As the organisers of an anthropology conference on Medical Pluralism held in Rome in 2011 noted, medical pluralism – generally understood as the co-existence of diverse medical traditions in a single setting – is something of an ‘old fashioned’ topic in the social sciences. Although the term itself came into vogue only in the 1970s its emergence as a focus of research dates back to the 1950s, when anthropologists started to observe the expansion of ‘Western’ medicine or ‘biomedicine’ into developing country contexts and examine its effects on indigenous understandings and practices regarding illness.

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AT THAT TIME there was a prevailing assumption in public health circles that the putatively inherent superiority of biomedicine would automatically lead to major health improvements and the decline of other medical traditions. In the following decades many studies instead documented the continuing preference of other approaches to managing illness and their convergence with biomedicine. Yet contrary to modernist assumptions, non-Western treatment forms have not disappeared, but today are assuming growing importance both in European contexts and within their countries of origin, often in revitalised forms.

In response, there has recently been a revival of interest among social scientists and historians in the nature and character of medical pluralism and this volume marks an important contribution to this initiative. It has particular contemporary significance in light of the Indian government’s recent moves to institutionalise a plural concept of medicine in its national health system by funding certain posts for qualified non-biomedical practitioners and advocating the ‘revitalisation’ of local health traditions.

The present volume contains 12 chapters representing a wealth of scholarship from several disciplinary perspectives and is subdivided into five sections that start with the ‘ancient’ traditions of Indian medicine (defined here in a somewhat exclusive manner as consisting solely of the textually-based or ‘codified’ medical systems of Ayurveda and Siddha) and go on to cover relationships between Indian health traditions and the state, variations within the codified traditions, varieties of subaltern practice outside the official sector (including midwifery and orally transmitted or ‘folk’ therapeutic traditions, both religious and secular) and the indigenous drug manufacturing industry. An impressive introductory overview by the editors usefully surveys the wealth of existing scholarship on Indian medical traditions and introduces the volume’s main themes. It is marred by a few contentious and partisan readings of the work of certain scholars that are more occasional error of fact (such as the claim that Britain banned all non-biomedical practices in the 19th century, whereas Britain has always had a relatively permissive regulatory approach to ‘other’ forms of medicine and only use of the title ‘Doctor’ by those not trained in Western biomedicine was prohibited).

Delineating the scope of ‘Indian medicine’

The editors avoid explicitly defining what, in their view, counts as ‘medical’ in their Introduction, but the welcome introductory overview by the editors usefully surveys the literature, such as epistemological differences between understandings of disease etiology and approaches to diagnosis in Indian medicine in contrast to Western biomedicine, or contingencies between indigenous therapeutic traditions and the ways biomedical diagnostic tests and patient understandings are negotiated by practitioners who seek to practise ‘authentic’ Ayurveda as compared to those practising a more syncretic variety (Bode).

While all the chapters in the volume demonstrate an impressive depth of scholarship relating to their chosen subject, some rehash quite well-known arguments already familiar from existing literature, such as epistemological differences between understandings of disease etiology and approaches to diagnosis in Indian medicine in contrast to Western biomedicine, or contingencies between indigenous therapeutic traditions and the ways biomedical diagnostic tests and patient understandings are negotiated by practitioners who seek to practise ‘authentic’ Ayurveda as compared to those practising a more syncretic variety (Bode).

As a whole this volume offers a range of richly detailed case studies of some of the main medical traditions and practices that go to make up the diversity of ways in which health-related problems are treated in India. Despite some inevitable shortcomings it contributes both to our comparative understanding of the nature of Indian medical pluralism as a contemporary phenomenon, and sheds light on policy orientations that informally transmitted through families or apprenticeship (Sadhu), and distinctions in the ways biomedical diagnostic tests and patient understandings are negotiated by practitioners who seek to practise ‘authentic’ Ayurveda as compared to those practising a more syncretic variety (Bode).