are refined foods such as white flour and so-called Qi-less (1) foods such as microwave dishes, processed meats like sausages that contain salts and monosodium glutamate as well as fast food. Frozen foods are a borderline case, they cannot be used as medicine but they are not as unhealthy and do not create as many waste products as the ones mentioned above. Even stimulants such as black tea or coffee can be applied as a treatment for certain complaints. As one can see, there are almost unlimited possibilities for the practice of a TCM nutritionist. Some authors discuss the perspectives and limits of food cures and food remedies in Traditional Chinese Medicine (Lu 1990, 1994; Schneider 1999).

In China fortifying soups are recommended for the prevention of disease as well as during convalescence or after giving birth. These soups are cooked with beef or chicken for some hours to some weeks and various kinds of Chinese herbs are added to them. Popular herbs used for strengthening the Qi and nourishing the blood are Radix Astragali (*huang qi*), Fructus Lycii (*gou qi zi*), Radix Angelica sinensis (*dang gui*) and Arillus Euphoriae longanae (*long yan rou*) (Bensky & Gamble 1993).

Chinese Pharmaceutics

Chinese drugs or medicines include all Chinese herbs, different kinds of fungus, minerals, shells, animal products as well as insects. The terms pharmaceutics, Chinese phytotherapy and herbal therapy are interchangeable, all three include all the drugs listed above. Since some animal species are endangered species, the use of certain animal products such as tiger bone (*hu gu*) is prohibited and other products are used instead. In the case of tiger bone Chinese often use dog bone, which is cheaper and legal, but has quite a different therapeutic effect (Bensky & Gamble 1993:167). In the Western world many TCM practitioners and nutritionists replace animal products with plants in cases wherever possible.

Pharmacology

The Thermal Effect of Medicines and Foods

The thermal property of a food agent or drug can be categorized as cool, sometimes also called refreshing, cold, warm and hot. It is also common in TCM literature to refer to a so-called neutral property, but within this neutral range there are foods that are more cooling than others as for example rice, as well as foods that are more warming like potatoes. The thermal property cannot be seen as an absolute value but only in relation to the thermal action of another agent.

Examples: Carrots are considered to be warm and beef is categorized as warm, but beef is much warmer than carrots which is also due to the fact that it is an animal protein. Beef is indeed warm, which means it warms the body and protects it from colds in winter, but in relation to lamb it is cooler. Lamb is said to be

so hot that it stimulates the libido and sexual potency but its use is not recommended in cases of blood deficiency (2) or anaemia because it dries out the bodily fluids and blood. Apples are certainly cooling, but in relation to lettuce their thermal property is warmer. Endives are even more cooling than lettuce, walnuts are warmer than other nuts; zucchini and milk are refreshing, but milk is much warmer than zucchini because it is an animal product.

Cold Foods

Most foods that taste bitter have a cold thermal effect on an organism. These are for example bitter salads such as chicory and endives, and bitter herbs like dandelion and gentian root. In addition to this, most fruits from southern countries, in particular citrus fruits, belong to the category of cold foods to cool the people who live in these hot climates. Furthermore raw tomatoes, cucumbers, yoghurt as well as green and black tea belong to this category. Cold foods should only be eaten in summer and people who have digestion problems or signs of weakness such as fatigue should eat them only cooked.

Cool Foods

Most raw fruits and vegetables belong to this category of cool or refreshing foods such as apples, pears, bell peppers, zucchini, aubergine, spinach, lettuce as well as many dairy products and peppermint tea. Cool foods refresh the organism and should only be eaten in late spring, summer and early autumn. With raw fruits and vegetables blood and Qi cannot be produced. For example raw carrots do not nourish the blood but carrot soup or carrot soufflé can produce blood. This fact explains the syndrome of liver blood deficiency (2) that leads to anaemia in vegetarians who prefer uncooked foods. An excessive consumption of cool or cold foods weakens the digestive system and leads to complaints and symptoms such as bloating, flatulence, constipation or diarrhoea and – as a long term consequence – to exhaustion, fatigue, sluggishness and haemoglobin deficiency.

Neutral Foods

The thermal properties of all cool and cold foods can be transformed into neutral or even warm foods by various cooking methods such as stewing, baking, broiling, grilling, steaming and roasting. For example raw tomatoes have a cold effect on the digestive tract but baked in the oven they become neutral and lose their cold property. Also the use of warm spices (see below) transforms cool or cold foods into warmer foods. Relatively neutral foods are millet, spelt, barley, apricots and cherries.

Warm Foods

Beef, chicken, carrots, fennel (seed and vegetable), oats, different kinds of pumpkin, and spices like oregano, marjoram, basil and fresh ginger belong to this category. Foods with warm thermal properties support the production of Qi and blood and should be eaten mainly in autumn and winter. In particular, individuals with signs of deficiency and weakness should mainly eat foods with warm properties.

Hot Foods

Hot spices such as cinnamon, cloves, nutmeg, pepper, cayenne and chilli peppers belong to the hot category as well as spirits (e.g. gin, whisky, vodka) or mulled wine which is a mixture of red wine, sugar, cinnamon, dried orange peel and cloves. Hot foods should be avoided by people suffering from skin diseases, allergies and migraines, for they dilate the capillaries. Hot foods should be consumed mainly in winter, but too much dries out the blood and body fluids. In summer they can be consumed to induce sweating. Individuals who lose too much fluid through perspiring should drink lemon juice since it cools the body and preserves the fluids by preventing excessive perspiration. As a consequence of the thermal properties of all foods one of the principles in Traditional Chinese Medicine is that the proper diet of an individual should be adapted to his/her constitution, to the current season as well as to the existing climatic conditions. The individual constitution can be determined by a TCM practitioner through a thorough anamnesis, tongue and pulse diagnosis.

	Hot	Warm	Neutral	Neutral-Cool	Cool	Cold
Grains		Oat	Spelt	Long grain rice		
			Barley			
			Round Rice			
Meat	Sausages	Deer		Duck		
	Lamb Sausage	Chicken		Hare		
	Lamb	Beef		Pork		
Vegetables		Fennel	Carrots		Avocados	Lettuce
		Leek	Potatoes		Aubergine	Cucumber
		Onions	Pumpkin		Spinach	Soya sprouts
					Zucchini	Tomatoes
Spices	Garlic	Chives				
	Cloves	Ginger				
	Nutmeg	Parsley				
	Cinnamon	Fennel				
		Anis				
		Cumin				
Herbs			Nettle leaves		Passion flower	Gentian root
					Yarrow	Dandelion
Fruits			Blueberry	Pear	Pineapple	Banana
			Cherry	Peach	Apple	Mandarin
			Apricot		Honeydew melon	Orange
						Watermelon
						Lemons

Table 1: Food examples and their thermal properties

The knowledge of these thermal properties of foods and medicines is part of everyday life in China. It is used as a prophylaxis of disease and also as a treatment of already existing complaints. Moreover the use of foods is adapted to the current season and particular climatic conditions in respect of their thermal properties. A person raised in China would not eat an excessive amount of raw vegetables in winter for he/she knows that the organism is cooled by raw foods and is thus more vulnerable to colds in winter. In addition, eating an excessive amount of raw foods not only impairs the Qi but – as a long-term consequence – can also damage the kidney-Yang, which represents the origin of vitality, libido and potency. This fact is also common knowledge in China. Even the popular soybean sprout salad is cooked lightly (blanched) so that the Qi and Yang is not impaired.

A well-balanced diet consists of warm meals whereby the thermal properties of cool or cold foods can be changed by proper cooking methods such as roasting, grilling, baking, stewing or steaming. In this way the warming effect of the foods on the organism can be increased. Hot and acrid spices can also change cold foods, such as beans, into relatively neutral or even warm dishes. With these cooking and seasoning methods the "middle burner" – the centre of the body, the earth element – is protected. The middle burner is part of the triple burner or heater (Maciocia 1994: 126 ff), a functional concept that explains the production of Qi and blood, the body fluids, all substantial matters such as bones, tendons and tissue (Yin), as well as the Yang which provides the energy for this production. The middle heater consists of the spleen, stomach, duodenum and small intestines. In TCM-

physiology the liver is sometimes mentioned in addition as part of the middle heater because it aids the digestive organs of the middle heater extracting and digesting the food. Chronic liver disharmonies, however, show a tendency to manifest symptoms in the organs of the lower heater, in particular of the genital area. TCM practitioners who are also trained in modern Western medicine also see the pancreas as part of the middle burner. It is true that all foods that strengthen the middle burner also strengthen the pancreas and all foods that weaken the middle heater also impair the pancreas. The function of the middle heater is to extract the Qi from the food which is then used for the production of the postnatal Jing (3) or Qi. The postnatal Qi is the type of Qi produced right after birth using nutrients from foods and respiration. However, the production of the postnatal Qi not only requires fresh air and the right foods – right in the sense of foods adapted to the specific constitution and prevailing climate – but also sufficient mental and physical exercise. Too little exercise and movement leads to stagnation that on the one hand impairs the digestive organs and causes flatulence, bloating as well as constipation. On the other hand this stagnation can manifest itself in any life domain, in particular the emotional level can be impaired. In addition, too many phlegm-inducing foods impair the respiration tract and causes allergies like hay fever and animal hair allergies (Kushi & Kushi, 1985: 129). Phlegm-inducing foods include milk and dairy products, oils which contain saturated fats and greasy foods, citrus fruits and fruit juices as well as sugar and sweeteners, especially in combination with dairy products and citruses. From my own work with clients suffering from chronic bronchitis and sinusitis or hay fever they all recovered or at least became much better after changing their diet and avoiding in particular cheese, yoghurt and sweets.

In general one should avoid refined flour products and other refined or processed foods with saturated fats and monosodium glutamate as well as fast food. Otherwise the middle burner will cool down and as a consequence the food will accumulate and stagnate in the digestive tract. It will then start to ferment and cause digestive problems like bloating, heartburn, constipation as already mentioned above, and furthermore will lead to hyperacidity in stomach and vessels as well as to accumulation of waste products in tissues and blood vessels. A long-term consequence is arteriosclerosis. In Chinese phytotherapy cool or cold herbs are used in the treatment of so-called heat-induced diseases (e.g. infections, diseases with high body temperature, inflammation, etc.) and warm or hot drugs are applied to treat the cold-induced diseases or deficiency syndromes.

The Five Tastes and Their Pharmacological Effects

On the whole there are five main tastes or flavours – sweet, acrid, salty, sour and bitter – and each has a specific pharmacological effect on the organism (Bensky & Gamble 1993 always refer to the term "taste" and do not use the term "flavour"). Foods and medicines are not only classified by these tastes but also by their effect on certain organs and channels. Which channel is entered by a certain food or drug agent can be only partly deduced from the taste: Chinese chrysanthemum blossoms, for example, taste sweet but in classic Traditional Chinese Medicine literature they are often described as acrid due to their wind-heat dispersing capacity which is usually attributed to acrid agents. Bensky & Gamble describe Chinese chrysanthemum as also having a bitter taste (1993: 44), because of their ability to clear heat, to calm the liver and to extinguish wind from the liver which is usually attributed to bitter drugs. Another example are oats. Although having a sweet flavour, they are often described as acrid for they are the strongest lung-Qi-enhancing food and the acrid taste is related to the lungs and large intestines in TCM. In addition, oats are the strongest food agents to enhance the immune system and the lungs and large intestines constitute a major part of the immune system in Traditional Chinese Medicine.

The Sweet Taste

The sweet taste has an effect on the spleen and stomach and acts as a messenger on these organs and their channels. All sweet tasting medicines like licorice root and ginseng are included in this category as well as all sweetish grains such as oats and millet, sweetish

vegetables and fruits and certain kinds of meat like chicken and beef. Sugar, sweeteners, cakes and candy are not referred to at present, their effect on the organism will be discussed later on. The sweet taste is essential in Traditional Chinese Medicine because only sweetish-tasting foods or medicines can produce substantial matter like blood, bones, tendons (Yin) etc. and it is the only taste that strengthens the energy Qi and Yang (Diolosa 1993-1995). In Chinese dietetics foods with a sweet taste and warm thermal properties are used to strengthen the Qi and raise the Yang, such as fennel (seed and vegetable), beef, carrots and ginseng. They are recommended for low blood pressure, organ prolapses and fatigue due to Qi- and/or blood-deficiency. Furthermore there are sweetish foods with cool thermal properties that nurture the Yin, blood and body fluids as well as remove dryness. Sweet apples, pears, peaches, avocados, broccoli, spinach and zucchini belong to this category. They should be consumed in cases of chronic gastritis, constipation with hard, dry stools and blood deficiency or anaemia (2).

Too much of the sweet taste – in particular in form of sugar, sweeteners, cakes and candy – impairs the spleen, stomach and pancreas. The craving for sweets can have more causes: often a weakened spleen/pancreas brings about a desire for sweets because these organs can be strengthened by the sweet taste. But in craving for sweets the organism implies sweet fruits, vegetables and grains, but not cakes or candy. The latter impair the spleen/pancreas even more and exacerbate the cause. The craving for sweets can also be the result of a Qi-stagnation in the liver because the sweet taste harmonizes the liver by resolving the stagnation. But again the body means sweet "real" foods such as vegetables and grains, and not candy and chocolate. People in Western industrialized countries, however, often prefer refined sugar products which provide comfort or ease in the short term but worsens the cause in the long term. Sweets have a tendency to cause phlegm, especially in the liver and gallbladder, that again blocks the unhindered flow of Qi and leads to more severe Qi-stagnation. In Traditional Chinese Medicine the liver is related to creativity and any form of expression on an emotional, interpersonal and professional level. If the expression is blocked, e.g. a person cannot realize his/her personality at work or professionally then it also leads to emotional blockage. The Qi cannot circulate easily anymore and this leads to a stagnation of Qi. The more frustrations on a personal or professional level the worse the stagnation of Qi. This stagnation can be resolved in the short term by physical exercise or by sweet foods, but the emotional cause has also to be considered. However an emotional blockage is often caused by physical conditions and herein lies one of the strengths of Traditional Chinese Medicine: for example in the case of premenstrual symptoms that are often provoked by refined and Qi-less foods, one can get rid off the complaints simply by using herbs like yarrow, dried orange peel, lady's mantle, saffron and blossoms of orange, passion flower or common marygold. Another example is postpartum depression. This kind of depression in young mothers is explained as the consequence of the depletion of the motherly Yin and Jing (3) (Diolosa 1993-1995). Due to this lack of Yin and Jing on the one hand the Qi stagnates and on the other hand the Yang – in this case the spiritual, mental and emotional aspects – is not firmly rooted anymore and both leads to depression. If the woman suffers from postpartum depression she should eat chicken soup which has been cooked with blood- and Yin-nourishing herbs for days or weeks (Diolosa 1993-1995) and the depression will be resolved.

The sweet taste in form of sweeteners such as sugar, honey, maple syrup and other syrups, dates and figs are contraindicated in cases of bloating, sensation of fullness, sluggishness, nausea, dampness and phlegm. Dampness is a Chinese term meaning waste products and slugs which are the result of undigested fluids and fermenting processes. Dampness is seen as a symptom in modern industrialized societies and can best be observed early morning in the mirror as dental imprints on the sides of the tongue (Kirschbaum 1998). The consequence of sweeteners and candy results in even more dampness and waste products that block the Qi and lead to food accumulation and food stagnation in the digestive tract. Vegetarians often compensate for their lack of animal protein with sweets and this combined with raw foods worsens the damp effect that leads to tiredness and weariness. The grains quinoa and amaranth contain more calcium and protein

than milk (Pitchford 1993) and should be consumed as a replacement of animal protein. In doing so the craving for sweets will disappear gradually. Quinoa should be washed thoroughly before use because there are indigestible saponines on its surface that impair the flavour of the grain.

A subgroup of the sweet taste is the bland taste, also called "flat" taste by some TCM practitioners (Diolosa 1993-1995). Mushrooms like shitake or the longevity mushroom *Ling zhi* (Ganoderma lucidum) belong to this group as well as funguses of the Chinese pharmacopeia that drain excessive water from the body. Examples are Sclerotium Poriae cocos (*Fu ling*) and Sclerotium Polypori umbellati (*Zhu ling*). They are used to strengthen the Qi and digestion and improve the metabolism by getting rid off dampness and waste products. They are also applied in cases of oedema.

The Acrid Taste

I prefer the term "pungent" for this category, but I also stick to the term "acrid" because Bensky and Gamble are using it. The acrid taste has an effect on the lungs and large intestines and acts as a messenger on these organs and their channels. It has a dispersing effect and its movement is directed outwards to the skin. This means that the acrid taste opens the skin pores and is prescribed to induce sweating during the initial state of a cold. Because of its dispersing effect, it is used to resolve stagnation of Qi or blood. Alcohol is an agent that falls into this classification and people suffering from a stagnation of Qi in the liver that always comes simultaneously with an emotional stagnation often consume alcohol to get rid of the blockage. However alcohol only helps in the short term because as a result of its acrid/warm properties it damages the body fluids. Due to the resulting desiccation the stagnation even worsens (e.g. liver cirrhosis). Almost all acrid foods have a very warming or even hot thermal property as for instance, garlic, ginger, cinnamon, cloves and alcohol. With these acrid foods the Yang of the digestive tract can be stimulated so that digestion improves and food accumulation dissolves. This taste is also used to warm individuals who are suffering from coldness and/or slow metabolism as in an insufficient function of the thyroid gland. Nevertheless one has to be careful with acrid foods since they open the skin pores and can induce sweating. In this case the patient could lose his residual Yang through perspiration and eventually freeze to death. In Chinese dietetics the treatment of a severe Yang deficiency consists in the consumption of three fourths sweet foods and one fourth acrid foods for about three years (Diolosa 1993-95). Foods with acrid and hot properties should only be used in extreme cases, as for instance in winter after skiing drinks with alcohol and spices can prevent colds. Individuals suffering from high blood pressure or having a tendency towards inflammation of the eyes should avoid acrid foods, spices and alcohol. The blood pressures rises with such foods and a prevailing inflammation of the eyes can worsen. The long-term use of acrid and hot foods injures the Yin and blood which can be observed on the tongue: it becomes fissured and glaring red or scarlet and loses its coating. All these signs point to a bad prognosis in Traditional Chinese Medicine. Instead of hot spices the use of moderate warming spices is recommended, such as thyme, rosemary, fresh ginger, basil, pepper, bay leaf, parsley, chives and dill. Cinnamon and cloves should only be used in stewed fruit and cookies never as tea alone. According to Diolosa an excessive consumption of acrid foods can lead to impaired vision, cramps, epilepsy, tense or aching muscles, migraines and high blood pressure. Hot and acrid foods should be further avoided strictly in cases of skin rashes and a predisposition to herpes and yeast infections. In all conditions described above the hot and acrid foods can be replaced by foods with acrid and cooling properties, such as red and white radish, cabbage, peppermint and horseradish. In cases of skin diseases hot and acrid foods and spices should be generally avoided and in particular alcohol and foods prepared with alcohol, because rashes, itching and irritations will worsen.

The Salty Taste

Salt and salty foods have an effect on the kidneys and bladder and act as a messenger on these organs and their channels. A particular craving for salt can signal weak kidneys, in TCM called kidney-Qi-deficiency, which often occurs in elderly people. In addition, salty foods work against hyperacidity which often

occurs in young people who eat too much sugar, sweets and fast food. Macrobiotic practitioners recommend miso soup, vegetables prepared with algae or umeboshi plums (Kushi & Kushi 1985) to neutralize the blood. This form of alkalisation is also useful in the case of a hangover after having too much alcohol (Diolosa 1993-1995). In cancer therapy the salty taste, in particular algae and miso, is used to dry out and regenerate the middle heater. In case of cancer salty foods on the one hand have a drying and purging effect on the spleen and pancreas, which strengthens the organism to fight against the malignant growth, on the other hand the cancer itself is starved out by these foods (Diolosa 1993-1995). This is why the macrobiotic therapy is the most successful therapy against cancer (Kushi & Kushi 1985). A pure macrobiotic therapy seems to be too strict to comply with people living in Western countries, this is why I prefer a combination of macrobiotics and Traditional Chinese Medicine. In TCM salty drugs are prescribed to consolidate the Yin, for instance in cases of heat flashes, troubled sleep and palpitations during the climacteric period. In addition, salty medicines are used to treat high blood pressure if the cause is found in a depletion of the Yin. These medicines consist mainly in minerals, animal substances, shells and herbs.

The Sour Taste

The sour taste has an effect on the liver and gallbladder and acts as a messenger on these organs and their channels. If a certain medicine should have a special effect on the liver channel it is prepared with vinegar before use. Some teachers and TCM practitioners differentiate between the sour and astringent taste (Diolosa 1993-1995). According to Diolosa the sour taste penetrates all channels and blood vessels and therefore resolves blood and Qi stagnation. Vinegar, for instance, improves the blood circulation by resolving blood stasis and is anti-depressive in case the depression is caused by a stagnation of Qi. The astringent taste preserves blood and fluids and therefore is used in the convalescent phase after long-lasting or chronic diseases and in case of desiccation in children and elderly persons. The astringent taste is contraindicated in cases of overweight and obesity, accumulation of waste products in the organism (which can be seen as dental imprints on the sides of the tongue) as well as during acute diseases.

In Western countries the frequent consumption of citrus fruits and the use of high dosages of vitamin C is common in order to prevent or get rid off colds in autumn and winter. This is unreasonable from the perspective of Traditional Chinese Medicine due to several reasons: first, citrus fruits and Vitamin C products cool down the organism so that persons who are prone to colds become even more vulnerable to catch a cold. Second, due to their astringent effect citrus fruits and Vitamin C products have a tendency to retain the pathogenic influence within the organism. Citrus fruits grow in hot climate areas to cool the people there and protect them from heat. In colder climates they are only recommended during the warm season and in cases of high fever and desiccation. A highly nutritive food agent that also supplies us with a high dosage of vitamin C without cooling out the organism is parsley. Chopped raw parsley, sprinkled over all soups, stews, casseroles and soufflés, warm the organism and protect us from catching a cold during the cold seasons. In addition, fortifying soups are a good prophylactic means against colds and influenza. They stimulate the immune system by strengthening the lungs and the digestive tract (Schneider 1999). As in all tastes there are foods which do not taste sour or astringent but have the same pharmacological effect on the organism. A well-known example is chicken. It is very useful to prevent diseases or after a weakening and exhausting disease, but it is absolutely contraindicated during diseases, in particular during acute infections. In that case the pathogenic factor cannot be eliminated due to the astringent effect and remains in the body. In addition, chicken should not be eaten in case of diseases associated with any kind of stagnation (e.g. stagnation of Qi, blood or phlegm), such as cancer, arteriosclerosis or overweight, because otherwise the stagnation will worsen (Diolosa 1993-95).

The Bitter Taste

The bitter taste has an effect on the heart, pericardium and small intestine and acts as a messenger on these organs and their channels. In addition, the bitter taste has the ability to pull down ascending Yang and therefore can

lower high blood pressure as well as prevent apoplexy (e.g. gentian root) (Diolosa 1996-2000). Because of its sinking quality and downward directing movement bitter foods are used as laxative (e.g. common centaury) or diuretic (e.g. dandelion). Although bitter herbs help to eliminate waste products, an excessive consumption leads to a loss of Qi through stools and urine. In praxis this often happens after lasting laxative abuse. In extreme cases the prolonged use of bitter herbs can lead to hernias and prolapse just like any kind of Qi-deficiency. Fasting together with the use of laxatives can also bring about unwanted effects such as feeling cold or freezing, low blood pressure and fatigue. This is why fasting is never recommended in Traditional Chinese Medicine. Only cures with grains and light purgative herb teas are recommended during special times of the year. In case of constipation, instead of strong bitter purging herbs softening herbs are prescribed such as the bark of alder buckthorn and senna leaves. People suffering from anaemia or blood deficiency in terms of TCM (2) should avoid bitter tasting foods because due to their drying effect the blood deficiency will worsen as a consequence. This is especially true for coffee, black tea and bitter salads. Almost all bitter foods and herbs have cold thermal properties which can lead to digestive problems and deficiency symptoms. As a long-term consequence the production of Qi and blood will be impaired or even blocked. A few bitter foods stimulate the function of the gallbladder and in this way resolve stagnation of Qi or food accumulation after opulent meals. A combination of bitter herbs prepared in spirit can produce such an effect. In addition, the bitter taste has an anti-toxic and antibiotic effect, removes halitosis, stops inflammation and is effective against the so-called damp-heat diseases such as dysenteric disorders, acne, herpes, boils, hepatitis, jaundice, cancer or HIV-infection (Diolosa 2001-2002). Bensky and Gamble state that from a modern biomedical perspective a group of Chinese herbs with bitter and cold properties seem to have anti-microbial, antipyretic and anti-inflammatory effects (Bensky & Gamble 1993: 75). Furthermore they state that "Radix Scutellariae Baicalensis (*Huang qin*) has been shown to have a rather broad anti-microbial spectrum. It had an inhibitory effect in vitro against Staphylococcus aureus, Corynebacterium diphteriae, Pseudomonas aeruginosa, Streptococcus pneumoniae, and Neisseria meningitidis. In one report Staph. aureus that had become resistant to penicillin remained sensitive to this herb. (…) It was also effective in vitro against many dermatomycoses and showed an ability to kill Leptospira." (Bensky & Gamble 1993: 76).

Discussion

With the means of Chinese dietetics there are almost unlimited possibilities for the TCM nutritionist to use foods and non-toxic herbs in the prevention and treatment of disease. People suffering from chronic complaints whose laboratory tests do not show any useful results or indications, are often seen as healthy by modern Western medical practitioners or do not receive any effective treatment. This is often the reason why such frustrated patients wander from one Western practitioner to the next and finally end up with consulting a TCM practitioner or nutritionist (Michalitsch 1998). In many cases simple modifications of the diet and eating habits make it possible for the patient to lead a normal life again without troublesome symptoms or complaints. The spectrum of complaints or diseases that are manageable by food cures includes psycho-vegetative, premenstrual and menstrual disorders, functional intestinal diseases and many more. Even disorders that already manifest in laboratory tests can be treated by food cures besides the use of Chinese medicines and lead to an enduring positive outcome. This is especially true in cases of skin disease such as psoriasis, and in the so-called phlegm-induced diseases that in include disorders of the respiration, genital, vascular and digestive system, as well as all diseases that are accompanied by accumulations such as oedema, cysts, swellings and stones (Michalitsch 1998). Unfortunately the legislation in Austria relating to graduates of an education in Chinese dietetics states that TCM nutritionists are not permitted to counsel or treat ill people. It is again in the medical practitioner's function to develop his/her knowledge in this field to be able to achieve an effective treatment by recommending foods which are adapted to the patients constitution, to the current season as well as to the existing climate.

Footnotes

1. Qi is the mediator between all substantial matters (bones, tissues, organs = Yin) and pure energy (consciousness, thoughts, energy for actions = Yang) and is closely connected with the blood. The concept of Qi is best described in Kubny (1998).
2. Since the Traditional Chinese Medicine is also a prophylactic and preventive medicine, one already speaks of blood deficiency even when the labour tests show negative results. This syndrome called liver blood deficiency in TCM can be diagnosed on the basis of the anamnesis as well as the tongue- and pulse-diagnosis, and without any treatment it will lead to a manifest anaemia with low levels of haemoglobine.
3. Jing is the Chinese term for essence that is stored in the kidneys and seen as the origin of all substance (Yin) and energy (Yang) in a living organism.

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Latino Folk Medicine

Anthony M. DeStefano

Fueled by large scale immigration, the Spanish-speaking population of the United States has grown to some 35.3 million people in the year 2000, or 12.5 percent of the total residents. Such growth has been more pronounced in New York City were out of a population of 8 million the Hispanic population has grown from 1.7 million in 1990 to 2.1 million in 2000, or 27 percent of city residents. There is hardly any part of the city were a visitor walking the streets will not find evidence of the large Hispanic communities. Parts of New York, particularly in upper Manhattan, the Bronx and Queens, have become centers of immigration from Latin America.

This dramatic increase of Hispanics, who have folk medicine practices which go back centuries, comes at a time when Americans are paying more attention and money on alternative medicines, particularly herbal preparations. As a result, the long standing traditional medical practices of the Hispanic cultures from Central and South America, as well as the Caribbean and Mexico, provides other avenues of alternative practices main stream Americans can partake of in the search for better health. Growth in immigration then dovetails nicely with the explosion of interest in new forms of non-conventional therapy. Plants long used in such folk medicine practices are today also finding use as potential sources of new therapies in treating the affects of AIDS/HIV and early Alzheimer's disease.

Medicinal plants have been the mainstay of the traditional medical practices of Latinos from well before the appearance of Europeans in the Western Hemisphere. But the folk medicine traditions of Spanish speaking immigrants has

been more than just ethnobotanical products. Traditional practices have also fused with spiritual elements which also rely on plants and plant products as an important part of rituals aimed at improving physical and mental well being. Curanderas, the practitioners of *curanderismo*, a form of folk medicine which treats the body and the soul as a unit that needs to be cleansed or put back into balance when illness strikes, use herbs in ritual cleansings. Other practitioners of "espiritismo" or spiritism, a practice of communicating with spirits, also rely on herbs.

In New York City in particular, plants which are useful in Latino folk medicine can be found in the *botanica*, specialized stories which not only sell the botanical substances but also religious and spiritual items, such as votive candles, images of saints and perfumed sprays to which are attributed magical qualities. The saintly images and other religious symbols are often related to the *Santeria* religion. An amalgam of the Yoruba faith of West Africa and Roman Catholicism, Santeria appeared in the Caribbean around the 17th Century among the African slave populations. A number of deities known as *orishas* became the equivalent of Catholic saints. Relying heavily on spells and magic, Santeria also uses plant substances such as basil, sarsaparilla, mint and aniseed to make a ritual drink known as the *omiero*. Though it is not used as a medicine, the *omiero* and its use of some of the medicinal plants popular in the Latino cultures serves to reinforce and ratify the importance of botanical substances in the folk pharmacopiea.

A *botanica* in Spanish Harlem, New York

List of specialities of a *botanica*

But while they sell items of religious significance, the *botanicas* serve as a key source of medicinal plants for Latino families. A glance at the selves of the *botanicas* in a place like New York shows that dried herbs, extracts and plants of all sorts are sold. While there are hundreds of plants which have been used over the centuries in the Spanish-speaking cultures for medicine, some have become very popular, in part because of their versatile uses. A few of the plants are native to Europe and underscore how the botany of the Old World served as a source of folk medicine for the New World, even though it was the Spanish colonies which provided many new remedies for European apothecaries. Chamomile *(Matricaria chamomilla*), which has become popular as a stomach remedy, rue (*Ruta graveolens*) used as a liniment and abortifacient and rosemary (*Rosemarinus officinalis*) which is used traditionally as an antiseptic and astringent, are examples of some of the plants native to Europe which added to the Latino apothecaries.

Though each Latino family undoubtedly has its favorite medicinal plants, there is some evidence that some ethnobotanical substances

are viewed as major traditional medicines in the various cultures. In the 1980s a poll was carried out by researchers into popular plant remedies found in Hispanic communities along the U.S.-Mexico border. The results showed that among the top ten were chamomile, aloe vera (*Aloe barbadensis*), rue, anise (*Pimpinella anisum*), mint (*Mentha piperita)* and wormwood (*Artemisia absinthium)*, oregano (*Lippia graveolens*) and sweet basil (*Ocimum basilicum*). Those plants and herbs are very well known as medicinal plants.

But there are others used for traditional medicine by Latino cultures which are more specialized, less well known and with exotic names. A few have interesting histories. Among them is cinchona (*Cinchona officinalis*) otherwise known as Quinine bark or fever tree. Cinchona was used for centuries by indigenous peoples of Peru to treat fevers. The Western world came into contact with cinchona during the Spanish Conquest of the Americas and it soon became widely accepted in the West as a cure for malaria. The trade in cinchona plants in Latin America through the 19th Century became a monopoly until some seeds were planted in Dutch Java. During World War Two, with the Japanese occupation of the Far East, the United States government turned to South America for cinchona bark. New malaria drugs made for less reliance on cinchona, although it was still useful as a medicine for treating heart arrhythmia. However, the appearance in the latter part of the 20th Century of malaria parasites resistant to the new drugs renewed interest in quinine, which is derived from cinchona.

Passionflower (*Passiflora incarnata*) or maracuja is another plant that has its own legend tied to the Spanish Conquest. The story was that after the conquest of the Incas by the Spanish a priest looked for a sign that the action had been proper. He found a flower on a vine in the Andes mountains that symbolized the crucifixion of Christ. The flower's five stamens symbolized the wound Christ suffered on the cross. Used as sleep aid and sedative, passionflower was imported to Europe for that purpose while later in the United States it became useful as a treatment for insomnia and anxiety. Though not proven as useful in the U.S. as a sleep aid according to government officials, it is marketed as a dietary supplement and is considered safe in Europe.

Muira Puama, (*Ptychopetalum olacoides*) known as potency wood was used by Indians in the Amazon area as an aphrodisiac, as well as a treatment for baldness, rheumatism and gastrointestinal problems. While Commission E of Germany has taken the position that Muira Puama has not been documented as being effective in treating sexual problems, it has still been marketed in Europe as a treatment for men and women.

Many of the traditional Latino folk remedies derived from plants have not been proven as effective in clinical trials, mainly because such trials are very expensive. Still, continuing medical research has shown the efficacy, as well as the ineffectiveness, of a number of the botanical substances used by the Latino folk medicine traditions. For instance, ginger (*Zingiber officianalis*) has been shown in one published study in a reputable British medical journal to be effective in treating motion sickness and nausea, as some Latino cultures have recognized. Another plant known as *picao preto* (*Bidens pilosa*), traditionally used in Latin America as a diuretic and anti-inflammatory agent, has been shown to have anti-bacterial qualities during laboratory tests. *Pau d'arco* (*Tabebula impetiginosa*), used traditionally for everything from colds to skin conditions, was found in medical research to be the source of a drug for use against cancer. But the toxicity of the drug and the serious side effects which resulted reportedly caused research into *Pau d'arco* to stop in the United States in the 1970s.

Other medicinal plants in the Latino folk tradition have spawned important drugs. Most notable has been the periwinkle plant (*Catharanthus roseus*), originally deriving from Africa but now wide-spread in all tropical countries, used traditionally to treat asthma, diabetes and as an astringent in some part of Latin America. It has been the source of drugs to treat Hodgkin's disease and childhood leukemia. In addition, researchers in the late 1990s were able to derive extracts from Cat's Claw (*Uncaria tomentosa*) and Dragon's Blood (*Croton lechleri*) that have led to the marketing of new dietary supplements. Used traditionally

in Latin America as a treatment for arthritis, asthma and rheumatism, Cat's Claw is the source of a proprietary dietary supplement believed to combat the crippling effects of brain plaque formations that contributes to Alzheimer's disease. Dragon's Blood, so named because of the red tree sap used by South American Indians as an astringent to help heal wounds, has led to the creation of dietary supplement marketed as a diarrhea which strikes AIDS patients.

As the mainstream American cultures become more comfortable with herbal medicines and other forms of alternative therapy, the Latino folk medicine traditions, based on centuries of usage of plant products, promises to be a source of continuing experimentation and fascination. Hopefully, any such use will be done in consultation with medical professionals since there is always the danger of allergic or other adverse reactions, particularly with other drugs.

Interview with Tony DeStefano

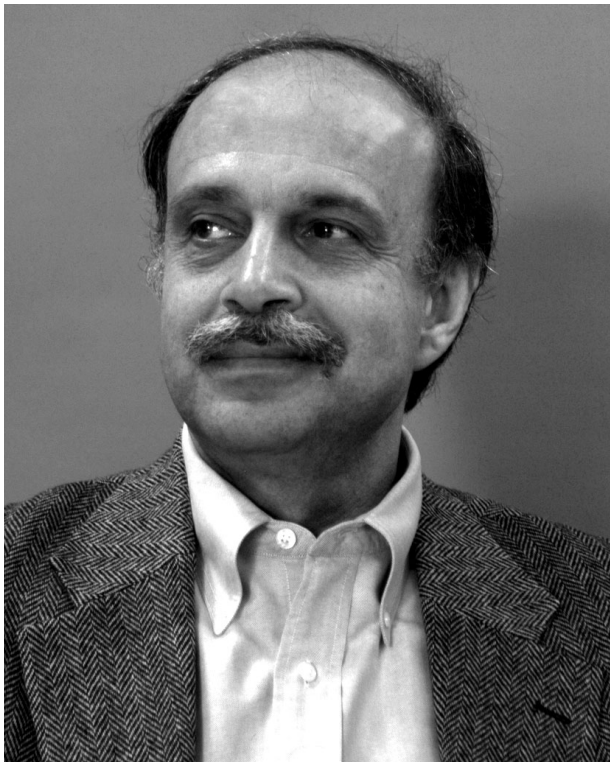
Ruth Kutalek
Vienna, April 25, 2002

Tony DeStefano on April 24 held a lecture at our Department on "Latino Folk Medicine: A blend of Old and New World Traditions"

What brought you to "Latino Folk Medicine"?

Well, it was almost – no, I wouldn't say by accident - but what happened was that we did a newspaper series about "Immigrant Health in New York City". We focused on few areas like immunization, special diseases, special needs, access to Health Care and we also had one section dealing with folk medicine. We dealt with the Korean culture, the Latin culture, the Asian culture and various aspects of "folk medicine". We had a lot of response to the last article on "folk medicine" and I decided in my own mind: "Well, there's a lot of interest in this! We've always heard that there is great interest". So I decided that I put that away in the back of my mind and I will come back to it at some point.

Well, I have this book agent who is an expert in Spanish language. She's actually Scottish-Irish but she has studied Spanish language – she's a linguist – and she specializes in the "Latino-culture-market". I approached her with this idea and she was excited about it. So I wrote the proposal about the book and about dealing with the aspects of "Folk Medicine" and the "Latino cultures" in New York City, but also back in their homelands. So she sold this "book idea" and then I had to write my book which meant I had to go out into communities to talk to people and to do library research in Costa Rica – where I met you from the Institute – and I spent a lot of time in the botanical gardens doing research there; that meant going to the gardens to look at the plants to get a "feel" for real live plant and to see them. And also talking with healers in the communities – Spanish- or Latino communities – and trying to stay abreast of all what's happening.



Tony DeStefano

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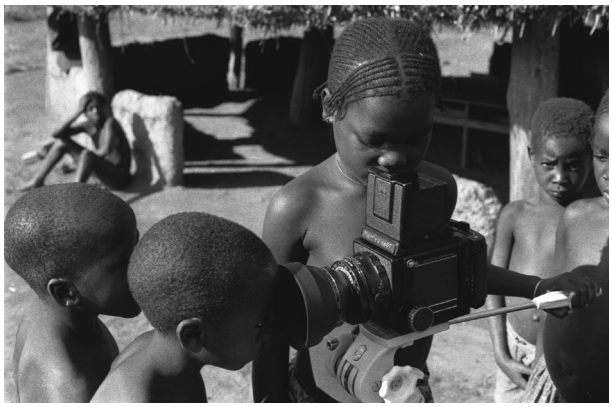
Contributions to Visual Anthropology



Our logo for this series: Azande children inspecting the camera of a visual anthropologist.
Photograph: Manfred Kremser

Massages – a Treatment in Traditional Medicine of the Seereer-Siin in Senegal

Doris Burtscher

Massages play not only an important role but also a symbolic role in traditional medicine of the Seereer-Siin. During my several visits to the healer Geidj Faye I observed various treatments with massage.

The Treatment

Massages are applied for different physical problems: for headaches, foot pain, rib pain, back pain, chest pains, as well as bites of snakes and scorpions. Practically all treatments with the healer begin with a massage. After having asked the patient what he is suffering from, the healer takes a flat bottle with a liquid composed of barks, roots and leafs of several plants and water, pours a few drops into his left palm and rubs it on both hands (fig. 1). He sits on the floor and tells the patient to sit down with the upper part of his body naked between the healer's legs. With his thumb and index finger the healer presses the carotid artery to feel the heartbeat (fig. 2). By this means he is able to determine the cause of the illness and to know how serious it is.

He says a prayer to God (fig. 3), three times for a woman four times for a man, according to the numerical symbolism, which is present in all treatments. He then spits into his hands (fig. 4) and begins to massage the patient with a downward movement. By means of saliva he transfers the power of the prayers to the sick body. He repeats the prayer while spitting onto the person and massaging him, until the patient feels better. To finish, he pours some drops of the liquid into his hands and rubs the affected parts of the body to ensure protection against the cause of the illness and all bad influences. To guarantee a complete cure, the massages are always followed by other treatments such as ritual washings, smoke and steam baths and beverages containing plants. Often the healer makes amulets that the patient wears for his protection. In all treatments the traditional plant names themselves symbolically support the effectiveness of the therapy. (Kalis 1997b, Burtscher/Heidenreich 1999). The liquid for the massage contributes to the healing and protects the healer from the patients. Among others, it is composed of *njambayaargin (Bauhinia rufescens Cesalpiniaceae)*, and *sap^* (*Ximenia americana Olacaceae)*. The first name, which comes from the word *jam a yaarmen* stands for "that peace planes here", the second name derives from *sap^in* which means "to catch, to touch".

Ideas on the Function of Massage

An often suspected cause of illness is the escaped soul, *o law* its usual place is located under the sternum. The "moved soul" is caused by great fear of sorcerers, eaters of the soul. This anxiety accelerates the beats of the heart and the soul "hides", always on the left side of the body. Touching the left side of the chest, the healer examines the position of the soul. By means of massage he can bring the soul back to its usual place. Thus he cures the symptoms that were produced by this displacement.

In most of the cases the illness is compared to an agent coming from outside of the body, described as a "bad wind". It enters at a precise place of the body, "goes around" in the body and can make "balls" that provoke the symptoms. Through massage the healer acts on the body from outside and thus reaches the

Fig. 1: The healer pours the liquid into his hands.

Fig. 2: He feels the heartbeat of the patient.

Fig. 3: He says a prayer to God …

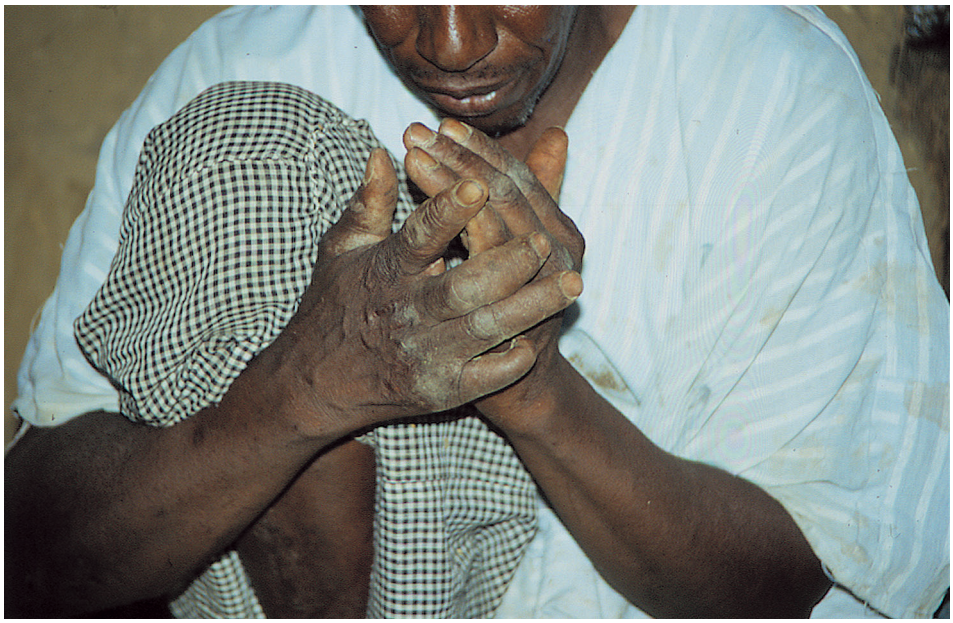


Fig. 4: … and spits into his hands.

Fig. 5: The healer massages the back of a child.

Fig. 6: Massage for headaches.

illness. By massaging the body in a downward direction, the healer makes the illness "descend" and leave the body. The body then cools down. Heat is considered a sign of illness (Randall 1993, Kalis 1997a).

The Symbolic Meaning

Massaging is not a kneading process, as is done in the western world, but rather a gentle stroking of the affected parts of the body in certain directions (fig. 5) and holding the head (fig. 6), accompanied by prayers. The Seereer term for massage, *o moos*, means "to caress". This term refers to the real sense and therapeutic meaning of massages, to build up a certain relationship between patient and healer. It creates proximity and confidence, which are fundamental for the cure. "… there is an underlying confidence between the user and the healer. This confidence between the healer and his patient is more germain to the treatment than the medicines themselves" (Imperato/Traoré 1989:18).

The healer does not interact only on a physical level. He is accepted as a traditional and social authority, who helps to reintegrate the ill person into society. He restores the social balance between the patient, whose disorder is regarded as pathogenic, and his surroundings. Augé and Zempléni name it a "biological disorder" and "social disorder" (Augé 1984, Zempléni 1985). Thus massages should be regarded as a symbolic act of the healer not only on the individual person but also on his social environment.

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What was the most surprising thing you encountered during your recherché?

The most surprising thing for me was the extent of the reliance on "traditional medicine", particularly "herbal medicine" in Latino communities in Latin America. Of course that transmitted to New York City. What also surprised me was the connection that remained between the traditional culture in Latin America and the traditional medicinal cultures in N.Y.C. There seemed to be a great reliance on herbal products, more so than I had thought. I was surprised that it was so "available" through the stores and the "botanicas" where you find that stuff…and I didn't expect that.

You won the "Pulitzer Prize" together with other colleagues.

That is true. It was for 1991 when there was a subway crash in New York City. Five people were killed and it appears that the person who was driving that train may have had alcohol in the system. We had big response, reporters were all over doing the story and I was supposed to write the story about the legal questions surrounding the crash. The funny thing is that I protested. I didn't want to do the story. I said: "Oh, you always give me that story to write because I have a legal background. I want to do other things. I want to go into the tunnel!" But they said: "No, no, no. You write the story!" That's one of the stories that's part of the whole package of stories; there were about thirty of us in that team. It was for – what we call – "Breaking News" which is "immediate news" covered. We won the reward and my story also was part of a group of stories that would purchase publication in a journalism-textbook. So now journalism-students in the future are going to read my story that I didn't even want to write!

So I always tell people: "You never know what sign is going to be an important sign." Well, it was an honor but frankly a lot of people, a lot of public, don't remember who won in that year. It's a "journalism-community-honor". To the public it's kind of like: "Well, O.K. we go on to the next day's happenings, it doesn't matter! … But it was a nice time … and you never know what stories gonna do it, you never know. That's the amazing thing about that business: You never know what stories gonna do it before something important happens.

You're currently working for "Newsday". What is your main focus there?

I've been in "Newsday" since 1986. Through the last six and a half years, I was an assistant editor at the paper. For that means you sign people's stories they write, plan coverage, do administrative stuff … More recently – after discussions with my editor – I wanted to do more writing because I had a lot of connections, I had a lot of ideas that I wanted to implement. I wanted to do more writing so I've taken the position of the "Legal Affairs"-writer for the paper, for the "New York Newsday". "Newsday" is a very large newspaper; it's one of the largest in the country, in the United States. It services Long Island and also New York City. I cover now legal affairs and criminal justice for New York City. I try to connect the "International" to what we do because it's a large immigrant community and it's a large international relationship between Europe's side, even America and New York City. So I try to do some coverage. That's coverage about immigration from Europe, trafficking, about women, smuggling, immigrant smuggling, terrorism …

What is your next project?

Well, one part I've been working on continuously is about "trafficking and people", the smuggling people. That's a continuing story and it seems that there is more of a connection between Eastern Europe and the United States. So I am working on that and more immediately there may sometime be a book about that but there's nothing in front of me at this point.

And I'm keeping my eye on "immigration" because a lot of stories come out of that community and you never know … it's a changing picture all the time. I think "immigrant health" is a very important topic; so we have to write more about that, in a very short term. That's one of the things I tried to do with my editor: to create a greater interest in

"immigrant communities" and "immigrant health". It's a very changing, dynamic picture and it's also new to a lot of American doctors. They've never had to relate to as many immigrants as they do now.

Are you planning to do something again on ethnobotany?

Well, I'm keeping my eye on it … I would hope to! One thing I was thinking about was the connection between ethnobotanical substances and the health of women. So that's one of the possibilities on which I'm looking … possibly to extend the work I earlier did. The "health of women" is certainly important, particularly about women and birth and the changes in life.

Is there something in your biography that made you interested in botany or that made you interested in ethnomedicine?

Well, not ethnomedicine but quite near. Because I always liked to work with plants … I do a lot of my plants at home. So I've always had an interest in that. My parents were gardeners and liked to work with the soil, something I also like to do. There's always the thrill out of seeing the burst of the plants …

So "botany", yes! Ethnobotany … hm, there was nothing in my background to interest me really and I was very skeptical too. Traditionally I've been skeptical about the ability of plants to help a person's health but I have come to the view that some of this is quite useful. You should be skeptical but I think you have to give it a chance; you have to give it some serious study. But if you asked me five years ago if I would have written about ethnobotany I would have asked you what it meant; I would have asked: "What does it mean? Is it ethnic?" I could have guessed what it meant, but I really had no incarnation, no acquired learning … my background was in the law, I wrote about crimes, you know no connection was there. But actually, through the study of immigration I kind of got into that because I dealt with the health of immigrants – that was an extensions to some extent – but I had no special interest in "ethnobotany" which was very important in the immigration issues and my "extended anthropological fieldwork". I also realized that the Americans were very interested in alternative medicine, all kind of alternative medicine - Americans would turn on to them … not because it's "ethnic" but because it's "alternative" …

But things are more sophisticated; we had the most "exotic" substances and derivatives that have been in use by now. It's not great exploding – "Latino Medicine" for "Native Americans" (meaning Americans born in the United States) – but I see it's sort of progressing into mainstream. You have "Dragon's Blood", you have "Cat's Claw"… you have derivatives of other products and you could go on and on; you can't even number them. I see it's progressing to the community, but it hasn't exploded. Maybe it never will, but maybe people "naturally" come to explore these herbal alternatives.

I always tell people to take a cautious position to all of this. Why's there caution? Well, plants can cause problems with allergies, interaction with "conventional medicine" and they can catalyze things. So I tell people to explore the doctor first about this and then just go off and buy everything off the shelf and take it. You never know which interactions are going to be. I think that's important.

Every time I write about plants, I watch the plant in the book and it tells "precaution", "caution" or "check it first before you use it". But you know, I think people ought to know the facts and the traditions … so that's part of the motivation for writing the book. I'm not an "advocate" for alternative medicine but I think it's important that people know the facts and where to find more information as long as they explore; and that was my approach to the book.

Do you have any reactions to your book so far? From indigenous people or from users?

Some Hispanic people who've read the book and bought the book were amazed and happy that I was writing about substances, plants and practices that their parents and grandparents had told them about. There has been an acceptance of that in the Latino-community … in terms of reaction that I get.

It's sold in English and there's also a Spanish version. So you can get it in "both worlds".

Also libraries, schools and universities are buying it. I scanned the "Internet" to see where the listing of the book in the collection was and it was there. It's a book that will have life "beyond the immediate": You don't need to buy it this month … it may require maybe two months, six months or a year because the information is valid and maybe at some point we will update it, extend the range and the topics. But as we say "it has a shelf for it", people can keep it on the shelf and consult it for a long time. Students – in particular students of botany and students of ethno-medicine – find it useful. That was one of the ideas in writing it.

I think that one of the interesting things that I found is that in Europe – in certain parts of Europe that I've seen, for instance Germany … I'm not sure about Austria – there's a greater acceptance of the "ethnobotanical medicines". There seems to be more of an acceptance of it. It's just my feeling. Some European sources were very helpful to me in terms of saying how useful some of the "Latino folk medicines" were. And that's the thing: as you get larger immigrant communities in Europe you have to be aware of the special needs that the immigrants have like access to Health Care and the ability to interrelate with "conventional doctors". And it works both ways. The doctors have to be sensitive to the needs of the immigrants and also to what they bring to that relationship. That may be fear, that may be a feeling that the doctors are not "communicating" – there's an important language problem – and I think the doctors have to be very sensitive to that. If you study immigrant health – that's important to doctors – the questions of access and empathy should always be on your mind if you're dealing with immigrants. There are a lot of implications … as the population is growing.

Thank you for the interview!

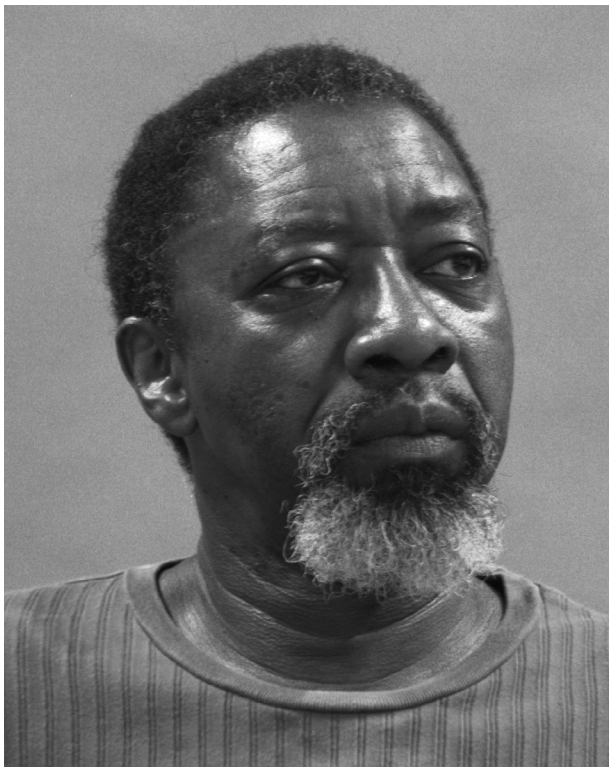
Interview with Richard Ralston

Ruth Kutalek
Vienna April 25 2002

Prof. Richard Ralston is visiting professor at our Institute. On April 10 he gave a lecture on "Alfred Bitini Xuma (1893-1962): Methodological Reflections on the Academic Itinerary of a Black South African Doctor in Mid-1920s Vienna, Budapest, and Edinburgh."

Would you mind explaining a bit about yourself? Who you are, why you are here?

Well, my name is Richard Ralston, I'm an historian in the faculty of Letters and Science at the University of Wisconsin in Madison, Wisconsin. There I teach "Comparative Social History". My special interests are Southern African and Caribbean history and folklore, with a particular interest in the migration of people and also the spread of cultures and ideas from those different places, again particularly Southern Africa, the Caribbean and North America. And I've also worked on the return of Brazilian ex-slaves to West Africa and African students and workers in Europe.



Prof. Richard Ralston

The thing that brings me to Vienna is a project that I'm involved with that has to do with "Medical History". I've been working for some years on a biography of a South African doctor who was partly educated in Europe in the mid-1920s. Besides the fact that the Institute is a well-known center for Medical History, I am enjoying the opportunity to work with special physical resources of the Institute and with Armin Prinz and other colleagues who are working in areas related to trans-cultural medical experiences. Of course, the city of Vienna itself is a great historical resource, from which I've learned a lot about the 1920s just by casual Spaziergänge.

What are your main interests in general?

My main interests are to figure out what the people who are not ordinarily in the history books have thought and said.

I happened to be working on a man who was fully "middle-class" and therefore not especially unknown to the pages of history but he did some things and worked in some places that are not normally covered in your usual textbooks. So even though the biography is arguably not "Social History of the Masses", I think if you deal with them during different parts of their lives – which are not normally covered – or if you deal with people who are although fully associated with some sort of "bourgeoisie" if they are second, third, fourth tier people – these are not the people who are usually covered, usually people look at the very front ranks. It's very attractive to study the man-on-horseback and so on. But what about the people who are leaders but who are "leading" from some place elsewhere in the herd than riding in the front? So even their stories I think produce an interest that we don't usually get and Alfred Xuma – who is the subject of the biography which I am working on – was "front-rank" for a time in South African political terms and people have written about him as a political actor. Not very much attention has been paid to him as a medical actor, as a serious contributor to history of medicine within deprived segments of the South African population. Because he was a doctor who went into politics, people focused on the fact that he was either successful or not as a political actor. And that's fair enough. But what that doesn't tell us is: What's the nature of his interaction with the politics of everyday people – such as health services consumers, mine workers, women in the work force, proponents of traditional culture, and so on – while working in ways and in places where he wasn't automatically the leader and in command. As a conventional leader, he could have given orders and something would have been done. You can do that from the front. But when you are attempting to lead from the rear or from the sidelines, without public power, you have to negotiate change, not command it. You really have to show your mettle in a different way, shrewdly and creatively.

What are your projects besides Xuma?

They are pretty diverse … I think if you were to take a kind of sea-level view of the things that I've worked on and am currently involved with, it might look quite spread out and maybe unconnected. Because I've worked, researched and published in far-flung areas of labor migration within the African diaspora, the folklore of deep-shaft mine workers, women as domestic workers, the migration and political uses of African popular culture – such as board games, the South African pub known as shebeens, and the diffusion-exchange of political ideas across the Atlantic.

The thing that these things have in common, when viewed from a mountain-top perspective, is that I'm really searching to find that spot where people are in an "un-posed" or vulnerable moment of struggle, or in whatever it is that they are doing: So it's a "historical moment" that I'm looking for and it really doesn't matter what the population is or where they live. It's one thing or the other. What is it that happens to people in "vulnerable spots", whether it is a political vulnerability, social vulnerability or a cultural threat one? How do they react to that? What kind of defence do they put up? What kind of counter-attacking institutions do they construct?

So that's what ties it together for me and, in some sense, allows me at some point to put all of this together more explicitly in some kind of "vision" or theory – if you like – on the "social history of the vulnerable classes". Those could be mineworkers, those could be people who sit

on street corners playing a boardgame, those could be women doing domestic work, or those could even be a young African doctor who had some power and social status working in a setting that is plainly controlled by people much bigger, more powerful, and more invested in the status quo … Is this making any sense?

Oh yes, this is making sense, absolutely! And you are also answering the question WHY you do that …

The thing that I didn't say and answer but would also go for the issue of being here in Vienna, is the so-called "witch-doctors." These are people who don't have credentials that everyone else is going to see and to accept right away. They have to struggle a bit, especially if they are in a diverse, trans-cultural setting. They have to fight for who they are. They have to struggle to achieve effective political leverage and cultural space within which to operate, as do the traditional healers who are legally under threat in South Africa

What are your plans for the future?

In a way that's easy to answer, in another way that's quite hard because my projects in the past have come about through a version of "fishing": You see what you catch and if it's interesting you go with it; if it's not, you toss it back. It may not be very efficient in professional terms; well it means, it subtracts some from conventional productivity. I think, in a sense, this is a much more efficient way of making those choices. You know, you decide "I'm going to catch a big fish" and stay with that until it's done or it's not. I believe, what you ought to do is: If you don't catch a big fish, well write about "fishing," and private economy! Or write about "water," and the influence of it in a society. Or "the nature of spaces and places of solitude".

In my view, you can be productive and digressive. And that's what causes the appearance of inefficiency. It carries you into places, that while it may make you a happier person, it leads to a lot of *Sturm und Drang* on the part of critics who want before all else to decide what compartment of intellectual endeavor to put you in. Because, in my opinion, they look for ways of separating knowledge, not putting it together.

So in terms of "what comes next" it's hard to say. The things that I have been working on for a while and the ones I will find along the way, these things will keep me busy for some time. I don't expect ever to really "finish." As I said my overall objective in all of this is to show the connectivity between ideas and activities of people in quite different settings to do "Comparative Social History" but other than the kind of "obvious." That's one way of doing things: We all compare, let's say, "domestic workers in the U.S.A. in the 19th century"; we all compare "domestic workers in China", let's say, the same century or different. That's quite fine but not very imaginative.

That's true, yes.

I mean that's fine and I would read that. I'd be the first one to appear at the bookshop to have a look at that. But I would be looking to see what I could learn about the "little odd bits" not covered and the little people whose activities or thoughts are not often considered. Researching women as domestic workers may be an advancement over old-fashioned labor history, but domestic work is unfortunately not the only place in the world where women, for example, as social, political and cultural actors are vulnerable. I mean you don't need to look for "obviousness" even within the new history. Vulnerable populations in the world that have to fight for their power and their space are all over the place.

That's true, you "stumble" over them!

Exactly, you're right! They're all over the place. You are sort of surprised some time: Oh my goodness, why are we not looking at these? Everything's is an "eureka" moment! Luther Burbank, you know the great botanist, once said: "You just walk out of your door and wherever you look, there's a great discovery!" You needn't say: "I'll take my rucksack and go deep into the woods and maybe I'll come upon some great insight into nature." There are lots of surprises all around us. No, just put your pack away and look around you! I like the exciting surprises that folk at the Institute have seized upon: women in traditional healing, the trans-cultural delivery of health services, herbalists in the modern world, and other situations where interesting problems are

found to study set within the obvious problems.

What kind of problems do African-Americans face in academia?

That's sort of tough, too. I mean, I fully understand the question, but I've not spent a lot of time thinking about it. I'm a pretty positive person. That's why it's tough to answer for myself. William James, the great American educational philosopher and pragmatist, used to say: "If hope is required as a fuel to do stuff and it's not there, then make it up!" If you need that kind propulsion or motivation just as an "operational" proposition, then just assume you have it! And that doesn't mean there are not lots of problems objectively, but in some ways you just have to play a kind of "avoidance" game in order not to let the "description of the trap" you may be in, trap you.

Now to give you a more conventional answer: I think things like money and institutional support for research and so on … things that constrain those who are new to the academic marketplace very, very much. And the ones who are new are the ones who had conventionally not been there in the act. That means, that's always the problem: It's the duty of the society, the duty of the academic workplace and so on, in the interest of these things, the interest of society, the interest of the academic to make sure that those kinds of barriers don't prevent the "odd" or "un-represented" sorts of characters to get in. I think it's in everyone's interest to be sure that the obvious barriers are not the ones that make the difference. Nobody wants to be guaranteed that "bad ideas" and so on win out in the end. But at least let's not make things that we can correct, namely people having support and opportunity to have a look at new subjects – don't give them a chance to do so.

Here I am only making the point that Dr. Xuma made half a century ago, when he ran into barriers to studying medicine at home and to going abroad to do so. And when abroad – in the USA and UK – he ran into private barriers to finding jobs or housing while studying and into official barriers to internship placement and clinical training after completing his M.D.

I don't feel I've been hurt personally because I've managed to enter some places at just a moment of change. That's always very exciting, as a matter of fact. You get invited a lot to talk about being "the first". But this tends to get rather tiresome after a while. But nevertheless there's an exciting part, too. "Newness" is a great fuel for making things go. And if you've come new to a context that everybody else has been into so long where they've begun to think of in very bored and unimaginative ways, you've got really an interesting "fuel" that they don't have.

And there are some other problems that have to do with America as a society which did not reward – for so long – certain populations for doing certain kinds of things. That came to be embedded, even within young people coming along a notion that "there's no need of even to try". So, I assume, some people "deselect" themselves because of an institutionalized pessimism. "No need to go there." It saves the society the trouble of doing its own dirty work: "Hey, we tried but nobody came! We opened the door but …"

Exactly, but you have to invite them.

Yes. This character that I've been writing about, Alfred Xuma, has an interesting thing to contribute to this kind of discussion because he was always looking for new and different ways of doing stuff. When he came up against the barrier of not any or very little, local or domestic educational opportunity in South Africa he could have said: "Well, I'll just work without that" or "I'll do something else". But he went overseas to the U.S., to Europe and then he came back to South Africa and made an explicit pitch for South Africa to provide medical training for African students. And they could not – on the basis of his own life – make the argument that, if they didn't do it at home, all these people could and should pursue a professional training outside the country. It's been South African's choice: You have the choice to affect the training of a significant future population. You can do it or you don't. If you don't, it's not that they are not going to do it, they are going to find a way to do it!

He got some response but it was always interesting to see his role in – not just in

medical practice, but involved in – a kind of "meta-level-game" that had to deal with: "How do you get more research money for doctors? How do you get better Health-Service-Institutions built in the country? How do you get people who haven't thought that they could be doctors to think about of being doctors?"

Again, one would think that a "conventional" book about him would be – a medical practitioner who went into politics who succeeded a little and failed a lot; and then medical biography is another way to go. A whole other thing is watching him step back and try to have a hand in setting the agenda both in politics and in health-care delivery. That makes him a different kind of actor. He wanted to shape the "policy debates" in which he was going to play a role. He was going to say: "I want to have something to say about the practice of medicine, about the training for the practice of medicine, about the political and the professional controls or monitoring over medical practice and training, about hospitals, about nurses, doctor-staff interaction. How town medicine should inter-face with traditional healers.

The last question is a personal question: Before you came here I looked you up on the Internet … on your University's Web-Page: The first thing I noticed is that you collect stamps! That fascinated me, that someone puts his hobby on his homepage. My question is: Why do you collect stamps?

Why do I collect stamps? Actually, that's not terribly "personal", I mean it is in the sense that everything I do runs into everything else. In some ways there's no "personal" and there's no "professional" as separate selves. And this is my approach – you just want the one to inform the other. Moreover, I'll tell you a secret: I'm not really a stamp-collector. What I am is … because you see the purists, the philatelists, who are stamp-collectors would not accept what I do as stamp-collecting.

… because you don't collect the stamps because of the stamps …

Precisely so! Because it's more stamps as history than stamps as valuable, little recreational bits segregated into albums away from the societies that produce and use them. I'm very utilitarian about this. I'm interested in stamps and everything else that tells me about the "human story" and I make no bones about that. Therefore I get some applause from non-stamp collectors who are willing to go with me down that road. But the pure collectors will ask: "Well, how many 'first issues' do you have?" And I say: "None, not one. I don't want an un-cancelled stamp"! I don't want them un-cancelled because the cancellation is what tells me things – such as the history of that stamp and who might have used it for one purpose or another. But I've given you a somewhat "non-serious" answer. Well, I did start out stamp collecting in a kind of straight-forward way. So it began somewhat like the fishing … Then I started asking different kind of questions like: "Who are these people on the stamps and how did they get there and not someone else?" So the conventional impulses quickly fell away.

One of the things that I've looked for – and I haven't really decided what I'm finding – is to see what stamps say about society and what stamp-collecting say about the role of leisure in American society. It really takes serious scholarship to see what's the background of a silly little stamp!

Is there anything else that you want the readers to know about you? Anything interesting?

No, you know all my secrets. However, I will repeat: it's very good being here at the Institute. I wish I could have stayed longer, because there are all kind of things that I wish I had time to learn … and I haven't even scratched the surface of the enormously rich resources to be found here at the Josephinum and in one of the most interesting cities in the world. I tried to use the resources that bore directly on my projects – old newspapers, special collections, antiquarian shops, colleagues young and old. But then there's all the rest I want to know as well. Such as Hungary. Plainly, I need many more life-times …

Well, you can come back!

O.K.!

Thanks a lot for the interview!

A Multidisciplinary Joint Research Project with the Mahidol University in Thailand

Christine Binder-Fritz

Introduction

The following contribution intends to give a short overview about a research collaboration between our Department and the Mahidol University in Bangkok under the umbrella of the ASEA-UNINET Programme. Last year I designed a project to start a research collaboration with Thailand. My interest for a research collaboration with Thailand's University actually awoke during two private journeys in 1980 and 1988, when I took a closer look to the issue of mother and child health, the health of disadvantaged women and the risk behaviour of Thai prostitutes. But it needed quite a while to be realized at last. Many years later I was invited by the Austrian Ministry of Foreign Affairs and the Federal Chancellery as a participant to the Asia-Europe Young Leaders Symposium II, which was held in Austria May 24 - 29, 1998. One of our tasks there was to work on a paper: "Recommendations on Education and Human Resources, Development and Cooperation between Asia and Europe". There the issue of the AIDS-epidemic and the social consequences were discussed extensively with delegates from Thailand and Myanmar. The idea of a research collaboration between Austria and the two South-East-Asian countries was revived. Finally in 2001 I took my chance and submitted my ideas as a project with the focus on "Women's sexual and reproductive health " and "The use of traditional Thai medicine" to the coordinator of the ASEA UNINET Programme in Vienna, Prof. Dr. H. Bolhar-Nordenkampf. In November 2001, during my visit at the Mahidol University in Bangkok the project and further steps of our research collaboration were discussed.

Objectives

The overall aim will be to stimulate research collaboration and staff and student exchange between our Institute and the Mahidol University in Bangkok. The project also can be seen as a follow up activity of my 3-year project on "Transcultural Aspects of Women's Reproductive Health", which will end by October this year. The research on Thai women's health will continue my research activity on women's sexual and reproductive health in the Asia-Pacific region, and definitely will contribute to the development of transcultural health care services for immigrant women in Austria.

Our research collaboration is planned at two levels: in Thailand and in Austria. It will have a multidisciplinary approach, involving the Department of Pharmaceutical Botany and Department of Pharmacognosy (Faculty of Pharmacology) and the Faculty of Social Sciences and Humanities, both Mahidol University Bangkok, and the Institute for Pharmacognosy and our Department of Ethnomedicine, University of Vienna.

The project will deal with the impact of global issues on women's and children's health and the existing, emerging and re-emerging health problems of the twenty-first century. Migration of Thai women to urban areas and labour migration to Austria will therefore be of mayor interest. Research in Thailand will focus on women's sexual and reproductive health and attention will be drawn to HIV/AIDS and prevention of risk behaviour. Primary health care, the use of traditional Thai medicinal plants, the benefit of Thai food and phytoestrogens for peri- and postmenopausal women will be of great interest as well. Although the region has yet to be specified it is planned to start in the year 2003. The research collaboration in Austria will focus on social behaviour in regard to reproductive health, the condition of health within the families and health seeking behaviour of Thai immigrant women (including immigrant women from neighbouring countries like Cambodia), who live in Austria. The question will be, if their reproductive health needs are to be met by our health care system. The access and possible barriers of Thai immigrant women to maternal

care services in Austria and their experiences at gynaecological and obstetrical departments will be documented. The impact of migration and acculturation on their health will be questioned too. Another important issue related to work migration of Thai women to Austria is the issue of HIV-AIDS prevention among prostitutes. In regard to the rapid spread of HIV/AIDS in South-East-Asia and its relation to high-risk behaviour this is of mayor interest for Austrian Health Services too. One of the objectives is that the outcomes should be a contribution to the development of a gender -sensitive and cultural congruent Reproductive Health Care Program for Asian immigrant women in Austria. It is planned to start the interviews by spring 2003.

My Visit to Mahidol University

During a short visit to Bangkok, between November 19 and December 4, 2001, I presented my project both, to the Dean of the Faculty of Social Sciences and Humanities and the Dean of the Faculty of Pharmacy. Interesting discussions with colleagues from both faculties about the research design, our future research collaboration and an invitation to give a guest lecture during my visit, followed.

On Monday, November 19, Dr. Arayan Trangarn, Deputy Dean for International Affairs at the Mahidol University, picked me up at my hotel and his driver drove us safely through the typical morning rush hour, which often blocks most of the streets in Bangkok. Our destination was the Faculty of Social Sciences and Humanities at Salaya in Nakhonpathom, which lies several miles

My guest lecture was well announced at the Faculty of Social Sciences and Humanities

northeast of Bangkok. In a first meeting with Professor Suree Kanjanawong, Dean of the Faculty of Social Sciences and Humanities we exchanged our ideas on a future collaboration. He invited me to give a guest lecture the following week and arranged a meeting with those colleagues who are experts in the field of Health Social Science and women's reproductive health.

Dr. Arayan Trangarn (D. Sc., Harvard University), who is an expert in the field of Health Policy & Management, arranged a short visit to the Salaya Plant Garden and invited me for an interesting stroll and a special lunch to the local market in Nakhonpathom. This place is famous for the preparation of delicious duck "Thai style". He was also helpful to organize a student accommodation at the Chulalongkorn Campus for me, which was much cheaper than the Manhattan Hotel. His driver picked me up at my hotel and brought me to the student house. Well, indeed my small room was located ideally to work as well at the library as to reach and enjoy the food stalls and the night market with delicious Thai food at the campus, which was frequented by local students.

Health Social Sciences on Women's Reproductive Health

It is increasingly accepted that health problems stem from multiple causes, encompassing social, economic, cultural, psychological, political, demographic, geographical and biological components. Consequently they cannot be solved by medical sciences alone, but require a multi-disciplinary approach (Sermsri 1999). For the first time I got aware of the interplay of all those factors when I first visited Thailand many years ago. During my work at the General Hospital in Vienna, as a Medical Technician in Genetics, I visited Thailand twice: in the year 1980 and in 1988. I travelled extensively by train and local bus for several weeks across the beautiful country and was impressed by the tropical landscape, the rich cultural heritage and the friendly Thai people. On the other hand I realized numerous social problems among those Thai people who had come from the rural areas up North to the Metropolis Bangkok, where they lived with their children in slums in the suburbs of Thailand's Tourist attraction number one. Their daily life was a

struggle with poor and overcrowded living conditions, almost no income, lack of food resources and clean water, no education, no family planning and poor health condition overall. The impact of poverty, rural migration and urbanisation on women's health came again clearly to my mind at my second trip, when I made interviews with Thai prostitutes in Pattaya on their awareness of risk behaviour in regard to the HIV/AIDS problem.

In contrast to Austria, where the need of effective collaboration between social scientists and health scientists has been realised just recently, the Faculty of Social Sciences and Humanities at Salaya has been offering a graduate program in Medical and Health Social Sciences to Thai students since 1976. In 1994 the Programme began offering an international graduate training program for the M.A. degree in Health Social Sciences, in order to serve neighbouring countries in South and South-East Asia and other regions (Department of Social Sciences, Faculty of Social Sciences and Humanities).

Our Future Collaboration Teams and Staff and Student Exchange

For Health Social Sciences and Women's Reproductive Health: Dr. Arayan Trangarn, Prof. Suwajee Good, Dr. Pimpawun Boonmongkon, Dr. Siriwan Grisurapong, Dr. Sucheela Tanchainan; from the Department of Social Sciences, Faculty of Social Sciences and Humanities. Mahidol University at Salaya and Dr. Soe Moe, from the Department of Preventive & Social Medicine, Institute of Medicine, in Yangoon, Myanmar.

For Ethnobotany and Ethnopharmacy (Thai medicinal plants and Phytoestrogens): Prof. Sompol Prakongpan, Dean and Prof. Promjit Saralamp and Dr. Sompop Prathanturarug and student Mr. Tanucha Boonjaras, who wants to conduct his Ph.D. in Ethnobotany at our Department (in cooperation with the Institute for Pharmacognosy, Vienna), all from the Department of Pharmaceutical Botany, Faculty of Pharmacy, Mahidol University Bangkok. Dr. Wandee Gritsanapan (Department of Pharmacognosy) and Ph.D. student Wichit Paonil (candidate Medical Anthropology) together with Dr. Dumrong Chiewsilp would like to continue their research on the benefits of traditional Thai medicine for AIDS patients.

The Use of Traditional Thai Medicine

As in other parts of the world, interest in medicinal plants among the general public in Thailand has grown dramatically during the 1980's through increased promotional support by both governmental and non-governmental organizations. With Faculty members of the Department of Pharmaceutical Botany (Faculty of Pharmacy) an excursion was made to Salaya Plant Garden. Prof. Promjit Saralamp and Dr. Sompop Prathanturarug took me round and explained the curative properties and use of the different plants.

As Thai Folk Medicine has been superseded by Western Medicine in many regions of Thailand, it can be extremely difficult to get knowledge in how the plants were used. Our project also has the aim to support the present trends in Thailand. There is a growing interest in the development of the national health system, that all systems of medicine should be available to the general public as a free choice. So people can make use of those systems that are best suited to their needs.

Thailand as a tropical country has an abundance of diverse plant resources and most of them are reported to be used as medicine legally and widely in Thai traditional medicine. The immense richness of herbal medicine in

Thai medicinal plants are also beneficial for women's reproductive health. Prof. Promjit Saralamp (right) and Dr. Sompop Prathanturarug, Department of Pharmaceutical Botany

Thailand also includes plants that are beneficial for women's reproductive health. Thai medicinal plants provide important resources in the search for new drugs, especially to treat cancer and AIDS-patients. As the staff members of the Department of Pharmaceutical Botany want to preserve this natural heritage and want to record this valuable body of information as a resource for new drugs, they are interested in research collaboration with European countries.

Traditional Thai medicine is a precious natural heritage and it incorporates Thai values and beliefs to treat illness. Therefore it will be interesting to investigate to what extent Thai immigrant families who live in Austria, still make use of traditional Thai medicine and to question if health seeking behaviour in their new home country is still influenced by Thai social values and Thai philosophy of health and healing.

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The following contribution was sent by e-mail from Dr. Soe Moe, M.D. from Myanmar, who is currently doing a degree in Health Social Science at Mahidol University. She was in the audience for my guest lecture on "Transcultural Aspects of Women's Reproductive Health" and in the discussion she made the following comment on her experiences, which she wants to share with our readers:

"Thank you very much Dr. Christine for your interesting and stimulating lecture. I am a medical doctor and a teacher at Medical University. Frankly speaking, I have been aware of the importance of social and cultural studies only two years now. When I was a medical student "culture" meant some sort of old traditional dances and songs. That's all. Fortunately, my first posting was in the biggest general hospital in my country. At that time I was fascinated by different kinds of surgical techniques and operations and interested in new pharmaceutical products like new antibiotics. Later I was transferred to a small district hospital where I had two experiences which clearly show the interdependence of culture, social behaviour and health issues. One village woman fell down with her hand outstretched and had swelling above the wrist. I was not sure whether she had a fracture or not, so I consulted the senior medical doctor for a second opinion. When this doctor was about to touch the woman she withdrew her hand and she said, that she was single. I told her: "So what! He is a senior medical doctor and he is going to examine you now". But she said: "No, no, I want YOU to examine me, this is OK for me, but I won't let that man touch my hand". In our country single women should not be touched by men. It is a taboo. But in the cities where I was brought up, medical professionals are the exception. Women allow the male medical professionals to examine their body. But in small villages that taboo is so strong and there is no exception. At that time I could not understand that event very well. I thought, poor women, she refuses the experienced doctor. But after I had finished my first year course here in Health Social Science, I recalled that experience and re-analysed it. If that woman did not want the male doctor to touch even her hand what about the private parts? If she would have any reproductive health problem, she would not consult a male doctor. In our country, there are many remote areas where only male doctors are practising. In those area women may not consult with doctors for their reproductive health issues. Consequently I realized to appreciate the training programs for traditional birth attendances in our country. The Traditional Birth Attendants are culturally more accepted than pushing the pregnant mother to hospital for delivery.

When you talked about the life cycle approach to sexual and reproductive health, you mentioned, that it might be possible that pregnancy occurs at the age of 15 or 16. This reminded me of one of my most shameful experiences as a junior medical doctor. One of my neighbours consulted me for nausea and severe vomiting. She was single and she came from a respectable family. At that time she was only sixteen. When she consulted me I remembered what I had learnt in the college: hyperemesis gravidarum (nausea and vomiting due to pregnancy). It came up in my mind to my list of provisional diagnosis, but I excluded it immediately. You know because I thought she is single and it is very, very rare to see an unmarried pregnant mother! She was only sixteen! My friends and I even did not have any boyfriend when we were sixteen. She was my

neighbour and comes from a similar family like mine. She never went out late – (at that time I thought that sex affairs can occur only at night time). To cut the story short, I arranged her to undergo gastroscopy. Helicobacter was found and I happily made a diagnosis "Gastric Ulcer", gave her antacid and antibiotics. Not long after that she eloped with her boy friend. I was not very concerned about that. But later she came back to me and said: "Sister, I didn't take your medicine, but I'm o.k. now. I knew what I had done and I solved the problem by myself". You know – her hyperemesis relieved when the pregnancy advanced! That was the moment when I felt so ashamed! Now I have re- analysed that experience and made a conclusion, that I haven't been aware of the changes in my society and acculturation so that I wasted the money of the patient as well as of health resources. I want to tell my experiences to the medical students so that they would not make the same mistakes. I want them to understand that it is important to consider the cultural context before making a medical decision. When I have finished this course I will have more holistic view than I had before".

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Forthcoming Congresses

February 16 to February 21, 2003: International Conference on **"Impact of Global Issues on Women and Children"** at the Ambassador Hotel, Bangkok, Thailand. Co-sponsered by McMaster University, Canada and Burapha University Thailand.

For more information please contact: Email: ic2003@mcmaster.ca or Email: iwc@buu.ac.th

Forthcoming Lectures

„Die Ethnomedizin – Wissenschaft vom heilkundlichen Denken und Handeln des Menschen" lecture by Armin Prinz on June 26, 2002, 7:30 p.m., at the Vienna International Academy for Complementary Medicine, Jugendstiltheater – kleiner Theatersaal im Otto Wagner Spital, 1140 Wien, Baumgartner Höhe 1

Sustainability of the Kava Trade – The Kava Controversy
On June 26, 2002, 7:00 p.m. Nancy J. Pollock will give a lecture at the lecture room of the Institute for the History of Medicine, Währingerstr. 25, 1090 Vienna

Kava has been consumed as a beverage in Pacific communities for approximately 3000 years. The same plant has yielded an extract, sold in capsule form, that has become a major product on the natural medicines/herbal remedies market in the last 15 years. The Pacific consumer differs markedly from the purchaser of health remedies. Between these two groups of consumers there are the producers. The kava plant is unique to a Pacific ecological niche. Pacific island horticulturalists have derived a plant to meet their needs, mainly for ritual consumption. In recent times that plant has been in increasing demand by European pharmaceutical companies. Their interest lies solely in the kavalactones contained in the Piper methysticum plant; these kavalactones form the main ingredient of the pills and capsules sold under such labels as KavaCalm. A secondary market has developed in the pop drinks industry selling cans containing kava. The sustainability of trade in kava roots from Pacific societies to European pharmaceutical manufacturer can only be supported by reliable demand. The recent media scare (Feb/Mar 2002) of hepatic toxicity has already reduced sales to Europe of kava root/powder drastically (Naylor, Kava Kompani, Vanuatu, pers. comm.) Farmers are left with an over supply of root stock planted in expectation of a growing market with good cash returns. Traditional use is sustainable, but globalised trade that is marked by irregular demand becomes high risk, thus is largely unsustainable. Pacific Island farmers are suffering as a result of this media scare.

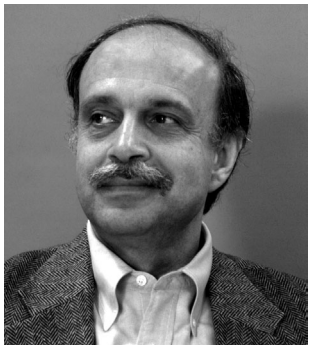
Nancy J. Pollock is Senior Research Associate in Anthropology and Acting Director of Development Studies at Victoria University, Wellington, New Zealand

Contributing Authors

Christine Binder-Fritz, Ph.D. (social anthropology), Hertha Firnberg project leader (T68 MED) financed by the Austrian Federal Ministry for Science and Education . Research projects on Maori-medicine, she spent alltogether 21 months in New Zealand

Doris Burtscher, M.A., Ph.D. (social anthropology, Vienna), researcher at our Department, research projects on Seereer medicine in Senegal

Maria Michalitsch, writes her M.A. thesis in Ethnomedicine, she is trained in Chinese dietetics and TCM and works as a translator, teacher and writer.



Tony DeStefano, M.A., Dr. jur., is an assistant city editor for Newsday, he specializes in covering criminal justice and legal affairs, he was part of the team of New York Newsday reporters who won the 1992 Pulitzer Prize

Photograph last page

A shrine near the temple Wat Arun, Bangkok, Thailand. Besides the many "official" religious places such as the Buddhist temples, offerings are also made near holy trees (in the picture a Ficus religiosa) that are strongly associated with ghosts and other spiritual beings.

Photograph: Ruth Kutalek

Holy Tree, Wat Arun, Bangkok

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