

RELIGION, MEDICINE

contemporary perspectives

Edited by ROBIN M. WRIGHT

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Introduction

This anthology developed from a critique of the relations between contemporary Western biomedicine and local healing traditions. Many local traditions are in danger of being forgotten, not transmitted, or are discredited by orthodox biomedicine. At best, most local traditions have survived as fragmented pieces of once greater totalities. Everywhere, Western biomedicine has occupied spaces that were once the domains of local specialists.

These local specialists, individuals or in groups, were quite important moral and spiritual guides as well as healers. Now, they are dwindling in number, struggling to retain the important position and respect they once enjoyed in their communities. Several recent publications on shamanisms of Amazonia and Siberia (Buyandelger, 2013; Kopenawa & Albert, 2013; Rubinstein, 2012; Wright, 2013) have brought to spiritual experiences lives, struggles, light the and of these extraordinary individuals, dispelling the exotic aura surrounding tribal peoples in these relatively isolated places.

The contributions in this anthology are woven together out of the experience and knowledge of their authors. Several chapters seek to go beyond mere descriptive ethnography by engaging important theoretical discussions of performance, aesthetics, personhood, soul, and life-forces. Native exegeses provide meaningful statements by specialists of 'the unseen world', the 'other worlds' of beneficent or malevolent spirits.

with its innumerable local variants, Shamanism, even displays many commonalities around the globe. This collection dedicates considerable space and reflection on the beliefs and practices of traditional healing specialists in native societies of Amazonia, Malaysia and Central Asia. What do these traditions share in the way of historical consciousness (cosmic history as well as more recent histories of struggles with nation states or religious organizations)? How do traditions turn into powerful tools for managing the events of history, for example, through the chants that remember the ancestors and their courage in escaping colonial domination and its diseases?

With the historical and, in some cases, contemporary repression of these beliefs and practices by missionaries and churches, native peoples have done the best they could to safeguard their traditions. For local tribes, often small in population, or peoples with hybrid traditions, changes in the spiritual elements of these traditions have left original practices barely visible. One clear example of this can be seen in the 'ayahuasca' religions of South America; another, Bon shamanism in Asia.

It is very often the case that local communities of indigenous peoples positively evaluate Western biomedicine because it has proven effective in emergencies (broken bones, any number of accidental hazards and diseases). Unfortunately, colonial domination contagious has been accompanied by devaluation, if outright destruction. not of native practitioners, considered as 'frauds', 'insane' or 'quacks'. associated only with the negative side of 'magic'. Many age-old traditions have been thoroughly stamped out because of the deepseated racism that has accompanied colonial conquest.

In the 1960s and '70s, indigenous shamanisms attracted the attention of younger generations in Western societies with the publication of Carlos Castaneda's adventures with the Yaqui shaman Don Juan, and other popular writings on Native American priests and medicine people. With Western society's long-term quest for spiritual authenticity (Znamemski, 2007), would-be 'indigenous' spokespeople began circulating messages supposedly based on 'true teachings of the elders.'

Throughout the 'New Age', self-made 'shamans' gained the popularity of gurus in North America, Europe, and Latin America. Both the 'core' shamanism developed by Michael Harner, and the neo-shamanic 'churches' legitimate trying for out offered opportunities revised and decontextualized 'traditional' healing practices, without a native shaman necessarily present. A new shamanic consciousness has emerged to attend a public in globalized contexts. This consciousness, especially attentive to the 'plant spirit' shamanism characteristic of ayahuasca churches, has attracted spiritual seekers from all over the world. Controlled eclecticism seems to be a way of integrating diversity, grounded in the experiential knowledge of a 'non-ordinary reality'. Neo-shamanic groups use a potpourri of shamanic instruments and wardrobe to create their self-image: sacred symbols from the Hopi, the Lakota, ceramic bowls from the Shipibo, Andean and Amazonian spirit animal power (the condor, the anaconda, the jaguar).

Core and neo-shamanic practice differ greatly from traditional worldviews which are based on an all-inclusive animism. In animistic worldviews, virtually everything in the universe is believed to have a spirit in some way connected to the material world. Spirits are among the principal agents in the world for giving and taking away sickness. The difference becomes evident when we understand in depth the entire range of beliefs and practices of a native peoples developed over centuries, if not millenia, and contrast these with the images developed by neo-shamanism.

The other traditions in this anthology represent a selection from the great religious cultures of Asia and the Americas. For all these cultures, there exists (in some cases, used to exist) an ancient body of knowledge codified in key texts carefully guarded by the keepers of this wisdom and transmitted across generations to 'schools' of apprentices. Among the Maya of Central America, the knowledge of plants and their curative powers entails an understanding of the interrelations among physical elements and spiritual balance pervading cosmology, cosmogony, and daily life. Herbalists and other specialists continue to be widely known and respected in their communities.

Mayan understanding of long and short-term cycles of time was of major importance to their sense of place in a dynamic cosmos. showered onto the With the attention the global public 2012 doomsday prophecy, however, Mayan cosmology became easy prey for mercenaries of the 'New Age'. Numerous self-declared 'spiritual leaders' sprang up during the period of vigil but just as quickly, luminaries disappeared when their 'prophetic' statements false these failed to concretize. It must be remembered that the bulk of Mayan medicinal knowledge was contained in hundreds of painted books produced by Mayan scribes over many centuries. called codices Nearly all of those books were destroyed in huge bonfires by the Franciscan missionaries. What survived the holocaust was kept in the memories of the priests and priestesses, day-keepers and diviners, who guard much of that knowledge until the present day.

Ancient medicinal knowledge remembered by the present-day Mayan specialists bears resemblance in important ways to Traditional Chinese

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Medicine (TCM). Beginning with the shared notion of cyclic, cosmic balance that both affects and reflects earthly conditions, in both traditions, healing seeks to restore the patient's physical, metaphysical, and social worlds by correcting the imbalance that is the root of all illness.

Notions of 'vital principles' or 'life forces' are at the core of cosmologies in many traditional societies. The notion of *O'ol* among the Maya, the ideally balanced state of the soul in relation to life circumstances; *Prana*, or the universal life-force among Hindu Ayurvedics; *Chi* (or *Qi*) and *yin-yang* in Chinese philosophy all have in common a life-power flowing throughout the cosmos. All traditions refer to animating forces that constantly have to be kept in balance and regulated by high-level shaman-priests. Such forces connect living humans with non-human entities each of which has its special powers.

Some of the world's most ancient medical knowledge is found in the ancient Hindu Vedas, the basis for the Ayurvedic tradition, today a globalized form of healing; the Tibetan Buddhist *Gyu-dzshi* tradition, also known as "The Four Tantras" grounded in the dynamic force of the 3 elements (body, energy and mind) which must be maintained in balance in order for there to be health.

The healing rites of Christianity (most especially, anointments), and the *qawalli* devotional music of the Sufi Chishti Order show that religion and health have everything to do with the experience of recovering self-identity in relation to a transcendent deity. The experience of the Sacred Self (Csordas, 1994) as a loving yet overwhelming deity marks both religious traditions. Health in both cases combines a sense of self-control, release from external pressures, and the search for the ideal Self.

It is well-known that, prior to the advent of 'modern Western biomedicine' with its powerful pharmaceutical industries, most people of the world used the traditional methods mentioned above, or other non-chemical and non-invasive forms of therapy that have been collectively designated as naturopathy, homeopathy, and plant medicine. These terms cover a wide range of nature-based practices: nutrition, natural aromas, sensing the condition of the body by non-invasive methods, and especially the use of plants, herbs, oils and ointments.

Naturopaths believe in the spiritual and vitalistic healing power of nature

claiming absolute reliance upon the cosmic forces of man's nature. Plants and herbs are considered not only the source of remedies, but are intimately linked to spiritual health of the planet as well. Native Hawaiian traditions treat plants as relatives, as can be seen in the recent film *Numen, the Life of Plants*, that begins by tracing all life-forms on earth to the early plant life of the primordial seas.

By the end of the 19th Century, Western biomedicine had begun to be a dominant force in healthcare. With its philosophical grounding in Cartesian rationalism, the Body was irreparably distinguished from Mind/ Spirit. One could no longer speak of spiritual healing, because that would defy science's search for the material 'laws' of the cosmos, and biomedicine's search for the operative principles of the Body with its thoroughgoing mechanistic viewpoint.

Western biomedicine's claims to the validity of its procedures are based on the superiority of its technology for showing a precise picture of the body and its functions, and its aggressively invasive procedures, i.e., surgeries, for inserting replacement parts when one of the body's systems has broken down, worn out, or is otherwise defective. Coupled with the global political power of modern medical associations and their lobbies, as well as greater funding cutting-edge for research in biomedical schools. lost ground and was discarded for its naturopathy 'non-scientific' techniques. This devaluing of naturopathy has had mixed results, for if, on the one hand, it eliminated the more questionable naturopathic treatments (e.g., placebo-like 'elixirs'), it also contributed to the rejection of potentially health-restoring plants and to the utter de-spiritualization of man's relation to might think of modern Western biomedicine We as the nature. antithesis of the harmonious relations with natural forces, life-forces and vitalism that are at the core of naturopathy and all other forms of traditional medicine.

With the growing recognition that biomedicine is far from being an infallible approach to healing, many discontented patients have been led back to exploring the potentials of natural medicine. Given the disastrous results of environmentally destructive development of the world's resources since the beginning of the Industrial Age, nature spiritualities likewise have been making a dramatic comeback. Western biomedicine has been forced to change its immaculate, public image in favor of a cautious inclusion of 'alternative', or 'non-conventional' forms of healthcare. More and more professionals are open to exploring the potentials of "Integrative Medicine." Nature religions have been most effective in their efforts to heal the contemporary spiritual malaise due to the historicallyspecific 'disconnect' between Western societies and the natural world. With Religions, of the Nature kinds discussed in Tavlor's Green Religions (2009), the relations pioneering work, Dark of religion and healing imply far more than curing individuals, or an individual's relation to the deities. In the present circumstances, these relations have acquired a deeper sense of becoming more responsible earth, revitalizing the world of the stewards and its peoples. rejuvenating the spiritual health of whole peoples and their habitats. The examples included in this anthology are of Hawaiian natives and Native North Americans who have actively promoted recovering environmentally damaged ecosystems.

One of the insidious aspects of the pharmaceutical industry's quest for developing new remedies has been its exploitation of indigenous knowledge, producing over-the-counter remedies that, for example, reduce obesity (America's number one health problem) and stimulate high energy. Plants that have been cared for successfully by native peoples for millenia because they were fundamental to the people's way of life, are now over-exploited for the benefit of non-native societies and their profit-making industries. Native peoples' roles as guardians and stewards of the earth have been eroded to such an extent that international human rights and environmentalist organizations now focus on promoting and enforcing rigorous standards to protect indigenous knowledge, traditional ecological knowledge (TEK), and intellectual property rights (IP). These discussions lie at the heart of contemporary debates and very likely will have an effect on the direction that Western medicine and associated industries will take in the future.





Religion, Medicine and Healing: Contemporary Perspectives

Syllabus

I. Instructor and Teaching Assistant for the course

Professor Robin M. Wright; Vickie Machado

II. Course Website

Students are held responsible for all materials and related information posted on the course website. The required E-textbook for the course, titled Religion, Medicine, and Healing – Contemporary Perspectives (Kendallhunt, 2014) contains all of the reading material for the course. All assignments and grades, as well as announcements, will be posted on the course website.

III. Course description

The focus of this course is on healers and healing practices in various religious traditions around the globe. The most important themes we shall discuss are:

- > the 'efficacy' of religious symbols for the healing process; cross-
- > cultural notions of the body, of pain, and healing; embodiment
- of healing powers by religious specialists;
- ritual healing performances and their meanings;
- the importance of sound, sonic imagery, and music to healing processes;

- the relations of healing practices to cosmology, metaphysics, and sacred narratives;
- the transformations of self and meaning that emerge during or from a cure.
- Intellectual Property Rights (esp. healing knowledge) of indigenous societies.

The healing traditions we shall study, by ethnic groups, religions, or geographical regions, are the following:

- Indigenous shamanisms of the Americas and urban mestizos of Latin America;
- > Asian, Eurasian, and Southeast Asian shamanisms;
- > Buddhism, Hinduism, Taoism, Sufism;
- > Judaism and Christianity;
- > Naturopathy and Nature Religions.

IV. Course Structure and Readings

All Readings are reprinted in the E-anthology for the course (Kendallhunt, 2016); some are available also via links to websites. The sequence of Modules begins with a discussion of theoretical and empirical questions that connect Medicine and Healing Traditions with Religion. Western biomedicine is a specific approach to healing that in general gives little credence to non-Western spiritual matters, non-Cartesian philosophies, non-Aristotelian metaphysics. By contrast, non-Western and local traditions derive their efficacy from beliefs in the existence of multiple souls, interaction with non-human spirits, and specialists who have obtained their knowledge and power through religious experiences.

Module 2 presents a selection from the vast array of shamanic healing practices developed by indigenous Amazonia and Asia. In traditional contexts, sickness-giving spirits, soul-loss, and sorcery are among the most important explanations given for illness. In their rituals, the shamans perform their journey to the Other World, or make contacts with the spirit world. These performances are in themselves highly structured events, musical and poetic, the goal of which is to return the sick person's soul, or part of it to the sick person's body. In urban shamanism, spirits have a different connotation altogether, having to do with ethnic, cultural, and individual identities. This has produced a re-inventing of shamanic practices to make them more appropriate to the urban contexts.

Modules 3 - 7 take us on a panoramic and historic journey to several of the best-known, non-Western healing traditions where there are open connections between religious belief and medicinal practice. This is fully understandable once we learn the extent to which the notions of 'body', 'soul', 'illness' and 'health' are intertwined in their cosmologies, metaphysics, and ontologies.

The clearest associations amongst all elements can be seen in cultures with highly-developed medical systems that are intimately tied to the deities, extensive pharmacologies and ecological knowledge, and above all, a clear notion of a divine 'life-force' or 'vital principle' - and 'balance' that must be maintained with one's surroundings, as well as between one's inner self and external environment. In order for there to be healthy communities, such conditions of balance must prevail. We can see this especially well not only in Mayan and Traditional Chinese Medicine, but also in the ancient "Four Tantras" traditions of Buddhism. The Medicine Buddha's extensive knowledge of the natural elements and their properties, the combinations of minerals and plants in complex remedies, were developed in the 4th Century CE. The Ayurvedic Tradition of Medicine, associated with Hinduism, follows Buddhism in its teachings that disease is the result of excess, and that the "Middle Way" is the path to maintaining good health. We also take a brief glimpse at the varieties of "religious sicknesses", that is, syndromes associated with conversion, from the testimonials of Charismatic Catholics relating their possession by demons, to the ecstatic Sufi healing dance and devotional tradition called qawalli.

The use of herbal remedies was a predominant form of treating illness until the 1920s and '30s, when Western Biomedicine assumed a claim over the field in such a way that any lingering 'ancient knowledge', 'folk knowledge', popular healer's knowledge, or even spirituality, were purged from the dominant biomedicine-technology model. Since then, that model has demonstrated that it has its strengths and its weaknesses. It seems to be a common opinion today that the ideal paradigm is one based on "Integrative" Medicine which does not close its doors to 'alternative', 'non-conventional' forms of medicine, but rather, adopts a cautious approach to inclusion.

The international recognition of the rights of indigenous peoples to keep their medicinal knowledge intact stands in stark contrast with its actual rapid disappearance. Recovering and/or re-vitalizing traditional knowledge and practice is thus vital to the indigenous side of the issues.

In Western culture, there is a syndrome called the "disconnect with nature". The phrase refers to the barriers the West has constructed historically, separating us from non-Western societies by symbolic and political domination, massive alterations of the natural environment, and a blind trust in the future of high technology. In light of this, there is an overwhelming need to know, recover, and where possible live the healing experiences of traditional peoples. All who are engaged in this endeavor ultimately stand to gain from the exchange.

V. Course objectives:

Students who successfully complete this course will be well-versed in the following aspects of Medicine that are not usually studied in standard courses:

- Phenomenological studies of experiences of sickness and healing; contrasting approaches to sickness and healing among both traditional and non-traditional peoples;
- 'Aesthetic' aspects of healing: the importance of the religious imagination in representing pain, the notion of 'soul-loss'; synaesthesia, ethnopoetics, sonic imagery; music and religion; music and healing; relations of ethnomusicology and medical anthropology;
- Performance': traditional healing relies on a wide variety of performative aspects (e.g., dance and induction of altered states of consciousness) that must be mastered by the healer during his/her training; these aspects are crucial for shamanic traditions

o f 'community healing' in which specialists embody through performance the ancestral energy, or life-force, transmitting it in their cures;

- Diversity in cultural meanings of sickness and healing (in cosmology, cosmogony, ontology, eschatology); the category of the 'unknown', reversible 'deaths', and levels of 'knowledge' in curing; sources of and access to, spiritual 'power';
- Plant spirit shamanism, 'ayahuasca' curanderos or 'vegetalistas' of urban Latin America who seek through visionary experience a cure for their clients; importance of sacred plants in healing rites; Mayan herbalists;
- Healing as a process consisting of distinct phases; the relations between categories of illness and modes of healing; ritual forms, dietary restrictions, and preventive modes of protection against illness;
- The 'embodiment' of the sacred, in Western Pentecostal Christianity and Charismatic Catholicism, and its importance to understanding processes of healing;
- The relevance of the socio-political contexts in which nonconventional healers work, their relation to 'dominant structures' of scientific expertise; economic, political power.

VI. The Readings (all Readings are in this Anthology, unless otherwise specified):

4 Module 1: Theoretical and Methodological Approaches

- What is Specific to Western Medicine?" by Arthur Kleinman, In: Companion Encyclopedia of the History of Medicine, Vol. 1, edited by W. F. Bynum and R. Porter, Routledge, 1993, pp. 15-23.
- "Pain and Bodies" by Jean E. Jackson In: A Companion to the Anthropology of the Body and Embodiment edited by Frances E. Mascia- Lees, Wiley-Blackwell, 2011, pp. 370-387.

4 Module 2: Shamanisms of the World

- 2.1 Northwest Amazonia: shamanic knowledge and power to heal
 - Ch. 2, Wright, R.M. "The Making of a Jaguar Shaman", In: Mysteries of the Jaguar Shamans of the Northwest Amazon. 2013 U Nebraska Press.
- 2.2 Ayahuasca: sound and pattern medicine
 - "The Symbolic Efficacy of Rituals: From Ritual to Performance" by Esther Jean Langdon;
 - "La Medicina: Ritual and Healing with Ayahuasca" by James Taylor;
 - Suggested Further Reading: "Sound - Trance - Healing - The Sound and Pattern Medicine of the Shipibo in the Amazon Lowlands of Peru" by Sabine Rittner, Music Therapy Today, Vol. VIII (2), July 2007, pp. 196-235. (http:// musictherapyworld.net)
- 2.3 Shamanic performance in the Himalayas: feeling the presence of spirits
 - * "Presence" by Robert R. Desjarlais, In: The Performance of Healing, edited by Carol Laderman and Marina Roseman, NY: Routledge. 1996, pp. 143-164. (Reading on website)
 - * "The Man Chinni Exorcism Rite of Tamang Shamans" by Larry G. Peters, Shaman's Drum, No. 55, 2000, pp. 16-25.
- 2.4. Healing through Musical Performance
 - Poetics of Healing in Malay Shamanistic Performance", Carol Laderman, In: Laderman and Roseman, 1996, pp. 115-141.

- 2.5. New Age shamanisms: rekindling lost spiritual awareness.
 - * "Core and Neo-Shamanism" by Joan Townsend, In: Shamanism: an encyclopedia of world beliefs, practices, and culture, Mariko Namba Walter and Eva Jane Neumann Fridman, eds., 2004, Volume 1, pp. 49-57.

Module 3: Life-force and Balance: Mutual Understanding of Ancient Mayan & Chinese Medicinal Systems

* "Human Relations with the Cosmos in Mayan and Chinese Medicine," In: Wind in the Blood: Mayan Healing and Chinese Medicine by Hernan Garcia, Antonio Sierra, and Gilberto Balam, North Atlantic Books, 1999, pp. 1-20.

Module 4: Local Diversity vs State Centralization in Traditional Tibetan Medical Systems

- Tibetan Medicine Plurality" by Jan Salick, et al., Economic Botany, Vol. 60, No. 3 (Autumn, 2006), pp. 227–253.
- Geoffrey Samuels Civilized Shamans: Buddhism In Tibetan Societies https://www.scribd.com/ document/216727610/81124806-Geoffrey-Samuels-Civilized-Shamans
- John Myrdhin Reynolds. "Ancient Tibetan Bonpo Shamanism" http://www.holybooks.com/studies-tibetan-bontradition/
- http://www.tibetanmedicine-edu.org/images/stories/pdf/ TibetanMedicineD1.pdf

Module 5: Hindu Ayurvedic Medicine: Ancient Practice in a Pluralistic and Globalized Setting

- "Indian Medicine?" by Dominik Wujastyk, In: Companion Encyclopedia of the History of Medicine, Vol. 1, edited by W. F. Bynum and R. Porter, Routledge, 1993, pp. 755-778.
- "Modern Practice of Ayureda and its Globalization" by Michaela Lee.

Module 6: Charismatic Catholicism and Pentecostal Christianity Healing

"Imaginal Performance and Memory in Ritual Healing" by Thomas J. Csordas, in The Performance of Healing edited by Carol Laderman and Marina Roseman, NY: Routledge. 1996, pp. 91-113.

4 Module 7: Sufism. Healing in the *Qawalli* devotional tradition

*"Unseen Power: Aesthetic Dimensions of Symbolic Healing in Qawwuālī" (text only) by James R. Newell, The Muslim World, Vol. 97, October 2007, pp. 640-656.

4 Module 8: Naturopathy & Herbal Medicine

- "Naturopathy", in Wikipedia: http://en.wikipedia.org/wiki/ Naturopathy
- "Use of Herbal Medicines and Implications for Conventional Drug Therapy Medical Sciences" Rivera JO, Loya AM and Ceballos R. Alternative and Integrative Medicine. 2013, 2:6

* "The Multiple Uses of Cannabis for Religious Purposes", C. A. Wright, paper presented at the 2011 Symposium on "Plants and Healing".

Module 9: Contemporary Nature Religions: Healing the Planet, Revitalizing Ecosystems, Native and Western Medicines

- * "Nature Religions in the U.S.", by Catherine Albanese, In: Encyclopedia of Religion and Nature, Bron Taylor, editor. NY: Thoemmes Continuum, 2005, pp. 1175-1186.
- "Ecopsychology", by Andy Fisher, Encyclopedia of Religion and Nature, ibid.
- "Ecotherapy and Ecotopia" by Cathrien de Pater, Encyclopedia of Religion and Nature, ibid.
- "Dark Green Religion" by Bridgette O'Brien (excerpt from Ph.D. thesis);

Module 10: Protecting Traditional Medicinal Knowledge

 "Monopolizing Medicinal Methods: The Debate Over Patent Rights for Indigenous Peoples" by Heather A. Sapp, In: Temple Journal of Science, Technology & Environmental Law, Vol. XXV, pp. 191–212.

Module 11: Bibliographic Resources

VII. Expectations:

<u>Our Responsibilities:</u> To present a solid review of the subject matter. The Instructor and Teaching Assistant are committed to helping you understand the material. If you have any questions regarding course materials, policies, grading, and technical problems, contact one of us ahead of time. You are encouraged to ask questions through the course web page.

Your Responsibilities: To keep up with lectures, readings, films, and submitting assignments BEFORE the due date. This is an online course, and it is easy to fall behind, therefore you are encouraged to keep up with the "Lecture Schedule" provided on the Resources tab. You are expected to:

- Follow guidelines provided by the instructor: watch lectures, do the assigned readings, watch films or other audiovisual material by the assigned date;
- Submit assignments BEFORE the due date;
- Follow the honor code (see below). Remember: All written portions of assignments are checked for plagiarism.

VII. Grading:

Midterm and Final Exam: The midterm exam will consist of a combination of question types: matching terms to definitions, multiple choice, and short essays. The material to be covered by the midterm includes everything from Day 1 of the course until mid-semester. Midterm exams will be opened under the Assignments section, at 8 a.m. and closed by midnight. The Final exam will be structured similarly to the Midterm, and will cover all material from midterm until the last day of class. The Final will be available at 8 a.m. and due by midnight. Keep in mind that exams are timed. Once you begin the exam, you will have 2 hours to complete it. Both the Midterm and the Final exams will be evaluated for possible plagiarism by the Turnitin tool.

Attendance: Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found in the online catalog at: https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx

Quizzes: There will be a total of six multiple-choice quizzes. You will need to go to the Assignments tab on the date indicated on the Lecture Schedule and take the quiz. The quiz questions will be posted on the day before the quiz is to be taken. The quiz will open at 8 a.m. of the following day and will close at midnight.

Extra Credit Essay: The wealth of material available for each topic makes it impossible to cover all of the interesting questions that are currently of great relevance to this course. Thus, for students interested in researching and writing a 3-5 page paper, extra credit points can be garnered (10 total) to add to your final grade.

Grade calculations:

Midterm Exam: 100 points (25%)

Final Exam: 100 points (25%)

Quizzes (5 – each worth 20 points): 100 points (50%)

Total: 300 points (100%)

Extra Credit points: maximum total of 10 points

Final scores will not be rounded (i.e., 89.92% is not 90%).

Your grade will be based on the average of one midterm exam, one final exam, and the five quizzes.

Grade Scale: A: 95 - 100 A-: 90 - 94 B+: 87 - 90 B: 83 - 86 B-: 80 - 82 C+: 77 - 79 C: 73 - 76 C-: 70 - 72 D+: 67 - 69 D: 60 - 66 D-: 57 - 59 E: below 57

* Note: A grade of C- is not a qualifying grade for major, minor, Gen Ed, or College Basic distribution credit. For UF's policies on grade points and grading, see:

https://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx

VIII. Special Treatment

We do not offer any kind of special treatment, or adjust grades on an individual basis. If you are having problems with the course material or health related problems, please contact instructor as soon as possible. Incompletes are strongly discouraged and will be given only when students who have finished most of the assignments satisfactorily cannot complete the final requirements due to unforeseen events. If this is the case, students must arrange for the incomplete before the end of the semester.

IX. Email Communication

All email correspondence to course instructors must be sent through the course website using the Mail function. Correspondence regarding the lecture, homework, and the overall course should be directed to the instructor, or TA.

X. Academic Honesty and the Honor Code

Plagiarism or cheating: Students are expected to uphold the highest standards of academic honesty and integrity. Students caught plagiarizing or cheating will automatically receive a grade of zero on the assignment in question and will fail the course. In addition, they will be reported to the appropriate university authorities. Please keep in mind that plagiarism does not consist only in copying verbatim someone else's material and presenting it as if it were yours. It also includes taking ideas (even paraphrased!) from an author without according him/her proper recognition (through a footnote, for instance). Other forms of cheating (particularly downloading material from the Internet and presenting as if it were yours) will also be subject to the same action. See: http://www.dso.ufl.edu/judicial/ honestybrochure.htmhttp://www.dso.ufl.edu for more information on UF policies.

XI. Accommodations for Students with Disabilities

Students requesting accommodation or special consideration must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the instructor when requesting accommodation or special consideration.

XII. Student Evaluations

Students are expected to provide feedback on the quality of instruction in this course based on 10 criteria. These evaluations are conducted online at https://evaluations.ufl.edu. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at https://evaluations.ufl.edu.



Lecture and Assignments Schedule REL 3098/ANT 3930 — Religion, Medicine, & Healing Course Schedule — Summer A 2018

Module	Lecture Topics	Readings/Films	Quizzes, Papers, Exams
1. Introduction	Welcome from Instructor. Introduction to Religion, Medicine, and Healing (Syllabus, online textbook, online assignments, mechanics of course and website management	Introduction to Anthology	
	Key terms, definitions, theoretical perspectives and methodologies (Contributions of medical anthro., cultural relativism, theory of performance, history of healing traditions in the world. What is holistic medicine?)	Kleinman (1997), What is Specific to Western Medicine?	
	Medical science and traditional healing: what is pain ? (Cross-Cultural definitions of health, illness, suffering, and pain, especially, chronic and inexplicable pain. What is emphasized in healing traditions and biomedicine for treating pain issues?)	Jackson (2011), Pain and Bodies	

	Religious Specialists (Healing traditions throughout the world, including contemporary revitalizations; training to be a healer; bodily and spiritual transformations; shamanisms, their relations to herbalists, priests/-esses, sorcerers, other health specialists)	Wright, R. M. (2013), Religious Specialists	
		Watch Film: "The Science of Healing"	Quiz # 1: May 18
2. Shamanic Traditions, old and new	Introduction to Module 2. 2.1. Northwest Amazonian Shamans (Focusing on healing processes by indigenous jaguar shamans of the Northwest Amazon, relations to the cosmos, the spirit 'keeper of sicknesses', soul and body, soul- -loss and recovery, points of sickness in the body)	Wright (2013), The Making of a Jaguar Shaman	
	2.2. Amazonian ayahuasca shamans and churches. (Ayahuasca & healing: indigenous use; the main churches and their healing rites; its potential, limitations and risks)	Langdon (2014) Symbolic Efficacy of Rituals Taylor (2013) La Medicina Film: "Vine of the Soul"	Quiz # 2: May 25

	2.3. Bon Shamanism of Nepal and Tibet	Desjarlais (1996), Presence Peters (2000), The Man Chinni Rite	
		Films: (Follow Instructions on Module page) "Fate of the Lhapa" & "Between Two Worlds"	
	2.4. Healing through Musical Performance	Roseman (1996), Temiar of Malaysia	
	2.5. Neoshamanism and Core Shamanism	Townsend (1999) Core Shamanism and Neo-shamanism Study: Comparative table	Quiz # 3: June 1
	(Differentiation among core shamanism, neo -shamanisms, and traditional shamanisms of indigenous peoples; the growth of core shamanism)		Extra Credit Paper topics available on website
3. Mayan Healing & Traditional Chinese Medicine	Traditional Mayan healing life- force Sastun and Acupuncture	Garcia et al. (1999), Chapter 1, Wind in the Blood	
		Video: (follow instructions on website): "Ix Chel Farms"	

	Chinese Taoist <i>Qi</i> + Mayan <i>O'ol</i>	Film:	Review for Midterm
	Traditional Chinese Medicine and Religions – 5 parts	"The Mystery of <i>Chi</i> " with Bill Moyers	Take the Midterm on June 8
4. Hindu Ayurvedic medicine	The Tridosha system for determining health; kinds of treatment; Globalization of Ayurveda	Dominik Wujastyk (1997), Indian Medicine; Michala Lee, Modern Practice of Ayurveda and Its Globalization Film: "Ayurveda: The Art of Being"	
5. Tibetan Buddhism	Tibetan Buddhist Medical traditions: the <i>Gyu-dzschi</i> (4 Tantras) Plurality in Tibetan Medicine	Salick (2006), Tibetan Medicine Plurality Film: "TheKnowledgeofHealing"	Quiz # 4:June 15
6. Healing in Judaism and Christianity	Lecture Notes: Healing in Judaism & Christianity (Charismatic Catholicism & Protestantism)	Thomas Csordas, Imaginal Performance and Memory in Ritual Healing; Video: "Healing and the Catholic Charismatic Movement" (Holy Spirit Healing Clinic)	
7.The Qawalli Healing Tradition in Sufism of Islam	Islamic Sufi Qawalli Tradition	Chishti (1991), What is Health ? & The Stations of the Soul	

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	Alternative Medicines and Therapies	Film: "Numen. The Nature of Plants"	Quiz # 5: June 19
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	Dark Green Religions (recovering destroyed ecosystems, towards a planetary sacred narrative)	Videos: (links in anthology) "Traditions of Nature Religions"; "Voices of Green Fire;" "A Voyage to Health;" "Healing Totem Journey"	Course Survey: available June 20
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Module 1: Introduction

1.1 Introductory Outline (Lecture Notes 1)

- This course draws on a large array of cross-cultural sources, to distinguish several features which appear to be shared by nearly all social systems of healing.
- These shared features include, among other things:
 - 1. Categories by which illness is diagnosed;
 - 2. Narrative structures that synthesize complaints into culturally meaningful syndromes;
 - 3. Master metaphors, idioms, and other key symbolic forms that lead to the construction of aetiological interpretations of pathology which legitimate practical therapeutic actions;
 - 4. Healing specialists, their training and careers;
 - 5. Rhetorical strategies that healers deploy to move patients and families to engage in therapeutic activities;
 - 6. And an immense variety and number of therapies, combining, almost seamlessly, symbolic and practical operations.
 - Much variety is apparent within the same society. More impressive are the differences distinguishing the healing traditions of different societies with distinct religious traditions.
 - In this course, we shall consider both the great literate systems of

traditional Chinese, Hindu, Christian, and Islamic medicine as well as local healing activities of shamans and spirit mediums throughout the world.

- A key focus is: what is specific to Western medicine (biomedicine), in contrast with other systems within our society and around the globe?
- Arthur Kleinman, a medical anthropologist who has greatly influenced the field of Medical Anthropology pointed to 3 general features: 1.
 the primacy of its philosophical (epistemological and ontological) commitments. 2. a specific corpus of knowledge and knowledgeproducers (practitioners, researchers, authors, teachers); 3. a culturallyspecific institutional structure.
- What we are interested in complements Kleinman's Research: the relation between biomedicine and local traditions; and we shall explore more in depth the content of each of the local healing traditions studied. We begin by raising a number of general questions for which different cultures have distinct responses:

Critical Issues:

- 1. How do different cultures define pain? Dr. Jean Jackson's article opens the course with a theoretical reflection on the key question of how different cultures understand the sources of pain? Why and how do people "get pain" or "live lives of chronic pain"? We go further by asking: How can pain and/or the experience of near fatal illness transform a person's life spiritually?
- 2. Sickness and Disease How do people 'get sick', prevent themselves from getting sickness; what kinds of entities or behavior are understood to be responsible for transmitting sickness? What are 'contagious diseases,' do all cultures have the idea of contagion?
- 3. Healing Processes, which are as diverse as there are distinct ways of conceptualizing illness. The narrative of a person's life-story will often highlight the remembrances of pain and how it was important to heal from sorrow at the loss of a beloved kin.

- We know that sonic imagery, sound and music can have a very important impact on a person's well-being and healing. Sounds of the forest, songs of the shaman during soul travel to the spirit world, the gongs of the Tibetan lhapas, the rattles and especially the drums. All these produce altered states of consciousness that enable direct experience with the great spirits and deities that heal or guard the keys to powerful remedies.
- We know that in societies whose cosmologies are profoundly animistic, spirits are in all places and the idea of overstepping boundaries between spirit-people and human beings can have grave consequences. Hence the systems of tabus, food prohibitions, and fasting are highly respected in traditional societies, just as we respect the "doctor's orders" to limit our activities to what the body can withstand physically.
- 4. In many societies there is a notion of a 'life-force' that connects the inner being of the Person with the outer surroundings (environment) and one directly affects the other. How do cosmological structures that define time, period of the day, month, or year influence these life-principles and render a person more or less vulnerable to sickness.
- 5. Health: what are the attributes of a 'healthy' person, 'healthy' society and its surroundings? In many cultures, these three domains are inseparable, interconnected in such a way that one cannot influence one without affecting the other two.
- 6. More generally, what can we learn from the local traditions that could be of benefit to Biomedicine, and vice versa? How can local traditions be revitalized in the cases of their near disappearance so that they might regain the vital role they had for many centuries?
Medical Anthropology vs. Religion and Healing:

Some Theoretical Issues (Kleinman, Romanucci-Ross, Victor Turner)

One distinction scholars have found to be useful in differentiating healing in traditional cultures is the following:

- In a <u>personalistic system</u>, illness is believed to be caused by the intervention of a sensate agent which may be a supernatural being (a deity or dead ancestor) or a human being with special powers (a witch, sorcerer or shaman). The sick person's illness is considered to be a direct result of the malign influence of these agents.
- In <u>naturalistic causation</u>, illness is explained in impersonal terms. When the body is in balance with the natural environment, a state of health prevails. However, when that balance is disturbed, illness results. Often, people invoke both types of causation in explaining an episode of illness, and treatment may entail two corresponding types of therapy.
- According to personalistic theories of illness, illness may be linked to transgressions of a moral and spiritual nature. If someone has violated a social norm or breached a religious taboo, he or she may invoke the wrath of a deity, and sickness—as a form of divine punishment—may result.
- <u>Possession</u> by evil spirits is also thought to be a cause of illness in many cultures. This may be due to inappropriate behavior on the part of the patient—failure to carry out the proper rituals of respect for a dead ancestor, for example—or it may be simply due to bad luck.

- Sometimes, one person's <u>envy</u> of another's good fortune is believed to exert a malign influence through the "<u>evil eye,</u>" which can result in illness or other calamities. Witches and sorcerers are malevolent human beings who manipulate secret rituals and charms to bring calamity upon their enemies. Recovery from an illness arising from personalistic causes usually involves the use of ritual and symbolism, most often by practitioners who are specially trained in these arts.
- Naturalistic theories of disease causation tend to view health as a state of harmony between a human being and his or her environment; when this balance is upset, illness will result.
- The <u>Humoral System</u> is a naturalistic approach to illness the roots of which are over two thousand years old. Humoral concepts of health and illness are widely found in India, southeast Asia, China, and, in a somewhat different form, in Latin and South America. Maintaining humoral balance involves attention to appropriate diet and activity, including regulating one's diet according to the seasons. Illnesses may be categorized into those due to excess heat and those due to excess cold. Treatment of an illness of overheat would involve measures such as giving cooling foods and application of cool compresses.

Medical Anthropology: Objectives and Scope

- Arthur Kleinman, psychiatrist trained in anthropology focused his research primarily on concepts of illness in Taiwan, but also did comparative work. Kleinman (1980) redefined the goals of medical anthropology: [Medical anthropology should] widen and deepen non- biomedical cultural perspectives on health, sickness, and health care.
- Research should be framed in terms of ethno-medical orientation to meaningful contexts of illness and health care.
- Researchers should study the everyday context of health and sickness in the popular sector (vs structural definitions of healthcare).
- Study popular manifestations of health practices themselves in culturally meaningful contexts.

- Another scholar, Romanucci-Ross (1991), defined medical anthropology as concerned with descriptions and analyses of medical systems which emerge from human attempts to survive disease and surmount death;
- Medical systems are conceptualized as social responses to illness within a variety of world cultures.
 It is NOT enough to demonstrate the inadequacy of the epistemology underlying the biomedical framework. Should focus attention on non- professional side of health field, especially its positive adaptive features. [outside the clinic]
- Study (1) medical thought and problem solving; (2) "acculturation process" of healer and physician in diverse cultural settings; and (3) social and cultural contexts of medicine.
- Demonstrate how culture human belief, knowledge, and action —structures human experience of disease; affects the ways in which both physicians and patients perceive and define illness; and influences matrices of decision-making in subcultures attempting to communicate about problems of health care.
- In summary, the field of Medical anthropology is commonly associated with ethno-medicine; bio-cultural and political studies of health ecology; evaluation of health and medical-related behaviors from both an emic and etic vantage point; [Emic = actor's point of view; Etic = external point of view]
- While drawing on a wide variety of theoretical vantage points, medical anthropologists have a common concern with the relationship between culture, health, and illness.

Shamanism, Ritual and Religion

• Studies on shamanism and ritual have also been influential in medical anthropology. Balikci's (1963) account of shamanic practices among Netsilik is one early example from a vast body of work on shamanism. Previously, courses on "Primitive Curers" focused on shamans, herbalists, midwives, and bone-setters, in a broad spectrum of cultures throughout the world.

Symbolic Efficacy and Religious Studies

- "Efficacy" principal concern is with <u>how healing works</u> in cultural and socio-historical contexts.
- One of the most influential studies of ritual healing is anthropologist Victor Turner's (1967, 1969) work among Ndembu of Africa. Often cited in contemporary medical anthropological literature for his work on symbols and especially concepts of 'liminality' and 'communitas' (1969) Turner had a considerable influence in

'communitas' (1969), Turner had a considerable influence in development of symbolic anthropology as well.

- Victor Turner developed theories of symbolic efficacy and the ritual process: Dramas, Fields and Metaphors; Ritual and Theatre; Anthropology of Experience. Pioneered study of how rituals in general construct and realize meaningful changes in lives of participants. Rites of initiation, healing rites.
- Study of the nature of symbols and efficacy of symbols in rituals: How do symbols work to effect a cure on a patient? How do cultures conceptualize sickness?
- In Drums of Affliction, he tried to show that the principal 'causes' of sickness from the native point of view had to do with

conflicts on a social, political level which were translated into an idiom of the spirits of the ancestors, who were not pleased with some action of their descendants. The cure was intended to set relations back on track.

- Early theory of 'symbolic efficacy in ritual' (how they work to effect change, as in healing). A symbol consists of 2 poles: 'sensory' (physiological) and 'ideological' (referring to the social & moral order). Ndembu society of northwestern Zambia, Africa is a 'matrilineal' society (descent is traced through the female line), core of society is focused on maternal relations and the manner in which these are symbolized. In rites of initiation, one important symbol is the white sap of a certain tree that has a critical role in girls' puberty rites representing, on the ideological level, the white sap of "womanhood, motherhood, the mother-child bond, undergoing initiation into mature womanhood", "and at the same time, stands for breast milk since the tree exudes milky latex -- the significata associated with the sensory pole"
- Ritual symbols have power which is what effects change in participants.
- What is symbolic power? "Ritual is ... a fusion of the powers believed to be inherent in the persons, objects, relationships, events, and histories represented by ritual symbols. It is a mobilization of energies as well as messages. In this respect, the objects and activities in point are not merely things that stand for other things or something abstract, they participate in the powers and virtues they represent."

How does this work?

Turner explains:

• Many objects termed symbols are also termed medicines. Thus, scrapings and leaves from such trees as the mudyi and the mukula are pounded together in meal mortars, mixed with water, and given to the afflicted to drink or to wash with. Here, there is direct communication of the life-giving powers thought to inhere in certain objects under ritual conditions (a consecrated site,

invocations of preternatural entities, and so on). When an object is used analogously, it functions unambiguously as a symbol. Thus, when the mudyi tree is used in puberty rites it clearly represents mother's milk; here the association is through sight, not taste. But when the mudyi is used as medicine in ritual, it is felt that certain qualities of motherhood and nurturing are being communicated physically.

• Edith Turner (Victor's wife), who taught many years at U Virginia, made important observations on ritual performance and on real existence of sickness-giving spirits, which she actually saw being withdrawn by a Ndembu doctor from a patient.



Skinny boy/Shutterstock.com

A Note on early Greek Medicine and Religion

Asclepius (/æs'kli:piəs/; Greek: 'A $\sigma\kappa\lambda\eta\pi$ ló ζ Asklēpiós [asklɛ:piós]; Latin Aesculapius) represents the healing aspect of the medical arts; his daughters are Hygieia ("Hygiene", the goddess/personification of health, cleanliness, and sanitation), laso (the goddess of recuperation from illness), Aceso (the goddess of the healing process), Aglæa/Ægle (the goddess of beauty, splendor, glory, magnificence, and adornment), and Panacea (the goddess of universal remedy). He was associated with the Roman/Etruscan god Vediovis. He was one of Apollo's sons, sharing with Apollo the epithet Paean ("the Healer"). The rod of Asclepius, a snake-entwined staff, remains a symbol of medicine today.

The most famous temple of Asclepius was at Epidaurus in north-eastern Peloponnese. Another famous healing temple (or asclepieion) was located on the island of Kos, where Hippocrates, the legendary "father of medicine", may have begun his career. Other asclepieia were situated in Trikala, Gortys (in Arcadia), and Pergamum in Asia. In honor of Asclepius, a particular type of non-venomous snake was often used in healing rituals, and these snakes— the Aesculapian Snakes—slithered around freely on the floor in dormitories where the sick and injured slept. These snakes were introduced at the founding of each new temple of Asclepius throughout the classical world. From about 300 BC onwards, the cult of Asclepius grew very popular and pilgrims flocked to his healing temples (Asclepieia) to be cured of their ills. Ritual purification would be followed by offerings or sacrifices to the god (according to means), and the supplicant would then spend the night in the holiest part of the sanctuary - the abaton (or adyton). Any dreams or visions would be reported to a priest who would prescribe the appropriate therapy by a process of interpretation. Some healing temples also used sacred dogs to lick the wounds of sick petitioners. The original Hippocratic Oath began with the invocation "I swear by Apollo the Physician and by Asclepius and by Hygieia and Panacea and by all the gods ..."

Mythology of Aesklepius

ASKLEPIOS (or Asclepius) was the Greek god of medicine and reputed ancestor of the Asklepiades, the ancient Greek doctors' guild. He was the son of Apollon and the Trikkaian princess Koronis. His mother died in labour and was laid out on the pyre to be consumed, but his father rescued the child, cutting him from her womb. From this he received the name Asklepios "to cut open." The boy was raised by the kentauros (centaur) Kheiron who instructed him in the art of medicine. Asklepios grew so skilled in the craft that he was able to restore the dead to life. However, because this was a crime against the natural order, Zeus destroyed him with a thunderbolt. After his death Asklepios was placed amongst the stars as the constellation Ophiochus ("the Serpent Holder"). Some say his mother was also set in the heavens as Corvus, the crow (korônê in Greek). Asklepios' apotheosis into godhood occurred at the same time. He was sometimes identified with Homer's Paion, the physician of the gods.





Reading Kleinman: What Is Specific to Western Medicine?

Arthur Kleinman

"What is Sepcific to Western Medicine?" by Arthur Kleinman in Companion Encyclopedia of the History of Medicine, Vol. 1, edited by W. F. Bynum and R. Porter. Copyright © 1993 Routledge. Reproduced by permission of Taylor & Francis Books UK.

THE FORMS OF MEDICINE

A coherent structure of health beliefs and the institutionalization of decisive therapeutic practices are so widespread around the globe, that medicine, so defined, is surely a universal in human organizations. If suffering can be said to be a defining quality of the experience of being human, so too is medicine, as organized therapeutic practice (the process of care), fundamental to the lived flow of human experience within cultural worlds. At this high level of abstraction, it is even possible, by drawing on distinguish a large array of cross-cultural sources, to several characteristics which would appear to be shared by nearly all social systems of healing, be they forms of small-scale, pre-literate societies or of peasant or even industrialized states. These shared characteristics include, among other things: categories by which illness is diagnosed; narrative synthesize complaints structures that into culturally meaningful syndromes; master metaphors, idioms, and other core symbolic forms that conduce to the construction of aetiological interpretations of pathology so as to legitimate practical therapeutic actions; healing roles and careers; rhetorical strategies that healers deploy to move patients and families to engage in therapeutic activities; and an immense variety and number of therapies, combining, almost seamlessly, symbolic and practical operations, whose intention is to control symptoms or their putative sources.¹

Of course, even more impressive differences distinguish the healing traditions of different societies from each other. So much variety, indeed, is usually apparent even within the same society that to talk of 'Western medicine' or 'traditional healing' as if these terms denominate homogeneous social realities would be a serious misapprehension of ethnographic descriptions. The same therapeutic technologies – say, for example, particular pharmaceuticals or surgical equipment – are also perceived and employed in different ways in local worlds. Thus, in cross-cultural perspective it is as valid to talk about the cultural processes of indigenization of biomedicine, as to implicate the Westernization of local therapeutic traditions. (Medicine and anthropology; Folk medicine)

Nonetheless, there is something special about biomedicine and its Western roots, something fundamentally distinctive from most other healing systems cross-culturally – for example, the great literate systems of traditional Chinese, Hindu, or Islamic medicine and, of course, the vast array of local healing activities described by ethnographers (Chinese medicine; Indian medicine; Arab-Islamic medicine; Non-Western concepts of disease) – so that it is appropriate to essay an answer to the question put to me by the editors of the Encyclopedia: namely, what is specific to Western medicine?

I shall employ the term biomedicine in place of Western medicine, however, because it emphasizes the established institutional structure of the dominant profession of medicine in the West, and today worldwide, while also conjuring the primacy of its epistemological and ontological commitments, which are what is most radically different about this form of medicine.² Thus, I will not concern myself with Western religious healing; nor will I deal with other local folk and popular therapeutic practices that are indigenous to the West. The focus on biomedicine will also exclude alternative Western therapeutic professions or heterodox movements among professionals, such as osteopathy, homoeopathy, chiropractic, naturopathy, or, most recently, 'holistic medicine'.

Furthermore, I will primarily deal with the biomedicine of knowledgecreators (researchers, textbook authors, teachers) and of the high-technology tertiary care institutions that dominate medical training and which represent high status in the profession. While recognizing that the working knowledge of the ordinary practitioner in the community is more complex and open to a wider array of influences, I wish to emphasize the scientific paradigm that is at the core of the profession's knowledge-generating and training system.

MONOTHEISM AND MEDICINE

Unschuld.³ The historian of Chinese medicine, Paul claims tradition that the monotheism of the Western has had a deterministic effect on biomedicine. even as it is practiced in that distinguishes it in a fundamental way from non-Western societies, Asian medical systems. The idea of a single god legitimates the idea of a single, underlying, universalizable truth, a unitary paradigm. Tolerance for alternative paradigms is weak or absent. The development of concepts is toward proof of the validity of a single version of the body, of disease, and of treatment. Alternatives may persist in the popular culture or at the professional fringe, but they are anathematized as false beliefs by the profession as a whole, not unlike the accusation of heresy in the Western religious traditions. At least, this is the way from the non-Western biomedicine looks world. inasmuch as and Ayurvedic medical traditions tolerate Chinese alternative paradigms, and are more pluralistic in their theoretical competing practices.⁴ Thus, therapeutic orientations and vin vang Macrocosmic-microcosmic correspondence theory of the theory, the Five Elemental Phases (wu xing), and specific views of the body in acupuncture and practical herbology exist simultaneously, and are made compatible in the practitioner's practice. Even biomedical concepts and practices are accorded a legitimate place in traditional Asian medical systems. Indeed, in India and Sri Lanka, traditional practitioners of Ayurveda often integrate biomedicine into their practice. No viewpoint ever dies out completely; alternatives are never totally discredited.⁵

The entailments of monotheism foster a single-minded approach to illness and care within biomedicine that has the decided advantages of pushing medical ideas to their logical conclusion, uncovering layers of reality to establish with precision what is certain and fundamental, and establishing criteria against which orthodoxy and orthopraxy can be certified. Indeed, from the point of view of Asian medical systems, the uniqueness of biomedicine lies in its method (of controlling existing data within its theory, and the resultant predictions and determinations based on past facts).⁶

While the more fluid complementary paradigms of Asian medical systems appear weak in methodological rigor and not conducive to empirical testing, their categories do represent active categories of relationships and have produced many positive practical results. The Chinese approach, example, is grounded within the phenomenological constraints of for time, place, and phase. Though excessive flexibility limits its function as a science, it presents a serious attempt to codify complex, subtle, and interactive views of experience into therapeutic formulations that claim contextual rather than categorical application. Chinese for psychological medicine to account attempts and moral and even ecological as well as corporeal phenomena through the use dialectical, process-oriented methods of clinical appraisal.⁷ of dynamic,

Biomedicine differs from these and most other forms of medicine by its extreme insistence on materialism as the grounds of knowledge, and by its discomfort with dialectical modes of thought. Biomedicine also is unique because of its corresponding requirement that single causal chains must be used to specify pathogenesis in a language of hard structural flaws and mechanical mechanisms as the rationale for therapeutic efficacy. And particularly because of its peculiarly powerful commitment to an idea of nature that excludes the teleological, biomedicine stands alone. This medical value orientation is, ironically, not nearly as open to competing paradigms or intellectual play of ideas as is 'hard' natural science, whose ways of approaching problems in cosmology and theoretical physics seem more flexible and tolerant than the anxious strictness of the 'youngest science', though ultimately natural science. too. discloses certain of the same consequences of monotheism.

In the biomedical definition, nature is physical. It is knowable independent of perspective or representation as an 'entity' that can be 'seen', a structure that can be laid bare in morbid pathology as a pathognomonic 'thing'. Thus, special place is given to the role of seeing in biomedicine, which continues a powerful influence of ancient Greek culture. Biology is made visible as the ultimate basis of reality which can be viewed, under the microscope if need be, as a more basic substance than complaints or narratives of sickness with their psychological and social entailments. The psychological, social and moral are only so many superficial layers of epiphenomenal cover that disguise the bedrock of truth, the ultimately natural substance in pathology and therapy: biology as an architectural structure and its chemical associates. The other orders of reality are by definition questionable.

This radically reductionistic and positivistic value orientation is ultimately dehumanizing. That which has been such a successful blueprint for a biochemically oriented technology in the treatment of acute pathology places biomedical practitioners into a number of extremely difficult situations when it comes to the care of patients with chronic illness; situations which, as I review below, offer obdurate resistance to affirmation of the patient's experience of the illness; to understanding of social, psychological and moral aspects of physiology; and ultimately to the humane practice of medicine. These extreme situations are not created, at least with the same regularity and intensity, by other healing traditions described in the cross-cultural record.

DISEASE WITHOUT SUFFERING/TREATMENT WITHOUT HEALING

Through its insistence on the primacy of definitive materialistic dichotomies (for example, between body/mind (or spirit), functional/real diseases, and highly valued specific therapeutic effects/discredited nonspecific placebo effects) biomedicine presses the practitioner to construct disease, disordered biological processes) as its object of study and hardly any place in this narrowly focused treatment. There is therapeutic vision for the patient's experience of suffering. The patient's and family's complaints are regarded as subjective self-reports. The physician's possible, is to replace these biased task, wherever observations with objective data: the only valid sign of pathological are based on verified or verifiable because they processes measurements. Thus, doctors are expected to decode the untrustworthy story of illness as experience for the evidence of that which is considered authentic, disease as biological pathology. In the process, they are taught to regard experience, at least the experience of the sick person, as fugitive, fungible and therefore discreditable and invalid. Yet by denying the patient's and family's experience, the practitioner is also led to discount the moral reality of suffering – the experience of bearing or enduring pain and distress

as a coming to terms with that which is most at stake, that which is of ultimate meaning, in living – while affirming objective bodily indices of morbidity. The result is a huge split between the constructed object of biomedical cure – the dehumanized disease process – and the constructed object of most other healing systems – the all-too-humanly narrated pathos and pain and perplexity of the experience of suffering.

biomedicine constructs the objects of therapeutic work Thus. without legitimating suffering. Physicians are correspondingly hedged in by their role as healers. Providing a meaningful explanation for the illness experience is something physicians (and especially those in marginal subdisciplines such as psychiatry and family medicine) undertake, so to speak, with both hands tied behind the back. They may succeed in using their personality and communicative skills to assist patients; yet they do so, as it were, against the consequences of biomedical orientations for their training and the care they give. Meaning itself is not configured as a central focus or task of medicine. Because it eschews teleology, the very idea of a moral purpose to the illness experience is a biomedical impossibility. That illness involves a quest for ultimate meaning is disavowed. Because of its distrust of qualitative interpretations and concomitant emphasis on quantitative data, biomedicine accords no legitimacy to values. Hence, the practitioner of biomedicine must struggle to practice competent biomedicine, while at the same time searching for some extra-biomedical means to authorize an empathic response to the patient's and family's moral needs to have a witness to the story of suffering, to find support for the experience of illness, and to receive a meaningful interpretation of what is at stake for them in their local world. It should not be at all surprising then that hospitals and clinics are frequently criticized in the current period of consumer interest in patient-centered care for their dehumanizing ethos. Indeed, it is a tribute to the stubborn humanity of practitioners and to the recalcitrant influence of extra-professional cultural traditions that these institutional settings are not routinely experienced as Such.

That practitioners of Western medicine are trained in a radically skeptical method that ought to diminish the placebo response in their care is another curious corollary of this peculiar healing tradition, whose many positive aspects also must not go underemphasized. Although there is no other healing tradition that possesses a significant fraction of the specific therapeutic interventions for serious disorders that biomedicine includes, there is also no other tradition that so distrusts and chooses not to elaborate non-specific therapeutic sources of efficacy that are associated with the rhetorical mobilization of the charismatic powers of the healer-patient relationship that persuade patients and families to believe in successful outcomes and thereby create such scenarios of efficacy.

And yet, the anti-placebo scepticism of the current phase of biomedicine must also be balanced by its associated anti-authoritarianism, which contrasts strikingly with the paternalism of most traditional forms of healing. Egalitarianism, demystification of medical terminology and concern for patient rights, in cross-cultural perspective, are also rather peculiar to the contemporary Western tradition of biomedicine. The virtues, such as they are, which Max Weber (1864–1920) attributed to bureaucratic rationality – namely, generalizability, quantification, prediction, efficiency, quality control – are now ingrained in the professional structure of biomedicine. Their absence in folk healing systems makes those practices problematic. The rub, of course, is the iron cage of technical rationality which, as Weber also saw, would come to replace sensibility and sensitivity. Sadly, though tellingly, the professionalization of Asian medical systems has not infrequently led in the same direction.⁸

THE PROGRESSIVE SEARCH FOR POWERFUL OPERATIONS

Biomedicine instantiates the Western tradition's idea of progress. The profession's self-portrait is of a scientific, technological programme that is continuously progressing in acquisition of knowledge and especially in deployment of powerful therapeutic operations. Even in spite of limited progress over the past decade in the treatment of the chronic diseases that contribute most significantly to morbidity and self-image mortality indices, biomedicine's emphasizes awesome technological capacity to operate on the patient's organ systems. There is only a poorly articulated notion of an absolute limit to that progress. transplanted; limbs can be re-implanted; life-support Organs can be systems even 'prevent' death. It is not surprising, then, that therapeutic

hubris is commonplace. Physicians are not educated to feel humble in the face of sources of suffering that cannot be reversed or to place limits on the utilization of powerful technologies.

Whereas in traditional Chinese medicine, as in many other indigenous non-Western healing systems, and even earlier within healing professions in the West, the idea of progress is balanced by the idea of regress, and suffering and death are viewed as expectable and necessary, biomedicine again represents a radical therapeutic departure. Powerful actions - from purging and bleeding to stopping and starting the heart, delivering a short sharp shock to brain matter, or changing the genes of cells to enhance anticancer drugs - not restraint or negative capability, iconically represent biomedicine's imagery of efficacy. Where Asian medical systems invoke weak treatments as virtuous because they are held to be 'natural' and noniatrogenic, biomedicine's therapeutic mandate, for which all pathology is natural, emphasizes decidedly 'unnatural' interventions. The subspecialties, like family medicine or psychiatry, that employ weaker therapeutic operations are near the bottom of the intra-professional hierarchy of status and financial reward. The historic Western interest in nature's healing powers has passed out of the mainstream of the profession and into the New Age fringe.

The burden on the practitioner of the idea of progress and the expectation of powerful operations is considerable, not least through the astonishing claim that ultimately death itself can be 'treated', or at least 'medically managed'. Another aspect of this ideological influence is the euphemization of suffering, which becomes medicalized as a psychiatric condition, thereby transforming a moral category into a technical one. The consequence is a further transvaluation of therapeutic values.⁹ As a result, practitioners of biomedicine are in a situation unlike that of most other healers: they experience a therapeutic environment in which the traditional moral goals of healing have been replaced by narrow technical objectives.

One other curious particularity to biomedicine, at least in its present-day form, is its anti-vitalism.¹⁰ Traditional Chinese medicine, like many traditional systems of healing, centers on the idea of a vital power – in this instance, qi (energy that is associated with movement) – at the center of health and disease. The source of disease is not traced to a particular organ,

but to the disharmony of gi circulating in the body. Nor is the pulse and circulation of the blood understood only in the physical anatomical sense of the beating heart, but in terms of inspiration and expiration – and the techniques of breath control, gigong, 'the work of breath gi'. Ayurvedic medicine and ancient Greek medicine shared a somewhat similar conception. Vitality, efficacy, power – all capture the idea of a force of life that animates bodies/selves. Biomedical materialism decries a vital essentialism. Things are simply things: mechanisms that can be taken apart and put back together. It is a thoroughly disenchanted world-view. There is no mystery, no quiddity. Therapy does not, cannot, work by revitalizing devitalized networks neuronal or social. There is no magic at the core; no living principle that can be energized or creatively balanced. Thus, though depression feels like soulloss to many persons around the globe, there is no possibility for a lost soul in psychiatry. Psychotherapy, in like fashion, whatever else it is, cannot be construed as a quest for the spirit, though that is what its felt experience is for many.¹¹

The attention of biomedicine is also focused on the body of the individual sick person because of Western society's powerful orientation to individual experience. That illness infiltrates and deeply affects social relations is a advance in biomedicine. Population difficult understanding to and community-based public health orientations run counter to the dominant biomedical orientation, which takes for its subject the isolated and isolatable organism. In contrast, African healing systems see illness as part of kinship networks and healing as a kinship or community effort.¹² The foundation of biomedical psychiatry is also a single self in a single body. The presence of alternative selves or dissociated mental states, measured against this norm, is interpreted as pathology. Trance and possession, which are ubiquitous crosscultural processes that serve social purposes and can be adaptive, are invariably cast by biomedical nosologies as pathology. In contrast, the socio-centric orientation of non-biomedical forms of healing will strike many as a more adequate appreciation of the experiential phenomenology of suffering cross-culturally.

To be sure, much that we have associated with biomedicine at present can also be discussed in other institutions in technologically advanced societies. To that extent, the sources of these qualities may be societal rather than strictly medical. Yet, these attributes are not only absent in many non-Western healing traditions, but also are far less significant in most other healing traditions in the West. In this sense, at least, biomedicine is, like all forms of medicine, both the social historical child of a particular world with its particular pattern of time and an institution that over time develops its own unique form and trajectory.

NOTES

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Reading Jackson: Chronic Pain

CHAPTER 21

PAIN Pain and Bodies

Jean E. Jackson

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INTRODUCTION

The topic of pain offers a treasure trove of anthropological research projects that pose intriguing intellectual challenges. To begin with an obvious point, pain, especially chronic pain, is a hugely important issue: 40 percent of patients seeking medical attention cite pain as the reason; approximately 45 percent of people will experience chronic pain at some point during their lives (Taylor 2006: 237); an estimated 86 million Americans have some form of chronic pain (Sullivan 2007: 263); and over US \$100 billion is spent yearly in treatment-related costs and lost-work productivity due to chronic pain (Sullivan 2007: 268). Also, pain intersects in complex, anthropologically fascinating medicine wavs powerful institutions like the insurance and pharmaceutical with industries, and government. Another reason to encourage more research is that new insights emerging from social science investigations can potentially ameliorate the distress experienced by pain sufferers and those around them.

Academic disciplines studying pain range from psychophysics and biomedical engineering all the way to philosophy. Although a great deal of behavioral and clinical social science research on pain has appeared, sociology and anthropology have paid relatively little attention to the topic. Yet, given the truism that the best locations for understanding a society are the sites where things don't work, pain's invisibility and ontological and epistemic uncertainty offer fertile terrain for anthropological investigation.

Various paradoxes coalesce around pain, "one of the most controversial areas in neuroscience... rife with philosophical problems" (Aydede and Guzeldere 2002: S266). For example, while pain is conventionally seen as aversive and unwanted, biologically speaking, pain is indispensable. Pain warns of injury or organ malfunction, and helps heal a wound by motivating the individual to tend to and protect the site. Many textbooks on pain begin by describing the extremely unhappy lives of those rare individuals born with a congenital inability to feel pain. Pain medicine plays with this contradiction: one book is titled Pain: The Gift Nobody Wants (Brand and Yancey 1993), and one article's title is "When good pain turns bad" (Watkins and Maier 2003).

Both an aspect of mind (experience) and brain (produced by neurological structures and processes), pain illustrates some of the problems associated with mind-body dualism. Murat Aydede and Guven Guzeldere note that the "fundamental tension between what can be quantified as the 'objective' measure of pain as characterized in terms of tissue damage and the 'subjective' criterion of when to categorize a given experience as pain is in fact prevalent in pain research" (2002: S267). Medical science's traditional definition of pain as sensation provides an example. Francis Keefe and Christopher France's definition, " a sensory event warning of tissue damage or illness" (Keefe and France 1999: 137) nicely elides the nature of that warning; while pain is certainly a sensation, its bedrock meaning – and what distinguishes it from non-painful sensations - is aversiveness, which, being an emotion, does not fit within biomedicine's underlying biologistic foundational premises (see Kleinman 1995: 27–34). Another example: although emotions are always embodied (this is precisely what distinguishes them from cognitions), because we tend to see emotions as an aspect of " the mind," the body's fundamental role in emotions is often obscured, phrases

like "heartbroken" notwithstanding.

Joanna Kempner notes that biomedicine has the cultural authority to define what is biological and therefore natural (Kempner 2006: 633). However, it is also true that, because everyone has had pain, including serious pain (for instance, childbirth pain), we all can speak authoritatively about it. Interesting gaps are found between pain as conceptualized by neuroscience and ordinary, "folk" notions (which includes clinical medicine; see Chapman et al. 2000: 217). For example, neurosurgeon John Loeser asks, "Does anyone really believe that a tooth is capable of hurting? Or a back?" (Loeser 1991: 215). Yes indeed, Dr Loeser: pain sufferers (and, for the most part, their primary physicians) see backs and teeth as precisely where pain happens, not the central nervous system, which is, ironically, the precise location being referred to when a given pain is dismissed as being "unreal," "imaginary," "all in his head."

Any anthropological discussion of pain will sooner or later depart from the biomedical model because so many dimensions of pain lie outside, or at the extreme margins, of medicine. A given pain's meaning derives from an individual's history and environment. Pain of necessity remains poorly formulated until it is located in a time and a cultural space – the immediate context of a pain experience and the myriad less proximate factors that shape it. These include sex and gender (Garro 1992; Kempner 2006; Whelan 2003), social class, ethnicity (Trnka 2007), prior experiences with pain, family history, and so forth (see, for example, Good et al. 1992). Moreover, although biomedically and conventionally pain is seen as a property of an individual, in fact it is deeply intersubjective. The experiential world of a pain sufferer will be significantly shaped by persons participating in that world, a point made by Wittgenstein some time ago (also see Das 1997; Kleinman et al. 1992).

A given pain's meaning is the most significant determinant of the pain experience, and a major reason why pain (particularly chronic pain) may not be proportional to tissue damage. Indeed, the experience " may be totally unrelated to the physical parameters of intensity and to the duration of the 'pain-producing' nociceptive stimulus" (Tracey 2005: 127). One of the most famous demonstrations of this fact is Henry Beecher's report on soldiers wounded on the Anzio battlefield in the Second World War. Because their injuries represented a ticket home with honor, requests for pain medication were significantly fewer than would be expected (Beecher 1946).

There are numerous studies of pain in other cultures, but as their topics, aims, and methodologies vary extensively it is difficult to draw generalizations. Space limitations prevent me from discussing the cross- cultural literature in any comprehensive fashion. The variety of studies is apparent in the following randomly selected list of published accounts: ballet dancers' pain in the Netherlands; infibulated refugee Somali women; Indo-Fijian women's pain discourses; the role of pain in a particular martial arts practice in Israel; childbirth pain in India. With respect to anthropological research in the U.S., only a few extended studies exist (Bates 1996; Corbett 1986; Greenhalgh 2001). Well-known work by sociologists includes Baszanger 1998, Hilbert 1984, Kotarba 1983, Zbrowski 1969 and Zola 1966. Pain of various kinds occupies center stage in much of the West's cultural production, and the symbolics of pain offers an endless set of possible research topics in the humanities (see, for example, Morris 1991, 1994). As Kempner notes, "pain offers a tabula rasa on which to inscribe our most fundamental cultural ideas about suffering" (Kempner 2006: 636; also see Scarry 1985). As with bodies in general, the painful body simultaneously produces and is produced by culture, reflecting and reproducing it. Pain is a powerful and productive metaphor. Given that the body is the main source of metaphors of order and disorder (Turner 1991), we can confidently state that pain is the quintessential symbol of disorder – one could argue that death is more orderly than pain. As Chris Eccleston et al., paraphrasing William Arney and Bernard Bergen (1983), state, "Pain can only make sense for those directly involved in it as an index of disequilibrium. Such disequilibrium and disorder are threatening to both patient and physician. This is a disorder which invites and demands resolution." They note that attempts to stabilize the disequilibrium only "provide opportunities for repeated failure" (Eccleston et al. 1997: 707). Exceptions to such a sweeping assertion do exist, but they emerge only after pain's meaning has traveled a considerable distance from the conventional one, most often toward a conceptualization of pain as "good" in some way. For example, if pain becomes the means to a sought-after end, say, redemption, one can say pain has restored order. Another example is Jeremy Bentham's assertion

that pain governs individual lives much as a sovereign power governs a state, ruling us when we feel pain and even when we do not, thus providing stability to our lives (cited in Morris 1994: 8).

The protean nature of pain perhaps partly explains why it has not received the anthropological attention it deserves. According to Arthur Kleinman, pain "eludes the discipline's organized explanatory systems as much as it escapes the diagnostic net of biomedical categories" (Kleinman 1992: 170). But these very same reasons provide a potential researcher with a promising site in American medicine "where the relations of power and professional knowledge and the potential for exploitation residing in power relations are unusually visible" (Kleinman et al. 1992: 6).

This essay discusses the areas of pain research and treatment of most interest to anthropology. The next section looks at recent neurological research on pain, including the profound impact of neuroimaging technologies. A brief discussion of some clinical considerations follows. A section on the biopsychosocial approach to chronic pain treatment comes next, followed by a brief section on language and pain, and then conclusions. Note that the body is problematized throughout, but for the most part implicitly.

Neurological Approaches to P_{AIN}

The International Association for the Study of Pain provides a widely used definition of pain: "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (1979: S217). Yet despite this presumably authoritative definition, debates over how to conceptualize pain continue to appear (see Baszanger 1998; Thernstrom 2010). As already noted, one source of difference stems from whether pain is being seen as aversive experience (grounding it in emotion and mind) or as a nociceptive event involving a noxious stimulus triggering electrochemical impulses that register as pain in the central nervous system.

The distinction made between physical and emotional pain, so seemingly necessary, commonsensical even, is "a myth" (Morris 1994: 23). Neurologist Howard Fields states that,

...what most people call mental, or emotional pain is ontologically identical to what they call organic, physical or bodily pain. This point is counter-intuitive and failure to appreciate it has compounded the confusion about the nature of pain. Once this point is appreciated, many confusing phenomena, such as the placebo response, somatization, psychologically induced headache, and analgesia in trance, become less surprising and arcane (Fields 2007: 43).

Harold Merskey, another eminent pain researcher, agrees: pain "is monistic, which, at least as a rule, cannot be split up into organic or psychological components" (Merskey 2004: 71). Fields states that pain "is generated in the brain. It is neural and mental. It is physical pain in the sense that nerve cells and their activity are physical. Pain is mental pain in the sense that it is subjectively experienced 'in' what we generally call the mind" (Fields 2007: 43). We can add that the experience of pain is always both "mind" and "body," mental and physical, simply because the pain experience is always embodied.

In actuality, the physical/mental distinction refers to cause, not the pain itself. According to the IASP, "activity induced in the nociceptor and nociceptive pathways by a noxious stimulus is not pain, which is always a psychological state." Although psychophysicists zeroing in on barely measurable neuron activity in rats will say they are studying pain, they are actually studying one point in a causal chain that ultimately produces a pain experience. Every time an author uses the phrase "physical pain," they are referring to cause, not pain.

That a given pain always has multiple causes, at varying removes from the experience, should be obvious, but this point is also often ignored (see Jackson 1994a) because the conventional model of pain focuses in on its proximate cause, the "nociceptive stimulus." That all pain results from a chain of causes prompts philosopher Mark Sullivan to question whether we should even conceptualize pain as something that begins with nociception, given that the experience is so fundamentally influenced by previous experience (Sullivan 1995; 9).

The fraught arguments that took place until fairly recently at professional meetings and in journals expose some of the basic contradictions not just in pain medicine but in biomedicine as a whole. Researchers have abandoned the pain-as-sensation model and now agree that it is quite a complex process, a subjective response of a conscious individual, an interpretation of nociceptive inputs. Major advances in neurobiology "have generated a

fundamental change in attitude and expectation about the control of pain" (Holdcroft and Power 2003: 635). A paradigm shift occurred in pain medicine with the widespread acceptance during the 1970s of a unified model: the gate control theory (Melzack 1999; Melzack and Wall 1996). (Other theories include the operant model, the Glasgow model, the biobehavioral model, fear-avoidance models, and diathesis-stress models [Taylor 2006: 241].) The gating control system model was more flexible than the neuroanatomical approach, and the current neuro-matrix model incorporates multiple sites for modulation and extensive neuroplasticity (Holdcroft and Power 2003: 636). Traditional notions of pain-as-sensation in which a unidirectional nociceptive input from the body travels up the dorsal horn of the spinal cord and is processed by the central nervous system have been replaced by two-way flows along multiple pathways involving cognitive, emotional, and behavioral inputs that shape a nociceptive signal. Donald Price describes the unpleasantness of pain as reflecting "the contribution of several sources, including pain sensation, arousal, autonomic, and somato-motor responses, all in relation to meanings of the pain and to the context in which pain presents itself" (Price 2000: 1769). Fields discusses three distinct components of pain: a purely discriminative part, a motivational aspect, and an evaluative component, each of which takes place in different parts of the brain (Fields 2007: 45). All pain experience results from activating a neural representation in the brain, which is projected "in space to the site of tissue injury" (Fields 2007: 43). Loeser's comment above is confirmed: nothing outside the mind/brain is capable of hurting. He advises that pain is "not a thing; it is a concept that we impose upon a set of observations of ourselves and others" (Loeser 1996: 102).

According to Linda Watkins and Steven Maier, pain is the most dynamic of the senses (Watkins and Maier 2003:232–233). Pain pathways are much more responsive to pain modulatory systems, including top-down influences like learning, attention, expectation, and mood (see Fields 2007: 52–53). In this and other respects the contrast between pain and other modalities of perception like vision, hearing, and touch is striking (Aydede and Guzeldere 2002: S266). Anita Holdcroft and Ian Power report on evidence that "inhibitory, immune, hormonal… and inflammatory systems may enhance or inhibit neuronal activity" (Holdcroft and Power 2003:

638). Processes that enhance pain constitute another paradoxical example of "good" pain, for hyperalgesia increases one's focus on the damaged or infected area. Modulating systems release endogenous may peptides (endorphins) that suppress pain. Furthermore, a "mental opioid representation of an impending sensory event can significantly shape processes that underlie the formulation of the actual sensory neural experience" (Koyama et al. 2005: 12950). Experimental manipulation of expected pain shows significant effects on reported pain experience, one positive expectations "produce a reduction in showing that studv perceived pain (28.4%) that rivals the effects of a clearly analgesic dose of morphine" (Koyama et al., 2005: 12950). Also, over time, persistent pain "can produce changes in the nervous system pathways responsible for and perception of pain messages, transmission and thereby the affect future responses to pain" (Keefe and France 1999: 138). In short, "the state of an individual determines the present pain" (Holdcroft and Power 2003: 638). Many conditions lacking tissue damage (e.g., phantom limb pain) that would have resulted in a patient being referred for psychiatric treatment in earlier times are now understood to be neurological processing, due to normal or altered cerebral of nociceptive input, which explains many cases representation of chronic back pain. The diagnostic trajectory is clear – which is not to say that psychiatric referrals ought to end, but that clinicians must take into consideration the fact that purely psychogenic pain is very rare (Taylor 2006: 242; also see Kleinman et al. 1992: 4), and that what is much more frequent are initial tissue damage and subsequent interactions by "a complex set of emotional, environmental and psychophysiological variables" (Ingvar 1999: 1347) can permanently alter the brain that and produce a chronic pain condition. This is a far cry from concluding that if tissue damage is not apparent, a patient's pain is due to a neurosis, and therefore "imaginary."

Many of the research findings that have brought about these "fundamental changes" were obtained using neuroimaging technologies developed over the past 30 years: positron emission tomography (PET), and functional magnetic resonance imaging (fMRI). The value of these technologies lies in their ability to reveal changes in brain functioning in response to painful stimuli, profoundly increasing understanding of how the brain processes – i.e., represents, interprets – sensory stimuli. These

technologies permit pain's status as a symptom, knowable only through pain behavior (any behavior, verbal or non-verbal, seen to result from a pain experience), to change into a sign – visible and measurable brain activity. Because of medicine's emphasis on objective measures ("evidence-based medicine"), findings obtained through imaging technologies are seen as more valid, reliable, and replicable. An example: Ploghaus et al. discuss neuroimaging research into areas of the brain where "activation of mechanisms to prevent future harm by learning to recognize signals of impending pain" occurs, which are "distinct from the neural substrates of pain itself" (Ploghaus et al. 1999: 1979, 1981). Another example: recent studies reveal neurological affective responses (called "mirroring") to depictions of someone in pain, which shows the neural substrates of empathy (Tait, 2008; also see Singer et al. 2004). Clearly, the last 40 years of pain medicine research offers a plethora of research topics for anthropology of science scholars.

Not surprisingly, these neuroimaging technologies are "good to think." A considerable gap exists between brightly colored successive twodimensional images of computer-generated information and the experience of pain (Dumit 2004). For one thing, the quality of imaging studies is highly constrained by small sample size (Ingvar 1999: 1353). The limits of neuroimaging are particularly apparent in clinical settings: "...the MRI is still just a snapshot of the anatomy. It does not reveal physiology. It does not show pain. The picture it yields is no more self-explanatory than a rash or a heart murmur. The image – like any physical finding or laboratory test result – must be interpreted, and the fundamental, irreplaceable basis for its interpretation must be the patient" (Saberski 2007: 253).

Some Clinical Considerations

Pain medicine emerged as a stand-alone specialty in the 1970s. Over the succeeding years significant advances were made, the first being the gradual acceptance of pain itself as worthy of attention, for example, deserving of a slot in medical school curricula. Improvements were made in understanding the differences between acute pain and chronic pain. As already indicated, pain is commonly seen as a symptom rather than a disease, a "normal"

indication of something abnormal; chronic pain, having lost this function, is itself the problem. Hundreds of pain clinics, both inpatient and outpatient, many taking a multidimensional approach, were established in North America and Europe. New kinds of pain medications and anti-depressants were developed, as well as devices like TENS (transcutaneous electrical nerve stimulation). A battery of sophisticated instruments (e.g., the McGill Pain Terms Assessment; the Pain and Impairment Relationship Scale) were developed and used in these clinics alongside older instruments like the Minnesota Multiphasic Personality Inventory (MMPI). Cognitive-behavioral medicine approaches were custom-tailored for pain patients; for example, instruction in inducing the relaxation response. Recent research has shown that practices like meditation, prayer (Wachholtz and Pearce 2009), or selfhypnosis may affect the serotonin pathways in the brain that regulate mood and pain (see, e.g., Seybold 2007). Research has also shown that pain-coping skills can influence higher centers in the brain to the extent of actually blocking the flow of pain signals from the spinal cord (Melzack and Wall 1996). Knowledge about optimal clinician attitudes and behavior increased; for example, Raymond Tait reports that an empathic provider " may be less vulnerable to the general provider tendency to discount the intensity of chronic pain" (Tait 2008: 110).

But problems remain. For example, despite a widespread consensus that a great deal of pain is undertreated, and although efforts have been made to ameliorate the situation (for instance the recently installed signs in examining rooms asking patients to rate their pain), undertreatment continues to be a serious problem (see Morris 1994: 10). Part of the reason is the West's "drug problem," in particular the illegal traffic in prescription drugs, which has led governments to very tightly regulate opioids (the most potent painkillers). Another reason, surely, is that despite our powers of empathy and knowledge about certain diseases' ability to produce tremendous amounts of pain (sickle-cell disease, cancer), we cannot feel another person's unmediated pain. This issue was mentioned over and over by patients in the inpatient pain center where I conducted ethnographic research in 1986; for example, "I wish that doctor could feel this pain for a day – only for a day, because I wouldn't want anyone to feel it any longer than that" (Jackson 2000). Finally, certain attitudes about pain doubtlessly

contribute to its under-treatment, for example, the notion that sufferers (particularly men) should just "grin and bear it." Because we have all had pain, a kind of "mountain-out-of-a-molehill" response sometimes occurs, asserting that because everyone has aches and pains, the sufferer needs to stop being childish, self-indulgent, and weak; rather, he should " pull himself together." If female, she should seek psychological counseling (Thernstrom 2010: 148).

Other responses to pain sufferers by people not in pain, including health care professionals, can lead to disappointment and frustration as well. Pain's potential benefits might be mentioned, the pain sufferer told that adversity provides an opportunity for growth, or that pain builds character. Of course, adversity can lead to growth, but when a pain sufferer hears such a comment she can feel put down and unheard. Now, if she chooses to make such a comment about herself, because the messenger is always part of the message, a very different message is being sent. Not surprisingly, the benefits of pain are, for the most part, touted by people who are not suffering serious pain.

Seemingly so easily defined as pain that lasts and lasts, as symptoms that persist beyond expected healing time, in clinical practice chronic pain is a deeply ambiguous and fraught concept. Eccleston et al. (1997: 707) comment that "chronic pain creates a challenge to orthodox and accepted understandings of illness and medicine." Robert Kugelmann states that "chronic pain as an entity finds its very existence disputed" (1999: 1665). "The question of pain is not in what category to classify it, for the categories themselves are freighted with philosophical presuppositions, not labels for pre-existing things" (Kugelmann 2000: 306). This slide between the simple meaning of chronic pain and much more complex ones is encountered throughout the pain medicine literature. Another example: David Patterson states that although almost all chronic pain originates from some sort of illness or injury, "once it persists for longer than six months, it is often maintained by factors that have nothing to do with the original damage" (Patterson 2004: 254), such as emotional distress, excessive focus on physical complaints, and the like. A too-simple opposition between acute = organic cause and chronic = psychological cause, while appealingly clear- cut, in fact does not represent any number of wellunderstood chronic conditions like post-herpetic neuralgia, endometriosis or rheumatoid arthritis. One can find examples in the anthropological literature as well. Kleinman et al. state that chronic pain has not been shown to be universal – it is not something that crosses "cultures and historical epochs" (1992: 3). Taken at face value, the statement either is making a methodological point verging on the hyperempirical ("not been shown..."), or seems to be stating that in other cultures pain that lasts might not exist at all, which this author finds hard to believe. However, the authors later make it clear that they are talking about the many problems encountered by those studying and treating " intractable," " pathological" chronic pain, sometimes referred to as chronic pain syndrome. And further on they discuss chronic pain's uncertain status: "a widely used clinical category without official sanction, an anomalous category, only partially legitimized as disease" (Kleinman et al. 1992: 4). Another diagnostic distinction, whose terminology chronic pain sufferers might find somewhat odd, is the one between "benign" chronic pain and "malignant" pain (i.e., due to cancer).

In short, the goal of establishing widely accepted diagnostic terminology continues to be elusive. Watkins and Maier apply the phrase "pathological pain" to any chronic pain that fails to meet two criteria: well understood causal mechanisms and optimal pain management on the part of the patient (Watkins and Maier 2003; see Baszanger 1998). Of course, all chronic pain is "pathological" in the sense of unfortunate and no longer serving any biological function. But chronic pain that fails to meet these two criteria is "pathological" in several additional, very significant respects.

Studying chronic pain exposes the normativity lurking just underneath the surface of the presumed neutral position of biomedicine, where "wrong" or "bad" have very constrained meanings linked to departures from the body's normal structure and function. Biomedicine sees pathology – the "abnormal" – to be a physical state. But we have just seen that clinicians distinguish between what we might call "good" chronic pain and "bad" chronic pain. In fact, virtually all chronic pain sufferers' lifeworlds are filled with normative discourses deploying multiple meanings of right and wrong, "should" and "should not." Sooner or later any discussion of chronic pain must deal with a slew of negatively valenced issues, and in the following section I briefly discuss eight of them (Note that they

are not mutually exclusive).

The first negative issue is the nature of the experience itself – unending pain that experiences and those around them want to go away. The second, which characterizes all chronic illnesses, arises due to the fact that the sick role is legitimate only for a period of time. The third negative aspect stems from the belief that pain's persistence signals that something went wrong. We may know perfectly well that many incurable conditions cause a great deal of pain, gout or diabetic neuropathy coming to mind. But we are so oriented toward thinking of pain as something that will go away, and of medicine as producing cures, that we tend to see chronic illness as not only unfortunate, but wrong in the sense that, even if no-one is to blame, failure has somehow occurred. Biomedicine developed in an era characterized by successful campaigns that greatly reduced infectious diseases' incidence or severity – or eliminated them altogether (e.g., smallpox and yaws). We have barely begun to heed recommendations that we reconceptualize medicine as a set of knowledges and practices oriented toward treating chronic illness. Because physicians are oriented toward achieving cures, a chronic pain patient's attending physician will sooner or later experience frustration – if not more negative emotions, and the patient may come to feel that she is somehow to blame, or may blame her doctor or the institution that treated her (see Wright et al. 2009:137). The Latin root for "pain," after all, means punishment. In a just and orderly world, our reasoning goes, innocent people would not be suffering like this, so something must be wrong.

The fourth negative issue appears if the clinician determines that the patient is not managing the situation as well as he should. Chronic pain patients rather easily fall out of the category of patients physicians are eager to treat and into the category of being "a pain" themselves – a "crock" (see Gamsa 1994: 23). Relations between pain patients and health care deliverers are considered the worst in medicine. In fact, pain patients can provoke an intense hostility in caregivers, often the result of a relationship that has seriously deteriorated. The sources of clinicians' negative feelings include, first, the simple fact of the practitioner's failure to end the pain; second, non-compliant patients; third, patients who "shop" for doctors with liberal pain-medication prescription policies; fourth, patients who obtain pain medications from more than one physician; and fifth, patients who clearly

need to be weaned, at least to some degree, from the health care delivery system.

The fifth negative issue derives from pain's invisibility. Even those patients who have a well-understood painful disease struggle with this property of pain. Pain cannot be communicated without pain behavior. The distinctions between the experience of pain, pain behavior, and certain emotional states seen to often accompany, rather than constitute pain, such as suffering, depression, or demoralization, can be, and often are, highly ambiguous. Indeed, separating the pain experience from experiences accompanying it is a demanding, perhaps impossible, task and one reason why sufferers find that making their pain apparent can elicit negative, unsupportive responses. Although, as Laurence Kirmayer (1988: 83) points out, people tend to view the stoic as mentally sound and morally upright, the problem remains that people interacting with individuals who "suffer with dignity" must have some way of finding out about the status of the sufferer's pain. The problem with the stiff-upper-lip approach is that most people, while respecting stoic forbearance, nonetheless find it hard to believe someone is experiencing severe pain unless reminded of it at least intermittently. Precisely because we all have had pain, and for most of us our pain went away, it is hard to imagine situations where it does not. Despite the fact that huge numbers of the world's population live with daily pain, it is difficult to deeply, empathically comprehend the nightmare of living with severe pain that lasts and lasts. For one thing, such an idea is threatening; it is no accident that hell is envisioned as severe chronic pain. I have argued elsewhere (Jackson 2005b) that chronic pain, by profoundly challenging mind-body dualism, turns the person embodying that challenge into someone ambiguous, perceived to transgress the categorical divisions between mind and body and to confound the codes of morality surrounding sickness and health. Sufferers' uncertain ontological status threatens the normal routines of biomedical treatment and the expectations governing ordinary face-to-face interactions between individuals labeled "sick" and other members of their social world. This is why some of my interviewees commented that managing the pain was more difficult than the pain itself. Sociologist R. A. Hilbert (1984) describes people who experience persistent pain as " falling out of culture."

The sixth negative issue appears when the cause of the chronic pain is not well understood. We have seen how easily an unknown cause can morph into a diagnosis of "chronic pain syndrome," and that the phrase "chronic pain" often refers exclusively to this category of patient, especially when "intractable" precedes the phrase (note that intractable simply means unresponsive to treatment).

The seventh, and most complex negative issue, closely related to the sixth, occurs when a diagnosis of psychogenic pain is made, which often results in the sufferer being seen to not have a "real" illness or "real" pain. Suggestions to patients about psychogenic inputs can invite worry about being seen as mentally ill, which undoubtedly is a major reason why people involved in chronic pain - sufferers, their families, and primary care physicians - are so often invested in seeing pain in mechanical terms: the archetypical lighted match under a finger. For the majority, any suggestion of mediation by the mind is seen to decrease the organic quality of a pain experience, thereby increasing its "wrong," potentially stigmatizing quality. A "real" pain, seen as simple physiological communication about tissue damage from an external cause or an internal organ malfunction, fits into an uncomplicated model that challenges neither conventional notions about the separation between the body and mind nor ideas about who deserves sympathy for bodily injury. Seeing pain as an experience felt by an individual with a personal history, who is embedded in a social and cultural milieu – surely the way to conceptualize it - admits the possibility that the sufferer might have somehow "brought it on himself" to some extent.

Despite pain medicine's advances, most people continue to rather categorically oppose "real" (organic, physical) pain to "all-in-yourhead" (imaginary, mental, emotional, or psychosomatic) pain. Institutional actors play a role, too; as Mara Buchbinder notes, health insurance and worker's compensation boards require "proof" of pain before reimbursement (Buchbinder 2010:123). In short, pain continues to have a complicated relationship with "real" signs of abnormality, which speak in the Cartesian idiom of objectifiable reality that can be socially apprehended.

The eighth, and final, negative issue concerns the degree to which the cause of a sufferer's chronic pain ethically entitles them to the sick role. The most deserving are those who have experienced tragic events, for example, a

robbery that resulted in serious trauma. These sufferers' moral status is impeccable, for they are seen to have in no way deserved their fate. Less deserving are people who are seen to be responsible to some degree for their current situation – for example, being involved in a car accident while on drugs and ending up a paraplegic. Also less deserving are people whose neuroses are seen to produce or augment their continuing pain. Their mental "weaknesses" disqualify them from membership in the first group because their pain's cause lies within them, and from the second group because the cause is located in their unconscious. Finally, individuals who knowingly misrepresent the degree of impairment they have sustained in order to access medical treatment or financial compensation are seen as morally reprehensible malingerers, some of them outright criminals who should be prosecuted for fraud.

Unfortunately, how to go about assigning individual patients to a specific category is not at all clear; researchers have pointed out that teams of clinicians in pain centers sometimes find themselves in heated disagreement during evaluation meetings (see Corbett 1986; Loeser 1996).

The question of entitlement is complicated further by the issue of possible gains. Some chronic pain sufferers are seen to resist getting better because they are unconsciously motivated by benefits obtained from being ill – "secondary gain." Three kinds of gain are distinguished in the clinical literature: primary gain diverts the patient's attention from a more disturbing problem; secondary gain is the interpersonal or environmental advantage supplied by a symptom; and tertiary gain involves someone other than the patient seeking or achieving gains from the patient's illness. Discussions in the literature about secondary gain analyze patients' attempts to " game the system." Phrases like "accident neurosis" and "cured by a verdict" refer to litigation following automobile or other accidents (Worzer et al. 2009).

The Biopsychosocial Approach to Chronic Pain Treatment

Over the past forty years pain medicine has adopted behavioral medicine's biopsychosocial treatment model. Keefe and France note that a biopsychosocial perspective "emphasizes that pain is a dynamic process that not only is influenced by biological, psychological, and social mechanisms of

pain, but also produces biological, psychological and social changes" (Keefe and France 1999: 137). While doubtless this approach is superior to the conventional medical one in many respects (see, e.g., Kleinman 1992:170; Patterson 2004; Worzer et al. 2009), its therapeutic and normative implications need to be examined. Biopsychosocial therapies that talk of managing pain rather than curing it necessarily assign far less responsibility to the health professional. Shelley Taylor describes the clinician as "comanaging the problem with the patient. If the new technologies are to work, patients must consent and actively participate" (Taylor 1995: 594, as cited in Kugelmann 1997: 59). Being "responsible for one's pain" requires disciplining the body and mind. Ruthbeth Finerman and Linda Bennett argue that the new "responsibility and blame focused" explanatory models "have the added consequence of stigmatizing and further victimizing victims by ascribing blame ... [such that] disease, onset and outcome are directly ascribed to the afflicted themselves [who] are then subject to censure for personal failures which 'caused' their condition" (Finerman and Bennett 1995: 1; also see Kleinman 1992: 185). They go on: "such patients are forced to fight both health threats and social stigma or sickness-induced 'shame'" (1995: 2). As Eccleston et al. note, pain professionals' repositioning of themselves from a "healer" role to a "manager" role "has been recognised as a common response of orthodox knowledge when faced with threat and challenge" (Eccleston et al. 1997: 707). "In chronic pain, when the cause remains lost, the patient reappears to own that loss: the patient becomes the lost cause" (Eccleston et al. 1997: 700). Kugelmann considers such an implicit "morality of responsibility" in pain management to be "deeply exploitative" (1997: 59) and complains that "what are no longer recognized in the biopsychosocial chart of existence are limits. There are no limits to intervention into the patient's life" (Kugelmann 1997: 62). The biopsychosocial gaze at the clinic where I conducted my research was quite extensive. Many patients complained about unwanted staff intrusions into intimate aspects of their or their fellow patients' lives. For example, during a meeting of all patients and several staff members, one patient stated that he did not want to hear about a fellow patient's divorce in such a public setting, and asked, "what does her divorce have to do with her pain?" Of course stressors like going through a divorce can produce deleterious
changes in physiological functioning and exacerbate pain, which most patients understood. This patient was mainly objecting to the public nature of the intervention – which staff saw as therapeutic.

$P_{\text{AIN}} \ N_{\text{ARRATIVES}}$

A significant amount of literature has emerged in recent years that discusses the stories patients tell, "illness narratives," virtually all of which are shot through with accounts of pain. (see Das 1997; Kleinman 1988; Mattingly and Garro 2000). Space limitations allow only a brief mention of some of the issues. Some scholars focus in on interpreting pain narratives (Charon 2005: 37-40). A frequently encountered issue concerns the way severe, unending pain challenges a sufferer's very identity. Pain narratives are often gripping: even "pointless," "meaningless" pain can motivate the teller to aim for impressive heights of descriptive power, in particular through metaphor, and fashion dramatic appeals to the interlocutor. Pain can be an enemy, a "monster" (Good 1992) that takes over one's body – which can turn into something unrecognizable, alienated ("possessed"), even traitorous. Pain exiles sufferers from their own bodies, which surface as "strangely other" (Goldberg 2009: 34, 35; emphasis in the original). Some accounts vividly describe rejection, in no uncertain terms, of the painful body part.

A great deal has been written, often employing a phenomenological approach, about the relationship between language and pain. According to Jason Throop, the theme of pain-resisting language appears regularly in the literature. Pain tends "to actively 'resist' the cultural patterning of linguistic and interpretive frames" (Throop 2002: 13; also see Daniel 1994; Goldberg 2009: 33). Kleinman et al. write that pain "…occurs on that fundamental level of bodily experience which language encounters, attempts to express, and then fails to encompass" (Kleinman et al. 1992: 7; also see Jackson 1994b). Due to pain's "unsharability," Elaine Scarry writes that "physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned" (Scarry 1985: 4–5). Drew Leder makes a similar point: "…pain is the consummately private sensation… It is, in fact, actively speech destroying" (Leder 1990, as cited in Throop 2009: 33).

Apart from instruments like the McGill Pain Terms Questionnaire, information about pain not experimentally induced is obtained during medical, psychiatric, or social science interviews. Buchbinder provides a valuable discussion about the constraints the anthropological interview places on the interviewee, in particular what gets left out (2010: 124). Rather than examine the literature on narrative, she argues, we should be looking at the field of rhetoric, for the interview occurs in a setting of unequal power balance where the patient is highly invested in communicating her view of what has happened and her status as a moral being (see Jackson 2005a).

Conclusions

This chapter has presented some areas in pain research and treatment of particular interest to anthropology. That so much is at stake when people hurt for long periods of time makes chronic pain a loaded topic, one constantly being discussed in medical, political, and economics venues. Pain's meanings are so dependent on culture that generalizing about the cross-cultural anthropological research on pain poses a major challenge. Of course, any experience is heavily influenced by its context, but accepting that the meaning of a pain experience is its most important determinant is quite difficult, in part because of our notion of pain as a sensation. Pain seems so fundamentally biological a noxious stimulus and hard-wired response - that recent findings about the plasticity of the central nervous system and its responsiveness to, for example, emotional or environmental variables, can counterseem intuitive. The "fundamental tension between pain as subjectively understood objectively characterized" (Aydede versus pain as and Guzeldere 2002: S266) continues. The abundant evidence of pain's multimodality requires that we accept the likelihood of a wide range of influences on the pain experience. For example, some aspects of pain processing, such as coping, induce neural processing prior to actual pain stimulus (Ingvar 1999: 1347). Also, chronic high levels of pain constitute a prominent stressor that can produce activation and inflammation of immune system and neuroendocrine reactivity, which can feed back into the pain processing system and permanently change it (Sturgeon and Zautra 2010: 105).

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Pain continues to be seen as a "thing" rather than an experience. Full acceptance, even within pain medicine, of pain's location exclusively in the brain/mind will be a long time coming, if phrasing in current pain medicine publications is any indication. For example, "pain can therefore be expected to influence brain processing on many levels" (Ingvar 1999: 1347). Media articles with similar phrasing also appear regularly, for example, "Acupuncture 'lessens pain in brain not body,' scientists discover" (Hough 2010).

The situation faced by sufferers of chronic pain exposes several fault lines of the dominant positivist and Cartesian understandings of selfhood and the human body as they have been institutionalized in U.S. biomedicine. Certain conceptual and moral foundations of biomedicine classify people into categories that pain-sufferers straddle, including those based on two of biomedicine's most basic discourses. The first one, illustrated by the imputation of psychogenic pain, is that of the real and unreal, "physical and mental, real and imaginary" (Kirmayer 1988: 83). And pain sufferers not only reveal the inadequacies of this classificatory system, they also threaten the ethical and normative implications accompanying that system by defying attempts to classify them as a particular kind of moral being. This second discourse – Kirmayer's "accident and moral choice" (1988: 83)– is that of responsibility.

In short, chronic pain patients embody disorder: It might not be going too far to describe chronic pain sufferers as being seen to attack the established order of the part of the universe having to do with received wisdom about the body and mind. If, as Kirmayer suggests, the dualism of Western culture is firmly rooted in the West's construction of the moral order and the person, then understanding the role played by "the fundamental experiences of agency and accident, and their moral consequences" is crucial (Kirmayer 1988: 58). Elsewhere (Jackson 2005b) I have suggested that pain sufferers occupy an ambiguous space with respect to agentive, as opposed to completely involuntary, action, and, as a consequence, ambiguity will inhere in any moral evaluations concerned with agency.

The degree to which changes in the biomedical paradigm, in particular its shift to ever-greater acknowledgment and incorporation of mind-body

connections, will benefit sufferers of chronic pain is anyone's guess. Although neuroimaging represents a significant advance in pain medicine, in some respects, it has strengthened biomedicine's model of disease as a thing spatially located in the body" (see Morris 2008: 400). Despite a highly significant shift in clinicians' language about pain (and the pain patient) resulting from these technologies (see, e.g., Merskey 2004), pain still straddles the body-mind fence and still continues to represent a fundamental medical anomaly. In clinical settings pain continues to be seen as in need of validation before a reliable diagnosis can be reached. But there are indications that such a shift is occurring (see, for example, Hardcastle 1999; Melzack 1996; Merskey 2004). According to Fields, the gate control hypothesis, proposed four decades ago, "brought the most clinically relevant aspects of pain out of the realm of pure psychology and into the realm of neuroscience. A corollary of this was to provide enhanced respectability for pain patients, for the physicians who cared for them and for the scientists working in the field" (Fields 2007: 50).

It is to be hoped that more anthropologists will consider investigating this compelling topic.

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1.3. RELIGIOUS SPECIALISTS (Lecture 3 Notes)

Shamans are different from priests for various reasons among which is their ability to send their souls to other worlds beyond their own while in trances; priests generally are recognized for their functions in ceremonies affecting the whole community or a whole people and that have to do with the production or reproduction of collectivities – clans, phratries, society; herbalists have an extensive knowledge of plants with specific properties and powers to cure the sick and for a wide variety of other functions; "assault sorcerers" are adept at witchcraft, but may in certain cases, come to the aid of whole societies by preventing the invasion of unwanted strangers into their midst; and ceremonial dance leaders principal function is to create and maintain harmony amongst members of one or more communities. Each society has its particular combination of 'specialists' who, in principle, complement each other forming a body of sacred knowledge and power that constitutes the foundation of a living cosmos.

In this course, we'll be studying shamanic healers through audiovisual material and readings from societies throughout the Americas (Amazon, urban Latin America and Brazil, Central America), Asia and Malaysia (Tibet, Nepal, primarily, but also the Temiar of Malaysia, whose songs mobilize the power of natural sounds and sound-producing instruments to effect healing); and non-indigenous types of shamanic practice developed in Western societies (the US and Brazil in particular) which are in essence adaptations of elements from traditional shamanic practices. Frequently, these non-indigenous forms of shamanism strongly reflect the ethos of the societies in which they are practiced. Michael Harner's 'core shamanism' selects from an array of shamanic traditions throughout the world aspects that are common to many if not all. Harner's work is pioneering in two ways: first, the creation of a global reference source which is of utmost utility in revitalizing practices of shamanism; and second. rekindling the contemporary practice of shamans in Western societies

who were forced to abandon this practice by dominant churches. In contrast, the "neo-shamanism" that one finds in popular culture influenced by the New Age ideologies, is a sort of potpourri, a mixture of various shamanic traditions, in an eclectic way, frequently changing through the constant adoption of new elements (see especially, Znamemski, 2007). Scientific studies of Spirituality and the Brain, or Neurotheology, have great importance in this effort as well. Neo-shamans, however, have demonstrated considerably less depth in their quest for spiritual knowledge often being more open to performative and aesthetic aspects of shamanic imagery, especially in their use of 'power' objects (eagle feathers of Native North Americans) for their curing.

Reading Wright: Religious Specialists

In this paper, I provide a brief overview of traditional healing and religious specialists in indigenous societies of the world. Essentially: shamans, sorcerers, priests, and prophets. First, the shamans are "hunters of souls" to use Roberte Hamayon's widely-known and apt expression. Sickness is widely conceived as the detachment of "soul" elements from a person's body for whatever reason, such as a sudden fright, or the appearance of an omen of death. In indigenous belief, the detached soul becomes lost in any one of the multiple layers of the cosmos which are full of traps, snares, and demons which take the souls as prey. The shaman thus undertakes in trance a perilous journey which s/he has been trained to do in the many years of his/her apprenticeship. The shaman has allies scattered throughout the universe which assist in the search. Once the soul is found, there may be a process of "negotiation" to regain the soul; if the payment is accepted, the shaman is authorized to perform the cure of the person in This World, returning the soul to the sick person and extracting, by suction, the material representations of the sickness (whatever these may be: a wad of gum, a bunch of hair, thorns, pebbles). Good health is the integration of soul in the body; illness is the loss of part of the body's soul; death is the total and irreversible loss of the body-soul.

The process of becoming a shaman in Native America is similar to that found elsewhere in the world: in childhood or young adulthood, sometimes as the result of a grave sickness, or dream experience, an individual (male or female) and his/her parents decide that s/he should be trained in the shaman's way. The apprentice then lives at the master's house for a period of time, receiving instruction, often taking mind-altering substances (tobacco, for example, if that is in the shaman's repertoire)¹. During this time, the shaman must fast, remain secluded, and observe sexual abstinence, for their inner selves are being reshaped as their external, social selves are restricted to a minimum interference. They gradually acquire the knowledge to diagnose and cure a series of sicknesses according to their sources. Once the sickness has been extracted, it is simply cast away. As is well-known from shamanic experiences in various parts of the world, the initiate reaches a stage when s/he passes through a process of depersonalization, that is, s/he "dies" as a human and is "reborn" into the spirit world. The death and rebirth experience may be thought of as a kind of sacrifice of the shaman's human consciousness. In his/her trance-state, the shaman sees her/himself as a skeleton; then s/he enters the netherworld of the dead and, finally, arrives at the world of the deities: a process of returning in time to the primordial world, the source of all creative power. Before entering, the shaman sheds her/his social self (name, human soul) and freely moves about, form-less in the Other world.

Shamans learn to control their souls sending them at will on cosmic journeys; they also learn how to recognize the multiple places of the cosmos, and the deities or demons that inhabit them. It is a highly subjective experience that one can only know by feeling the emotion of 'being there' in the "Other Worlds" of above and below, before and new. They acquire spirit armaments (darts, swords, clubs, thunderbolts) as part of their warrior selves. All of their perceptions are altered in one way or another during training: they are trained to see the double of any being – for example, a witch's true self as the body of an animal with the soul of the dead. If cloudreading is amongst their skills, then they learn the meaning of cloud shapes, their expansion and contraction, appearance and disappearance. They can hear the sounds of other shamans as thunder and can respond with their rattles. Through the use of crystals, they enhance immeasurably their clairvoyance and power to foresee events or as they occur in distant places. They learn to sing in the specific styles and language of the shaman - in some cultures, this language was given by the animals or birds in primordial times. The songs record their journeys in the Other World; or they may be the voices of the dead who use the shaman's body to speak to their living kin.

The shaman, more than any other specialist, learns what it means to become Other, to "transform" into powerful, often predatory beings such as the jaguar, the serpent, the raven, and others. The shaman acquires many spirit-"mantles" indicating the multiplicity of Other beings that they may become. They acquire the perspectives of these others, taking on their subjectivity and agentivity.

Finally, they may acquire the subjectivity of the creator-deity whose

salvific powers may be necessary for historical moments of uncertainty and disorder. Since the Sun deity is everywhere important in native America, the shaman who attains the highest state of consciousness – that is, god-consciousness – has the power to cast light, to reveal, and to dispel darkness. These, most powerful shamans, are the prophets or visionaries.

Assault sorcerers, are at the opposite end of the spectrum as the shamans who cure. Some authors have called them "dark shamans". In many cultures, the shamans who cure are the same as those who practice sorcery, like two sides of the same coin. During the shaman's apprenticeship, they learn the art and practice of curing first and then, when they are at a point when they can withstand the harmful effects of assault sorcery, the master instructs them about this side of the practice. For that reason, in those cultures where the shamans practice both healing and sorcery, they are considered highly ambiguous figures.

But the true dark shamans are distinct from the healers. One image of their complementary opposition found in the Amazon is of the jaguar and the large anteater locked in combat, neither able to let the other go. Both jaguar and anteater are predator animal-doubles of the healer-shaman and sorcerer respectively. The sorcerer derives its powers from cosmological principles that are the complete opposite of the healer.

Assault sorcery, or witchcraft, is found in all parts of Native America; extensive studies of this dangerous topic have been conducted among the Carib-speaking peoples of the Brazil/Guyana borders, the Warao of the Orinoco delta, the Baniwa of the Northwest Amazon, the Quiche Maya of Guatemala, and the Navajo of the North American Southwest. I have mentioned above the cosmological opposition between light and dark forces of the cosmos, each associated with a specialist shaman. The mythic narratives recount how the prototypes of the dark shamans were either one of a pair of brothers, the emissary of a deity who craves human blood, or the child of the Sun whose death left all poisonous plants in the world.

Taking the example of the Baniwa, a person is not born with the power of a sorcerer, or "poison owner"; rather, one acquires the knowledge about poisons and poisoning informally from another sorcerer (although in many other reported cases, sorcerers perform ceremonials in groups). Any person can use sorcery to take vengeance against an enemy, but the true poisonowner is one who has committed sorcery repeatedly until it is said that his/her "only thoughts are to kill." It is then that the person has become the mythical prototype of the sorcerer, a mixture of a hairy animal with the spirit of the dead.

The poison-owner's principal action is to secretly put some type of poison (the Baniwa know several dozen types of poisonous berries, ash, thorns, leaves, roots) into the food or drink of the victim. Depending on the or prolonged, but the overall poison, the effects are immediate effect is to immediately incapacitate the person forcing him/her into seclusion. Biomedically speaking, the poison provokes a gastric internal hemorrhaging, uncontrollable vomiting or lesion, diarrhea, severe anemia, and eventually death. Treatment by the shaman is prolonged and sometimes successful; surviving the attempt may result in that person's conviction that s/he should learn the shamanic arts of chanting or reciting healing formulae not only for himself but also to assist others.

The main reasons for giving poison have to do frequently with envy, the non-compliance of a trading agreement, or failure to reciprocate in a marital exchange, and gossip. All of these motives have to do with the intolerance of wealth differences in a relatively egalitarian society. But poison may be given to avenge the death of a loved one; in that case, the assault sorcerer will kill as many people as necessary until the burden of the loss has dissipated.

There is another aspect to the cosmology of poison-owners that involves a wider system of intertribal relations: the victim's kin seek vengeance from powerful sorcerers who live far away, who belong to other tribes. It is said that these other sorcerers constantly wander on the borders between the universes of different peoples. Thus they know where and how to penetrate the cosmos of their enemies to find whomever it is they are paid to kill. In looking for their victim, sorcerers provoke attacks of madness in their victim, in which the person "transforms" by exhibiting the behavior of an animal and ultimately destroying himself/herself.

Among other peoples, assault sorcery may involve extremely aggressive physical attacks in the dark of night against powerless victims (children or women). Sometimes effigies are used in the course of stalking the victim. The kanaima, dark shamans of the Cariban-speaking peoples of northern South America seem to follow a logic in their attacks, the objectives of which are to systematically destroy – or destructure – persons or whole villages by maiming the bodies of their victims, first, provoking the total loss of control over the victim's orifices (incontinence) and, finally, conducting necrophagous rituals at the graves of the deceased where they suck the juices of the deceased's intestines through a long tube or straw.

The Warao of the Orinoco delta have a very highly-developed system of dark shamans called hoaratu whose cosmological origins lie in the relations between humanity and the "ancient ones" that still reside at the cardinal points of the earth. It has been the particular responsibility of the hoaratu to ensure that the scarlet macaw god and his spirits do not become enraged and are appeased with a supply of human victims. Thus, to be killed by the hoaratu is to be utterly extinguished without hope of an immortality in the other world. Like the kanaima, the end of the individual is complete extermination and ontological erasure, ultimately becoming the food of the gods (Whitehead and Wright, 2004).

Priests: The priestly function derives from cosmological principles that are both complimentary and antithetical to the shamans. The training of a priest takes much longer than that of a shaman, given the scope and depth of knowledge that the priest is expected to acquire. Among the Kogi of the northern Andean region, one of the best-known of native priesthood, apprenticeship of the mamma priest/-ess cases covers a period of over 18 years during which time the apprentices live together with the master-priest; and they must observe celibacy. Like the Amuesha priests of the eastern Peruvian mountain region, the mamma are associated with temples or shrines on the mountain tops or in the dense forest.

Generally speaking, where the shamans derive their power from direct knowledge and experience of the deities and places of the cosmos, the priest's power is based on the accurate recall of canonical and esoteric knowledge which is essential for rites of passage, that is, for the reproduction of society and the renewal of the world. While the shamans are relatively more egalitarian or "democratic" in their internal organization – that is, anyone can become a shaman who accepts the years of arduous training and perilous experiences – the priests come from a specific class – the elderly

men or women of the society. Traditionally, priests are organized into hierarchies, and may be organized into sacred societies.

Where the shaman's influence and prestige depend on his performance and capacity to retain a local clientele, a priest's influence extends over a wide network of communities who depend on them for their knowledge. Their most important function is to reproduce and renew society; this is done through the chanting of long litanies, which must be sung in absolutely correct order, at initiation rites, post-birth and post-death rites. At these moments, a new group of adults, or a natal family, or a family without one of its members who has died is created; at the same time, the entire society is adjusted to its new situation.

Where the shaman is a predatory hunter of souls, like the jaguar, and because of this, is considered a morally ambiguous figure who can do harm as much as he can heal, the priest by contrast is the morally un-ambiguous representative of harmonious conviviality, and cosmological balance. The priest is also responsible for ministering to the deceased, especially the ancestors, as well as to the sacred places associated with the ancestors. Among the Maidu of North America, one kind of shaman was called the "dreamer" whose power derived from his ability to communicate with the ghosts and spirits of the dead. This is why the priests are senior elders of the group. Among the Warao, for instance, the priests are called "our ancestor" or "our grandfathers" designating the primal forebears of the Warao.

Among the Bororo of western Mato Grosso, Brazil, one type of shaman ministers to the mystical beings of change, transformation, and decay, called the bope. They are dialectically opposed to the specialists who minister to the aroe spirits, who are the immortal, incorporeal and individuated spirits possessed by all creatures, especially man. Aroe is also applied to the collectivity of souls of deceased Bororo and to the ancestors.

Consistent with their role as protectors of humanity, the priests have the powers to protect their people from external attacks and thus have had an historic role in holding back the advance of the White people. Among the Kogi, the mamma learn the laws of cosmic harmony and balance which is critical, for it is said that if the sun moves too close to the earth and threatens to scorch it, the priests can avert the disaster. In 1995, the Kogi priests produced a film, called "Message to the Younger Brother" [the "younger brother" is the White Man] warning of imminent ecological disasters if humanity continues to abuse the laws of nature.

The relation of the priests to their following is modeled on the relation of the divinity to humanity: parental love and protection. The relation of the priests to the divinity is not only as the divinity's earthly representative, but also as one who ministers the relations between the divinity and humanity. Thus, the priest makes offerings, sometimes in the form of sacrifices, to the deities as a form of thanks (reciprocity) for the life that the deity, especially the Sun god, provides humanity. These offerings may be in the form of food (for example, Aymara priests of the Bolivian altiplano offer a mixture of corn, and other food, and tobacco to the rising sun at the time of the solstices). Among the ancient Timucua of Florida, deer, large animals were stuffed, adorned, and offered to the Sun. And it is well-known that among the ancient Aztec and Maya, human blood and heart sacrifice were vital nourishment for the Sun deity who every night traversed the Underworld Land of the Dead (Xibalba for the Mayans) undergoing many trials to be reborn on the following day.

Prophets emerge from a configuration of historical circumstances internal and/or external to society such as outbreaks of sorcery, or the dangerous accumulation of secular power, as among the Guarani Indians. But what are the relations of the prophet to his/her message and cosmology ? What changes occur in their orientations to ultimate reality ? From a brief review of key themes in prophetic movements, we can see that most are focused on the same questions that lie at the foundation of all religious belief and practice: how can life and a way of life be perpetuated in the face of constant transformations ? How can humans secure what is most sacred to them in the face of massive destruction and change?

Firstly, common to many of the prophetic movements is the search for a Utopia, which can take one of two forms. The first is spatial which can mean a return – led by the prophet(s) – to a place of mythic origin in order to reunite with the primordial and eternal people and divinities. This was a dominant theme in the seven prophetic movements that took place within a relatively short period of time at the beginning of the 20^{th} Century among the Ticuna of the upper Amazon River. Humanity, it was believed, had strayed too far from the morally correct ways of living, and the prophets – called "those who desire to be sacred" – showed the way back to the places at the headwaters of certain streams where the primordial people were to be found. The "perfect place" for the Guarani, called kandire, or yvy mara ey is located in the east, across the Atlantic Ocean, a place where one can attain immortality without having to pass through the ordeal of death. The prophet leads the following to that place when he/she receives the " beautiful words" of inspired song.

Often, the search for a perfect place is something "foretold from old". That is, in the stories of creation and the first people, mention is made of ancient migrations to the perfect place which only some attained, while the rest did not. The Apurina, Arawak-speaking people of the southern Amazon, tell the story of ancestral migrations to the perfect place in the north; half of humanity decided to stop in the middle of the journey, while the rest continued on. The "middle place", however, is called the "moribund place, the place where many deaths occur" and is not what they had hoped to attain.

Similarly, the mythic narratives of the Tupi-speaking Cocama of the border of Brazil and Peru, told of such migrations to a land of perfection, long before the Brazilian Jose da Cruz, a self-styled wandering pilgrim and prophet began to preach the message of the Third Millennium to the Cocama, based on his version of millenarian Christianity. The Cocama and other indigenous peoples of the region understood what Jose was saying in their own terms and followed the logic of his program to construct utopian towns in the middle of the forest, where they would be free from corruption by the white civilization. These towns are still in existence today.

The second form of prophetic movements emphasizes a time or moment of transformation, when the earth – considered to be irredeemably flawed with impurities, rotten with the corpses of so many dead, contaminated by sicknesses and toxicity, as well as dangerous and harmful creatures – will be purified by fire, washed by water. The stories of creation of many peoples tell of a time when these events occurred, and there is every reason to believe – according to the prophets – that they may happen again. The prophets thus wed the logic of myths to the logic of contemporary action. The prophets are the emissaries of the divinities and thus are the only ones

who should know when these things will take place.

In the cases of the descendants of the Maya and the Inca, the ancient calendric calculations and the alignments of the planets and stars provide the basis for fixing the date of another overturning or end of this world/beginning of the next. It is notable how many people have evaluated millenarian Christianity (Pentecostalism) to resonate with these beliefs.

When Native North American prophets spoke of a "return to a primeval past", there are several senses to which they refer. Prophets of the 19th Century usually spoke of the return of the ancestors, the return of the buffalo, the renewal of the traditional way of life that had been stolen from them. Native North American activists of the 21st Century now refer back to the "prophecies of the elders" that foretold the present-day ecological disasters and forewarned that, unless there are very basic changes in humanity's relations to nature the disasters will inevitably move to total destruction. Many native peoples have sought to show the way towards 'alternative living', by food production and sustainable development.

Evidently, the prophets have earned their fame both through the resonance of their message with peoples' desires and hopes, and from their lifehistories as shamans and/or priests. The shaman who has extensive knowledge and direct experience of all levels of the cosmos, who has survived sorcery attacks and become even stronger, who understands and can explain the myths with coherence and depth, and has a demonstrated ability to divine, foresee, if not an extraordinary clairvoyance, and was trained by a succession of powerful shamans before him² has all the makings of a prophet.

Shamans, priests, and prophets can be the same person at different stages of the person's career when the appeal of their messages becomes universal, the dominant theme most often having to do with the eradication of sorcery, moral reforms internal to society, inversion of power relations between the whites and Indians. Prophets are emissaries of the divinity and have an openline of communication with both the divinities and the souls of the deceased.

These four functions (shaman-witch-priest-prophet) are not the only ones that have appeared in history; they are the most important. Among the highly-developed civilizations (Aztec, Maya) there were scribes; among the Warao of the Orinoco delta and the Indians of the Northwest coast of North America, there were boat-makers; and in cultures throughout the Americas, dance-leaders and a host of other specialized functions could be added to this discussion. The senior elders everywhere are the keepers of the sacred stories, or myths, and the sacred chants for initiation rituals. Among the Maya, there are the day-keepers who continue to exercise their art of keeping the ancient calendars and assisting their clients in interpreting day signs affecting their day-to-day affairs.

Footnotes

¹ In their experiences of different levels of the cosmos, Native American cultures make use of sacred substances, perhaps more than indigenous peoples in any other region of the world. Prominent among these are hallucinogenic snuffs (Piptadenia, Virola, Anadenanthera) and vine or plant infusions (Banisteriopsis), mushrooms, cacti, peyote, and numerous others. Shamans particularly use hallucinogenic snuffs to divine the future, adjudicate quarrels, perform sorcery, identify hunting and fishing areas, and heal illness. Plant infusions (yaje, ayahuasca) are used in both tribal and urban contexts. In addition, tobacco, fermented beverages, and a number of plant stimulants (capsicum pepper, coca, guarana) and narcotics (datura) are central to religious rituals.

² As well as other exceptional abilities: to sing, to tell stories, and a way of behaving in public that identifies him/her as a shaman.

Module 2: Shamanic Traditions of the World



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Introduction to Module 2

This Module is divided into 9 sub-sections, each about distinct traditions, including case materials from Amazonia, the Himalayas, Malaysia, and contemporary non-indigenous forms of shamanic practice.

Shamanic Traditions:

• Baniwa NW Amazon;

- Ayahuasca Indigenous, Mestizo, and Globalized Churches;
- Bon Shamanism of Nepal;
- Tamang Shamans Tibet;
- Yolmo (Sherpa) Notions of Body, Sickness & Health;
- Temiar Music & Healing in Malaysia;
- Core Shamanism and the FSS;
- Neoshamanism

Some of the issues to be discussed in this Module include:

- cosmologies of indigenous peoples versus foundational principles of Western biomedicine, such as the body/spirit dichotomy, Cartesian view of the body; versus the 'life-forces' of native cosmologies, the 'fine-tuning' of native souls vs the fine-tuning of body mechanics;
- the growing acceptance of non-conventional therapies (Tibetan herbal; 'core' shamanism; music as therapy; nutrition and vegetarian diets) vs the politics of Western biomedicine
- the parallels between 'antibiotics/immunization' treatment in Western biomedicine, and the shamanic ambivalence in the notion of 'sickness'/'remedies' (that is, remedies are the inverse of the sickness; while injecting 'virgin' populations with virus produces antibodies that combat the disease);
- aspects of aesthetic/performative treatments in both, and their relevance to the 'efficacy' of treatment; what does 'efficacy' mean in each case, and what have been the results of traditional healing practices? On what does 'efficacy' depend in each case? When is a person considered to be 'healed', do notions of remission exist in traditional healing?

Reading Wright "The Making of a Jaguar Shaman"

ROBIN M. WRIGHT

A *pajé*'s [shaman's] efficacy is judged by the community and other *pajés* on the basis of how well, and coherently, he represents the Other World to those who are observing and being cured. A complete cure proceeds by stages: after a person has requested a cure, the *pajé* takes *pariká* [shaman's snuff, made from the resin of the Virola tree] and, in his dreams prior to the appointed day of the cure, the "soul" of the patient is located or the source of the sickness is determined. This is followed by the curing session, which is scheduled for noon the next day, when two or more *pajés* perform a song-journey as they slowly walk in file around the circular terrain where the cure is taking place. After singing, they proceed to extract the sickness and pain by sucking it out of the patient's body. The shaman then vomits out the sickness and casts it away where it will no longer harm the sick. This may take several hours, until the *pajés* have determined there is no more sickness to be extracted, whereupon their souls "return" to "This World," as the sun is setting. On the following day, the *pajés* chant prayers or orations, often in a barely audible voice, for several hours, over a remedy (herbal mixture, bottle of rubbing alcohol). These chants complement the phase of extraction by utilizing the power of verbal actions and breath to cool the fever, "sweeten the body," and protect the patient from any further spirit attack in the immediate future, preventing the sickness from returning after it has been expelled, blowing protective smoke over critical points (crown of the head, hands held together, feet joined together) on the patient's body, and renewing the heart-soul's strength. Finally, (4) the *pajés* give plant medicines or other materia medica that have been "blessed" with water to the patient with recommendations for post-cure health care. All of these procedures together form a total process, a thorough elimination of extraneous objects from the patient's body, reinforcing protection of the same, giving strength to the heart-soul,

and offering a convincing performance of the *pajé*'s knowledge and powers to heal.

In 2000, I underwent a treatment by three pajés for a fractured right femur. The head *pajé* informed me before the treatment began that he had dreamt and discovered that spirits of the waters were provoking my pain because, shortly after my birth, my parents had not had the correct postbirth orations performed by an elder to "turn away the gaze" of these spirits. This left me vulnerable when I was given my first bath. As a bearer of a so-called birth defect in my joints, I could relate my condition to his diagnosis; the fractured femur was a consequence of not observing a necessary prophylaxis. The concept of "hereditary disease" does not exist in Baniwa medicinal theory. Thus the explanation interrelated a cognitive understanding with my personal situation and with the social unit responsible for the failed prophylactic practice.

The rite of extraction took place in the early afternoon of the designated day. Three *pajés* worked together for more than two hours, taking turns at sucking out the material form of the sickness (pieces of wood characteristic of the water spirits), vomiting them out at a short distance from where I sat, examining them, and throwing them far away. One comment that the *pajé* made as he continued the extraction was that there was too much metal (prosthesis) in my leg, making it difficult to extract the material form of the sickness and pain.

The treatment continued the following day inside the infirmary of the Salesian mission center in the city of Sāo Gabriel. The three *pajés* performed healing orations both on the ailing leg and on a bottle of rubbing alcohol. The words of their orations were blown with tobacco smoke on both. At the conclusion of this operation, I was given the plastic bottle of rubbing alcohol and instructed that it could be refilled any number of times afterwards, for the power of their orations had been absorbed into it.

I had received a "complete treatment," the three *pajés* said, demonstrating their satisfaction with a job well done. The payment for their services was quite high, commensurate with their certainty that the whole process had been done "completely," not halfway. I was both impressed

and honored by the treatment. Each moment of the process involved the construction of a relation between the *pajés*, myself, and the Other World: first, the localization in time and space of the source of the problem, involving a distant moment of time/space in which a proper relation with the spirit world had not been respected. The result of that failure was vulnerability to the penetrating "gaze" of sickness-giving spirits. From that distant time on, I had suffered from the painful pieces of the spirits' palmwood stuck in my joints. The *pajés* reassured me I would not " die" from that sickness, but it was fortunate that they could treat it.

The extraction itself involved the *pajés' pariká*-induced mixing of the Other World with This World in which they transformed into jaguar shaman spirits and sucked out the pieces of wood. Once relieved of the visible forms of pain-giving elements, and with my soul strengthened by the tobacco smoke blown over my entire body, the next step was to ensure that those spirits or any others that typically invade the bones would be prevented from further penetrating my legs. The orations named, one by one, all of the potential sickness-giving spirits and annulled their harm, cut their gaze, and threw them away to the Underworld, where all the remains of sicknesses are cast. More than that, the cure would last indefinitely; as long as the plastic bottle of rubbing alcohol remained in my possession, I should apply the empowered liquid that creates a shield against any further harmful intrusions by the spirits of the waters.

The Other World is the "Before-world" which is of the ancient past but eternally alive, separate from This World but which the *pajés* enter once they find and open the door "in the sky". In this living drama of the religious imagination that takes place before the community's eyes during a healing rite, *pajés* say that the *pariká* "raises a stairway" to the Other World, permitting their souls to enter and move about. Though their bodies are visibly moving about in the healing circle on the earth, they are constantly looking upward, examining signs in the sky, and singing with their heart- souls, as they seek the spirits and deities of the Other World who can help them in their search. The cures are performed only at noon, facilitating the *pajé's* passage from This World to the Other World.

"Calling" and Instruction

How does a *pajé's* apprenticeship prepare him or her for dealing with contemporary problems such as sorcery? Why would a person wish to make a commitment to becoming a full-fledged pajé? What are some experiences that would impel a person to follow this path?

In Mandu's case, the experience of suffering was indeed what most propelled him to initiate his career as a *pajé* or, as is sometimes said, to become an "owner of shaman's knowledge and power". When he was twelve years old, Mandu suffered a very grave sickness. He said that he had been poisoned by sorcery, and he was practically making the final journey to the houses of the dead. In his dream, when he got there, the souls of the dead told him to go back home because " his time had not yet come." On his way back, Mandu recalls, the soul of the *pajé* Kudui suddenly appeared and said, "I have been looking for you." When he told his parents of his dream, it was a sure sign to them that their son should start training. More than anything else, he and his parents interpreted this as a sign that he had to learn how to protect himself from the attacks of sorcerers if he wanted to live long. Hence his decision to initiate studies with the jaguar shaman Kudui.

Both Mandu's "calling" to "walk in the knowledge of the *pajé*" and the completion of his training were marked by dream experiences. At the end of the period of advanced training, as Mandu states, his master shaman, Alexandre Jawinaapi, who was reputed to be "even more powerful than Kudui," appeared to Mandu in a dream "in a beautiful house, a splendid place of beauty in the Other World."

The First Stage

There is a specific time of the annual cycle that is propitious for the master shamans to transmit their knowledge. After the rains in June and July, when the trees and shrubs are in full bloom, the forest seems to change its aspect. This is the time when, long ago, it is said, the very first people, the

"universe people", asked the stones, trees, and all beings how they wanted to remain in the world. Each replied, and when it came time for the universe people to respond, they said they would remain as cicadas. Thus the jaguar shamans today transform into cicadas, and drink the knowledge of the *pariká* flowers. So the teaching of an apprentice begins in the early dry season, when the cicadas regenerate their bodies, shedding the old ones and returning renewed.

The initial period of learning lasts for thirty days with a short rest interval between the first and second halves. During the thirty days, the apprentices will take *pariká*, as the master-shaman teaches them general knowledge of the *pajés*, giving them some of the lightest powers and knowledge. The apprentices remain in the house of the master, whose wife prepares their food. They are otherwise isolated from any outside contact.

The *pariká* first has to be "blessed" through protective chants by the master shaman, for without that blessing, the apprentices could go mad, as the story of the first *pajés* recounts. As elsewhere in South American shamanism, the Baniwa tell stories of humans who used " unblessed" *pariká* and transformed into killer jaguars who roamed the forest at night, attacking and devouring people. They were eventually trapped, killed, and thrown into the river, but at each village where their bodies passed, the Baniwa took part of their pelts and brains and became jaguar shamans.

When *pariká* was first obtained in the first world, the tapir stole it from its rightful owner, *Nhiãperikuli*, the creator deity. The tapir began passing around *pariká* before it had been "blessed." Its potential to transform a person into a dangerous predator had not yet been neutralized, and so the tapir became a voracious jaguar. He was quickly subdued, however, and ownership of the powerful substance was restored to Nhiãperikuli. There is thus a deep link between *pariká* and jaguar transformation which demands further explanation. On the one hand, unblessed *pariká* can transform an animal or human into a violent killer; "blessed" *pariká*, however, under proper ownership of true jaguar shamans, transforms the destructive power into soul hunters.

Pariká is considered by the shamans to be the "blood of Kuwai," the great

spirit "owner of sickness." *Pariká* is made from the inner bark of distinct types of *Virola* trees that the Hohodene know. The inner bark of the tree is cut into fine strips and soaked in water, producing a reddish liquid which is then boiled and dried until all the liquid has turned into a hard mass of reddish-brown resin. This resin is chipped away and broken into a fine powder that does indeed evoke an image of ancient blood, the blood of the Sickness Owner.

Inhaling this "blood") has the effect of producing a drunken state as the *pajé* manifests a trance, seen as the "death" of the *pajé* in This World, releasing the pajé's soul to begin traveling in the Other World.¹ *Pajés* complement this internalization of the great spirit's "blood" by streaking their faces, arms, and chests with bright red *kerawidzu* (Bixa orellana), the vegetal dye that gives them the quality of being "live jaguars."

At the end of the first two weeks, the inhaling of *pariká* is suspended for a few days while the master shaman observes how the apprentice is reacting to constant use. If the apprentice says he wishes to continue, then they go for another two weeks of inhaling *pariká* every day, learning more about the forms of sickness and medicines. Having completed the initial thirty-day period, the master "blesses" (i.e., intones the sacred chants over) pepper-pot and salt, making safe the apprentices' first food, which consists of fish that the apprentices have been told to catch. Then the restrictions on food-- but not against celibacy--are lifted.

This diet, along with the consumption of the psychoactive *pariká* every day, alters their perceptions of the world, which are then shaped by the master shaman who, in a word, transmits a specialist's worldview to the apprentices: teaching them the names and places in the Other World, the significance of the sacred stories, the meanings of their instruments, kinds of sicknesses, and the powers associated with the stories in such a way that apprentices internalize the general knowledge and power of healing.

Fasting and Abstinence

Until the end of their learning, the apprentices cannot eat any "hot" foods (everything must be uncooked), or meat or fish, and cannot have any contact with menstruating women or eat food prepared by them. All of these restrictions are for the purpose of dissociating the apprentice from normal social and sexual relations and purifying the apprentice from any potentially harmful elements. Mandu emphasized that "there is a very important reason why the apprentices consume only 'cold' foods" (manioc cereal, or mashed forest fruits mixed with cold water), and I believe that this has to do with their association with the "owner of sickness," *Kuwai*, who imposes on all initiates and *pajé* apprentices a diet of forest fruits and uncooked food.

Kuwai is a great spirit who is averse to all fire; he is of the waters, the forest, and the sky. The sacred flutes and instruments are his re-created body, and when not being played, they are wrapped and hidden at the bottom of certain creeks. The Virola trees from which the *pajés* extract the pariká grow in flooded lands, at the headwaters of small streams.

There is another rule imposed at this point to determine who can continue with the instruction. The master instructs the apprentices to catch fish for the meal consumed at the end of the first phase of instruction. If an apprentice fails to catch a fish, he has failed to demonstrate his "competence" to become a *pajé* and is advised that he must leave the school. He is not ready to receive the power to cure sicknesses, though he may try again at a later point. It is said that the primal shaman, *Dzuliferi*, makes this determination.

The type of fish the apprentice catches is directly associated with the type of sickness he will be good at curing later on; for example, the needle-nosed swordfish is linked to the sickness-giving spirit darts. When I asked about the association between catching fish and continuing an apprenticeship, I was told that catching fish demonstrated the apprentice's competence. But we find some helpful leads to understanding why this is so in the sacred narratives, in which the fish are the "enemies" of humanity. In one of these stories, the creator introduces pepper as the "fiery arrow that burns," taking the life out of the fish that are caught so that people can eat them without harm. Thus, by catching fish, the *pajé* apprentice shows his competence to outwit the principal enemies of humanity from the aquatic world. This hunter's image is completed by the priestly chanter's knowledge that employs the pepper as a fiery arrow that takes away the life of the fish, preventing harm to anyone who has undergone food restrictions and is now ready to be reintegrated back to social life. The association between fire and sociality is a very strong theme in the stories.

The *pajé* acquires a great deal of knowledge during the first period of his training, at the same time that his body becomes a repository of powers to cure, or "medicines", treatments to extract various kinds of sickness. His body is filled in several stages, accompanying the pajé's demonstration of competence, inner strength, and discipline.

The first hurdle, after receiving the *pariká* and becoming accustomed to it, is to swallow four main kinds of sickness remedies--a small stone, a piece of wood, and two kinds of darts. The master shaman grabs these medicines from the sky and puts them, in their material forms, in the apprentice's mouth to eat. These will become lodged in the apprentice's soul and be fed by the *pariká*, the blood of *Kuwai*, multiplying in the *pajé's* body. This act of ingesting the four principal medicines and sicknesses can only be completed if the apprentice has the courage to swallow their material forms; not all apprentices succeed in doing this the first time, and it may take time before that happens.

The new *pajé* has acquired the knowledge and power to heal certain sicknesses: the four types of *Yoopinai* spirits (of the waters, of the forest, of the animal souls, and of this world) and the four types of "jaguar peoples" way" sicknesses. He can never use that power, of course, to deceive or trick his clients.

The standard of truth imposed on the *pajé* is very high. Indeed, the distinction between "true" and "false" is a core feature of many aspects in Baniwa cosmology and knowledge: knowing what features distinguish a "true" plant remedy from its "false" look-alike is crucial. In the *pajé* 's practice, he must be able to distinguish between spirits who "deceive" and those who are "true" manifestations. This is an important element that contributes to the belief that community members have in them. It is an inbuilt means for denying

any accusations of charlatanism. In their songs, *pajés* reiterate that there are those people "who don't want to know the truths" of *Dzuliferi*, but that they, the *pajés* singing, are "speaking the real truth." If a *pajé* diagnoses a sickness based on "false" information, and the sickness turns out to be something else entirely, his reputation is destroyed and he will be expelled from the community. If a *pajé* abides by the rules of long and frequent fasts, successfully supports long periods of altering his perceptions with *pariká*, and is able to clearly distinguish true and false manifestations of spirits, he is on his way to being considered a jaguar shaman spirit," whose principal duty is to protect his community from harm by sorcerers or sickness-giving spirits.

The new *pajé* then receives "the mouth of *Kuwai*" (Kuwai inuma)-bestowed by the master (presumably by the master pajé impressing the shape of *Kuwai*'s jaguar mouth onto the mouth of the apprentice)--with which he will be able to extract the sickness from patients' bodies. It is, according to the pajés, the same as the mouth of a jaguar spirit that can become huge in one instant to engulf the sickness and instantly become small again when it has taken the sickness out of the body.

The "mouth of the sky" is also known as the "mouth of *Kuwai*," which is said to be "opening and closing" all the time, with razor-sharp teeth that can shred a *pajé* 's soul into pieces as it tries to enter. There is a clear enough parallel between the cosmic portal and the shaman's mouth, both of which are entitled "jaguar mouth" and "*Kuwai*'s mouth." In short, the image of the devouring predator jaguar mouth dramatically heightens the jaguar shaman's extractive force and its capacity to rip to shreds all that enters its mouth, including whatever sickness the *pajé* is sucking out.

In all cases of curing, there is a payment that the patient, prior to the cure, gives to the *pajé*. Depending on the sickness, payments could include anything from a matchbox to a sewing machine. The *pajé* will take it, in its immaterial form, and present it to *Kuwai*. The *pajé* thus opens an exchange relation with him; if *Kuwai* accepts (but it is never assumed that he will), then *Kuwai* plucks out some fur from his body, saying, "I am *Kuwai*. This is the sickness he has," and gives the immaterial form of the sickness to the *pajé*. If *Kuwai* does not accept the payment, it signifies that the sickness cannot be cured, and the *pajé* returns the payment, perhaps suggesting that the sick person procure another form of treatment.

If the exchange is accepted, the *pajé* then performs a cure on the primal shaman in the Other World. The *pajé* could not perform a cure on *Kuwai* himself, because *Kuwai* is the source of the sickness. If the pajé succeeds, *Dzuliferi* authorizes him to do the same in This World.

Before reintegrating the soul to the body of the sick person, the *pajé* extracts the sickness both from the "Other World" and from the patient's body, visibly vomiting out all traces of the material forms of the sickness and throwing them away. Then the patient's soul is joined together from all the endpoints of the patient's body blowing tobacco smoke from the tips of the fingers of both hands held together, and blowing down over the crown of the patient to the body's center, the heart (the seat of the soul). The soul is completely reintegrated within the body of the sick.

Sickness and healing are both processes that involve (1) the separation of immaterial from material forms in This World (soul from body of sick; immaterial form of payment from material; soul of *pajé* from his body); (2) in the Other World, an exchange of "payment" for the sickness and soul of the sick; (3) in the Other World, the transformation of the Sickness-Owner into the primal healer; (4) back in This World, the reintegration of immaterial with material (soul of the *pajé* back to his body, soul of the sick back into the body, the immaterial form of the sickness into its material form, which is thrown away).

The master *pajé* continues to observe his apprentice for a period of five months after the first phase is over, during which time the apprentice must continue his restrictions. He must especially avoid the confusion brought on by contacts with girls or crowds of children. The master then evaluates how the apprentice has done, giving him counsel as to how he should safeguard his newly acquired knowledge and powers. This concludes the first stage of training.

The new *pajé* will work mainly in his community; however, he will only be able to handle the more serious cases of assault sorcery after he has obtained " the *pajé*'s body", which involves a more advanced form of knowledge and power including transfiguration of the entire body and acquiring the perspective of a jaguar shaman.

Sicknesses are understood to be detachments of the "soul" from a person's body due to a spirit attack, the actions of sorcerers, or the appearance of omens of death. The detached soul is taken away to any one of the Houses of the Souls of the Dead, or to the layers where *Kuwai* resides, or to any of the layers below This World. Sickness-giving spirits are found in the air, water, earth, forest. Over many years of practice, *pajés* acquire the capacity to recognize the signs of illness specific to each of the enormous variety of spirits. Acting on that diagnosis, the *pajés* ' heart-souls undertake a perilous journey of hunting throughout the cosmos in search of the lost souls. It is usually in the *pariká*-induced trance that the *pajé* makes a diagnosis of the patient's problem, advising the patient before the cure that he has seen in his dreams where the soul was taken and by which of the spirits.

One of the most important services that the *pajé* performs is protecting clients from spirit attacks. As part of their warrior selves, the apprentices acquire a host of spirit armaments: an arsenal of spirit darts; at least four kinds of "revolvers" that produce lightning bolts, which are supposed to mark the presence of the *pajé* to others but which can also be used as weapons; "swords" to decapitate the enemy; "boots" for long- distance travel; "clubs," and an array of hawk feathers, pieces of wood, and thorns attached to his body.

Baniwa shaman intiating a cure. Robin Wright, 1977.



All of their perceptions are altered in training to support their system of defense: they are trained to see the double of any being (its invisible personhood, its shadow-soul; they see, for example, a sorcerer as a furry animal whose body walks in front of the sorcerer, but whose soul is invaime (the spirit of the dead). Their sight is enhanced immeasurably through the use of crystals.

They learn the art of divining, how to interpret signs, omens, dreams, and unusual body sensations. It is said they are surrounded by "mirrors" that allow them to see the world from all angles. As long as those mirrors accompany him, the *pajé*'s fractal vision renders him invulnerable to attacks by sorcerers. But once the light from their mirrors begins to fade, even the most powerful of the jaguar shamans is unable to protect himself from attack. Such has been the story of the jaguar shamans and prophets.

Maliri Dakipe: The Jaguar Shaman's Body, Alterity, and Intentionalities

The process of the *pajé's* "becoming other" is the result of (1) the continued acquisition of knowledge and power and their icons, especially the rattle, the bone for inhaling or blowing the *pariká*, sacred stones, and a series of outer skin coverings, like shirts; (2) the experience of spiritual death, body detachment, and rebirth and learning to move freely between the Other and This World, through the mastery of song journeys; and (3) the highest degree of jaguar shaman holds the power of the jaguar tooth necklace. The complete alteration of the *pajé's* body (remade and adorned) produces the desired alteration in his perspective.

The *pajé's* "becoming Other" can be understood in several senses depending on the task at hand: in order to pass on knowledge, the *pajés* transform into other-than-human beings of the natural world that periodically change their skins and regenerate at certain times of the annual cycle. This is the importance of the cicadas. In the *pajés'* cycles of transformation, "the months of June and July are said to be the times for taking pariká daily, so

that throughout the month of August, the *pajé* "transforms into the cicada" (pers. comm., Alberto Lima da Silva, June 15, 2010); *pajés* become one with the "universe people" as they transmit their knowledge and power to their apprentices.

As the *pajé's* body fills up with medicines from the eternal Other World, he acquires a dimension that transcends human time and limitations. "He doesn't have anything more that is human," Mandu said, meaning that he "dies" (to his human existence), "exchanges his life" for that of the jaguar shaman spirit other. The *pajé* is one who is constantly in the process of "becoming other," so we can hardly talk about his "being" in terms of fixed forms. It makes more sense to speak of the shaman as "a multiplicity of intentionalities," like the spirits and deities, constantly transforming: " the shaman is a multiple being, a micro-population of shamanic agencies sheltering within a body: hence neither are his 'intentions' exclusively his, nor can he ever be certain of his own intentions" (Fausto 2002: 121).

A jaguar shaman who has a "jaguar spirit" intentionality is in synchrony with the subtle changes in the environment, important for hunting lost souls. He is actually a force behind the cosmic, meteorological transitions that occur during the time of the *pajé*'s transformation; with eagle feathers, he may help bring on the summer season. He has the vital role of guarding the food resources of the environment against potential attacks by sorcerers. He experiences several worlds, conversing with the other jaguar shaman spirits of the Other World, the deities themselves, and the souls of the dead. Ultimately he transcends the irreversible death that awaits everyone. After physically departing This World, it is said that the souls of these savants may return to their tombs and continue to counsel their kin.

The *pajé* learns what it means to "die" to This World, " become Other" in order to enter the Other World, and "transform" his soul into powerful beings, such as the harpy eagle, jaguar, or serpent. Their acquisition of "otherness" is accompanied with many mantles or cloaks, thought of as clothing with which he can become a jaguar, for example, by covering his body with a multiplicity of animal spirit subjectivities. These cloaks allow the *pajé* to assume the perspectives and agencies of their otherness, often--but not always--predatory
qualities as hunters and warriors of the Other World. At the height of their powers, the *maliiri* shaman, in Baniwa may actually assume the subjectivity and agency of the Creator deity, the sun god *Nhiãperikuli*, whose powers of vision, prescience, and moral counsel are sought especially during historical moments of uncertainty and disorder.

Singing the Other World into Being

The advanced *pajés* learn to sing in the specific language and from the perspectives of the deities. These songs record their journeys in the Other World, and *pajés* say the songs are actually the voice of the "Spirit of Power," *Dzuliferi*, primordial *pajé* and master of all shamans' sacred substances (*pariká* and tobacco) who narrates the *pajé's* journey and encounters in the Other World. The songs are among the most valuable sources of knowledge we--as outsiders and observers--have for understanding what the Other World is like.

Dzuliferi, Spirit of Power, watches over humans (Drawing by shaman's apprentice)



In a healing ritual, after snuffing the *pariká*, jaguar shamans immediately open the connection with the Other World. They arise from their seated position and begin to dance and sing in a circle around a designated space. It is said that, although we see them moving about inside the dance space, they are really "in the Other World," and their heart-souls are moving in the space/time of the Before World. Simultaneously, the Before World "turns around" and "comes to" the *pajés*.

The jaguar shamans and the spirits and deities of the Before World establish encounters, a meeting of two subjectivities through which communication and understanding are possible. One of the key ways jaguar shamans "walk with" the spirits and deities is through the songs of their voyages and encounters with other jaguar shaman spirits, other spirit peoples of the cosmos, and the deities who entrust them to communicate their messages to humans. These messages are expressed in a certain way, for it is the voice of *Dzuliferi* that is constructing the terrain of the Other World.²

At the beginning of their songs, the pajés sing that they travel back "before us" in time to the Other World, that the Other World "turns around" in space " among us," to face the *pajés* who behold the jaguar shaman spirits, of the Other World. Their journeys are then sung, step by step, through the poetic and lyric reconstruction of all places they walk through in the Other World of the sky, the places where there are traps, the moment when they approach a deity's village or when they drink *pariká* with the other jaguar shamans. Above all, a question constantly motivates their search: "Is it here that I will find the soul of my sick companion/friend?"

The aesthetics of the *pajés*' powers to sing are most important to mention here. The *pajés*' songs may seem like freestyle, spontaneous creations, quite distinct from the litany-like chants sung at rites of passage. However, the *pajé*'s chants are believed to be the voice of the deity *Dzuliferi*. The *pajé* "hears," "listens to" *Dzuliferi*'s voice singing in him; it is *Dzuliferi* who "gives the pajé his songs," and this inspires the *pajé*. These songs appear to be like the *icaros* of the Ecuadorian shamans. The psychoactive DMT here again brings the spirit world into relation with the shamans. *Pajés* can only perform cures when they have "received the songs" from *Dzuliferi* about the sickness of a person to be cured. During their apprenticeship, the master *pajé* "gives" the apprentices the appropriate song for each task or action of the *pajés* ' practice.

With time, the *pajés* grow in their understanding of the perspective of *Dzuliferi*, which enhances their abilities to translate and communicate their journeys to the Other World. This power is developed at a fairly advanced state of the *pajés*' training, when they hear the voice of *Dzuliferi* and accurately transmit it; the *pajé* " cannot deceive or lie about what *Dzuliferi* says," Mandu emphasized, affirming the truth-value of the *pajés*' journey.

The *pajé* has become sufficiently competent in his knowledge of the Other World to be able to construct convincing poetic images of the Other World. Through a synaesthetic construction of hearing-seeing-singing-body choreography, the *pajé* communicates these images and information to the patients and observers who are listening and watching, reflecting on the *pajés*' voyage and confiding in his powers. It is in this way that *Dzuliferi* informs humans about their future, important events to come, anything having to do with Baniwa eschatology.

Carneiro da Cunha has argued that the most important labor of the pajéin Amazonia is as "a translator. It is suggested here that translation should be understood in its strong, Benjaminian sense, as a search for resonances and reverberations between different codes and systems" (Cunha 1998). For Baniwa *pajés*, the poetics of the Other World as announced through the perspective of the shaman deity *Dzuliferi* are translated by the *pajé* into answers that humans seek for their dilemmas.

Experience of Death-and-Rebirth

As is well known from shamanic experiences in various parts of the world, the initiate reaches a stage when he passes through a process of depersonalization, that is, he "dies" as a human and is "reborn" into the spirit world. The death and rebirth experience may be thought of as a self- sacrifice (Sullivan 1988). In the trance state, the Baniwa *pajés* say they see their bodies "become skeletons"; then they descend to the netherworld of the dead and, after searching for the souls there, emerge into the world of the deities. It is a process of returning in time to the eternal "Other World," the source of all creative power. Upon entering the door of the Other World, the *pajé* "throws away his personhood", is purified in a hole of "smoking resin", and then freely moves about, formless, in the Other World.

The *pajé*'s soul journey is like the journey of the deceased, except that the *pajé*'s soul continues onward past the Houses of the Dead to the places of the great spirits and deities of the Other World above the world of the dead. The *pajé* is a regular visitor in the Houses of the Dead. A more powerful *pajé* will know the Other World as far up as the level where *Kuwai* lives. One of Mandu's most important experiences was his first encounter with the greatbspirit *Kuwai*, the owner of sickness. This occurred late in his training and is part of what made Mandu a "real pajé," a high degree in the hierarchy. Only a few *pajés*, men or women, have gone far beyond death and have "seen from a short distance" the house of the creator.

For the Baniwa *pajés*, "real knowledge" comes from acquiring the "body of the *pajé*," with power and medicines. To acquire this "body," Mandu had to "die" to his former Self and Body, in order to "become Other," be reborn as another kind of being. After he had taken a large quantity of *pariká* sufficient for him to lose consciousness, he fell into a trance ("unconscious," "dead") and his soul began its journey. Then his soul left his body lying there, as though "in a coffin." The master *pajé* had "left open the door of the sky" for Mandu to go inside and had "given him the songs" to sing while there, in other words, a map of the trails to follow and the important points to watch for.

Kuwai sent down his umbilical cord for Mandu to grasp and pulled him through the opening in the sky, a narrow and dangerous passageway lined with razor sharp teeth that keep "opening and closing" all the time. This is one of the trials the apprentice must endure in order to get to the Other side, thus crossing the passageway between the "here and now" and the "long ago" and "Before World" of the ancestral deities. There was a crosslike shape on the umbilical cord where he could sit as it pulled him into the "belly of the sky", "*Kuwai's* belly," taking him back into a prebirth state.

On entering the sky door, the *pajé's* soul jumps through a hole of burning resin. This is the place where souls are purified of their body-shaped souls; when they pass through this hole, they cry out as if they are being burned alive, a purification by fire, when, they say, they "throw off their personhood". The incense-like smoke of the resin purifies the *pajé's* soul of any trace of social and corporeal identity.

Kuwai, spirit keeper of sickness. (Drawing by shaman's apprentice under the instruction and guidance of Mandu)



Mandu's soul followed a trail to the house of *Kuwai* and announced that he had come to seek a cure for his friend's sickness. The *pajé* showed *Kuwai* the required "payment for the soul" of the sick person, and gave it to *Kuwai*.

The sick person's soul appeared to be "entrapped" in *Kuwai's* arms. *Kuwai* has the form of a giant black sloth, covered with fur, whose embrace can potentially suffocate the sick if the *pajé* does not succeed in releasing it.³ If *Kuwai* accepts the payment, he gives him some of the poisonous fur from his body, saying "here is the sickness that your friend has."

Then, *Kuwai* transforms into the shadow of *Dzuliferi*. This transformation corresponds to the shift in the curing rite from localization of the soul of the sick and discovery of the sickness the soul has, to extraction by suction (jaguar mouth), water dowsing, and smoke blowing to revive the soul of the sick. This occurs first in the Other World; if successful, the *pajé* is "authorized" to repeat the process on the patient in This World of the descendants.

The *pajé*'s body serves as a conduit for the sickness that passes through it and is vomited out in its visible, elemental form. What is accomplished in the Other World of ancestral deities is proof enough that the pajé can legitimately heal the patient in This World. The medicine is then transferable to This World.

Open Body/Closed Body: Entrapment and Protection from the Enemy

"Open" and "closed" bodies are conditions or states of being-in-the-world, equivalent to vulnerability and protection. When a child is born, its "body is completely open", it is said, along with the mother's and father's bodies. They are open to spirit attacks, so a chant owner is called to speak or chant the necessary orations with a tobacco cigar to close the body. The closed body is protected by a shield, the qualities of which are defined in the oration and blown over the person with tobacco smoke. At any moment in a person's life, sickness-giving spirits can penetrate the body, especially during moments of life transition when the services of the *pajé* are mostneeded.

A *pajé* is particularly susceptible to attacks by spirits and enemy *pajés*. "The enemy of the *pajé* is another *pajé*," Mandu stated, which means that the *pajé* must know how to protect himself. Whenever his soul is traveling in the universe in search of a lost soul or for whatever other motive, he is most vulnerable on his return. At this time, enemy *pajés* lie in wait and will try to kidnap the healing *pajé's* soul to take his powers away. So the *pajé* has to be alert and have the powers to defend himself from enemy *pajés* at the same time he knows how to assault an enemy. Baniwa *pajés* say they only kill in extreme circumstances, but it is a part of the knowledge that they must have and will use when necessary.

Throughout the *pajé*'s apprenticeship, he is taught how to transform the states of his being, throw up a smokescreen, or divert the sorcerer's/enemy *pajé*'s vision with his mirrors. There are several orations to protect oneself and village from sorcerers' attacks. One such oration creates a sort of "sanctuary" first by constructing an impenetrable fence of quartz and thickly woven thatch as a palisade around the settlement. The *pajé* then raises a long blowgun up to the place of *Dzuliferi* where " there is no sickness," and sends all the souls of the living, like the " cotton of a blowgun arrow," up through the tube to the Other World. He then diverts the vision of the enemy *pajé* who is searching, so as not to see where the children are. Using his mirrors, he deflects the light of the sun into the sorcerer's eyes to blind or distract him. Then when the sorcerer attacks in the form of a hawk, the *pajé* places a lasso on the trail to the longhouse in such a way that when the sorcerer's head passes through the loop, the *pajé* pulls the loop closed, instantly killing the sorcerer.

Advanced Knowledge

After completing the first stage in his training, the apprentice may decide to deepen his knowledge through some specialization, in which case he goes to another *pajé*. As Goldman states, "The 'real' and the esteemed shaman is an educated religious savant, a member of what is in effect an academy of religious specialists with whom he is engaged in lasting discussion and studies. His curiosity, or perhaps his ambition, takes him to distant places, as far as the Guaviare River, for instance, to study with savants already esteemed for their specialties in healing or in sorcery" (2004: 300).

For the Hohodene *pajés* of the Aiary River, the most powerful *pajés* are of the "Wanhiwa" peoples to the north, who include the Guahibo, the Puinave, and the Piaroa. Mandu's second master was of the *Dzauinai* (Jaguar Peoples) phratry, who was of a long lineage of jaguar shamans going back to the time of the prophets Kamiko (of the *Dzauinai* phratry) in the mid-nineteenth century and Uetsu (of the *Adzanene* and Hohodene phratries) of the early

twentieth century.⁴

When the master shaman agrees to instruct further, another group of apprentices is formed. Each apprentice prepares a large quantity of *pariká* to consume during the period of training, as payment for the master *pajés*. During the time of his instruction at Uapa-ssussu, Mandu learned more about sicknesses and the potential of sacred substances for opening his perceptions in the Other World. Mandu experienced the powerful hallucinogen *caapi* (Banisteriopsis caapi), which, like *pariká*, contains the psychoactive DMT, or dimethyltryptamine, which he took together with *pariká*.

Stories of the prophet jaguar shaman Uetsu mention the mixture of *caapi*, or *yajé*, and niopo snuff (Piptadena peregrina), a psychoactive related to *pariká*. The special brew was called *caapi ka yumpa*, and its power enabled the "wise man" to have direct experiences with the souls of deceased kin, who showed him all around the Other World, even to the house of "our father" *Nhiãperikuli*. Yet what most marked Mandu's memory of his apprenticeship was the quest for his "shaman's body," the handle of his rattle.

The Pajé's Rattle and Sacred Stones

The *pajé*'s rattle is a complex synthesis of soul and body elements from the *pajé*'s self and from the Other World, an icon of the *pajé*'s alterity (other self). The rattle consists of the shaman's externalized body, which is the wooden handle of the rattle, and his soul, the globular gourd. The soul of the rattle contains pebbles called "celestial things". These are said to be "alive" and come from the primordial *pajé*'s "head". They are considered "medicines which the rattle has eaten." Just as, during the *pajé*'s apprenticeship, he has consumed medicines from the sky that are lodged in his body, so, inside the rattle's globular gourd, his "heart-soul," there are living celestial medicines that the rattle has consumed. Engraved on the rattle's globular soul are "sky trails" that the *pajé*'s soul follows in his travels. Or there may be engraved images of the sacred flutes and trumpets of *Kuwai*, the owner of sickness, which he will encounter.

Sometimes holes are drilled in the rattle's globular soul to serve as the

pajé's eyes for seeing far into the Other World. During the curing ritual, the rattle acts like a knife that, with the motions the *pajé* makes, cuts the sickness from the Other World in the sky, upon which the *pajé* sucks the toucan feathers at the rattle's head, ingesting the sickness in spirit form that he will later regurgitate in material form. All of the above-mentioned functions make the rattle a key instrument with which the whole process of the *pajé*'s journey to the Other World and cure is realized.

Mandu's recollection of how he obtained the body of the rattle can be interpreted as a kind of vision quest, in the sense he received a sign, a gift from the Other World, which indicated the future power that he would have. He and his family had journeyed a long distance into the Venezuelan Orinoco region, suffering a great deal, even dragging their canoe from one river to another, until they reached their final destination. This was the house of a master shaman, at a very beautiful place (now abandoned), where they were received well by the shaman. He took the apprentices to a place on the Uwa River, where handles for rattles are found, and told Mandu to go out into the wide open field and find what he was looking for. It is, according to Mandu, impossible to explain--i.e., it is the *pajé's* mystery-how the piece of sacred uwa wood got to be where Mandu found it. Yet it was the sign that Mandu needed, for his master *pajé* interpreted it to mean that he had been accepted by the great spirits.

Jawinaapi explained to Mandu that the gift meant much more than simple recognition and acceptance: "You got this, and you weren't supposed to. One day you will be a great *pajé*." Mandu was to become one of those rare jaguar shamans who is also a "wise man" spiritual leader. The jaguar shaman spirit of the Other World, had sent a sign for Mandu, a living shape from the Other World, that materialized into the handle of a rattle that would be Mandu's shaman body representing his mission to save many people in This World.

It was understood that the jaguar shaman spirit had sent him an "agent" of his new shamanic power. The name *uwa*, besides being the name of the River Uwa and the wood of the handle, is the name of a jaguar shaman spirit who, from then on, was a connection for Mandu. This spiritual connection was materialized in the gift of the rattle's handle corresponding to the shaman's body, of both the Other World and This World simultaneously. The jaguar shamans of the Other World had chosen to send down a piece of themselves for Mandu, indicating his having been chosen to become a powerful healer.

What is the relation between the body/handle, the soul/gourd of the rattle, and the feathers at the crown of the rattle? A plausible interpretation would be the following: the body handle has the power to open closed spaces--as, for example, the wooden stick of the Jaguar harpy eagle *Kamathawa*, which *pajés* say is the body of the *pajé* that breaks open the hidden world of "happiness", and even the Other World into This World.

Its attachment to the gourd soul--inscribed with designs of the trails of the Other World, with eyes that see great distances, medicine from the head of the first *pajé*--joins together the powers of the *pajé*'s body to open the connection to Other Worlds with the soul that travels the sky roads, sees great distances, hears the voice of *Dzuliferi*, and contains living remedies with which to cure.

Coupled with the rattle's function in aligning the *pajé* with the powerful Other World, it is the synthesis of body and soul, Other World/This World connection that the *pajé*'s rattle represents.

Mandu's Rattle and Stones as Living Agents

The *pajé's* rattle is a perfect example of "the occult life of things" as discussed with elegance in the volume edited by Fernando Santos-Granero (2009). The *pajé's* rattle is as much the *pajé's* alterity as it is his agency (his powers to act in the Other World and This World).

The rattle--as well as the. *pajés* ' sacred stones--are his soul companions, "like pets," the *pajés* say. They will even take care of the *pajé* 's family in his absence. If one of the family members becomes sick, for example, the rattle will let the *pajé* know that something is wrong at home and that he should go back and see. This happened to Mandu a number of years ago, when he was living and working in São Gabriel and his wife, Flora, was at home in the village of Uapui. She got very sick one day, and it was feared that an enemy was attacking her. According to Ercilia, somehow the rattle and the sacred stones found their way back from São Gabriel to Uapui and came to lie underneath Flora's hammock.

Mandu looked for his rattle and stones, which weren't in the place he had left them. Then he received a radio message from the upper Aiary that his rattle and sacred stones were found in Uapui. Mandu quickly returned. When he saw that his wife was sick, he went directly to cure her. It was the rattle and stones that had gone ahead and drawn him back. "This is proof," Ercilia concluded, "that the jaguar spirit really is alive in This World."

The sacred stones are passed from father and grandfather shaman, master shaman to apprentices, or between colleagues. It is said that they can also appear in the dreams of the person who is becoming a *pajé*, indicating where they can be found. They appear of their own volition, seeking a companion shaman to work for, and they stay together even into the grave if the shaman has no one to leave them with. Mandu's daughter recalled that her father often conversed with his rattle and sacred stones for hours privately before going to sleep for the night. The sacred stones are as important as the rattle and the snuff bone. The small stones in the shaman's possession thus embody "helper-spirit companions" with whom the shaman shares intimate concerns; they are among his multiple selves.

Knowing how powerful the rattles and stones are, Mandu's daughter expressed her disgust at the North American evangelical missionary Sophie Muller's ethnocidal acts of ordering the *pajés* to toss their rattles and sacred stones into the river. She essentially told them to throw away their ancestral power, reducing the shamans' spiritual connections to nothing. Religious colonization deeply cut away a large part of the cosmology and metaphysics of the Baniwa *pajés* who, believing that Sophie was the one whom they had been waiting for, went into the *crente* faith. The New Testament became the primary source of spiritual "enlightenment," ultimately leaving the shamanic conversations with the icons of their spirituality farbehind.

Based on their accumulation of knowledge and power, there is a strong sense of hierarchy among the pajés. Several degrees can be distinguished as follows: apprentice 1, "half-shaman," apprentice 2, "true shaman" with many years of experience, and "jaguar shamans." The pajé's initial power derives from his abstinence from sexual relations, his fasting, and the constant intake of *pariká*, which transforms his body-soul entirely. Celibacy for ten years signifies a great deal of (libidinal) power or *likai*, the same word that is translated as "semen" or "essence of power," which, as one knowledgeable person stated, accumulates within his body to be transformed into shamanic spiritual power (*malikai*).

Conclusion of Training

In his narrative, Mandu states that at the end of his instruction in " advanced knowledge", he caught four kinds of fish, which determined how his future work would be. It was unusual to catch four kinds of fish, each representing a specific and serious illness, against which the *pajés* ' cures are highly appropriate. On those grounds, it was evident that Mandu would have a "lot of work to do," the master *pajé* said, for those sicknesses are what appear most frequently among the Baniwa. So Mandu knew he was being given a great responsibility to save lives. This has been his life's mission.

Apprenticeship is a decade-long ordeal that the *pajé* has to endure. Mandu's power was put to the test during many years of his career by sorcerers of his own village who--he and his entire family believed--were responsible for many deaths that occurred over a period of twenty years.

Now that we know more of the *pajés*' perspectives on the nature of this world, and why humans will be in great danger if they abandon their traditions, we understand how important it is to transmit knowledge to new generations of apprentices.



Baniwa spirit of healing *Dzuliferi* present in the great boulder above the rapids of creation. Photo and composition by Robin Wright.

2.2 Amazonian Ayahuasca Healers and Churches.



An ayahuasca ceremony house in the Peruvian Amazon. Jason Mintzer/Shutterstock.com Contributed by Esther Jean Langdon. Copyright © Kendall Hunt Publishing Company.

Reading Langdon: The Symbolic Efficacy of Rituals: From Ritual to Performance

Esther JeanLangdon¹

Summary: The paper explores the concept of "healing" among Amazonian shamanic rituals, examining the meaning of healing from a broader perspective than that of biomedicine. It focuses on rituals in which psychotropic tea-like substances commonly referred to as ayahuasca or yajé, have a central role in the ritual's efficacy. These substances are made from Banisteriopsis sp. and admixtures and can produce strong conscious-altering effects. However, it is important to point out that the patient does not always drink the mixture, which may be ingested by only the shaman or by participants other than the patient. For Amazonian peoples, illness is not limited to purely biological processes and spiritual and social factors are important causes of illness in a universe that is endowed with intention, that is, a universe populated by diverse predatory beings that are capable of causing illness. The article examines the concept of " heal", as well as reviews the current theories that attempt to account for the ritual efficacy. Differing from those who emphasize the instrumental results of substances ingested or who affirm that faith is the necessary factor for " miracle" cures, this work shall demonstrate that healing efficacy must largely be attributed to the performative aspects of ritual.

Most of my discussion is based upon some forty years of research theoretical developments American shamanism and South in on anthropology concerning non-western healing systems, rituals and the healing experience. The argument that I raise in this paper is not limited to evaluating the efficacy of rituals in non-western societies. I propose that the processes of illness and healing on the phenomenological level are not different in nature in cultures other than ours, but that healing traditions ask different questions about the nature of illness and healing that orient their therapeutic practices. Young (1976) pointed this out three decades ago, affirming that most rituals answer important cosmological and ontological the face of serious illness. What marks the questions that arise in difference between biomedicine and other medical systems is that ours focuses on the individual in a disinterested universe while in most others, the individual is a member of a group in an intentioned universe. Sullivan notes that different healing traditions mark different appraisals as to the nature of reality, which can be cosmic, in the case of shamanic traditions, or chemical, in the case of biomedicine (Sullivan 1989: As this 397). exploration of phenomenological anthology demonstrates, the experiences of embodiment, ritual performance and healing in other cultures is necessary for a deeper understanding of efficacy.

Studies of shamanism and non-western systems of healing have their origins in a period when anthropologists, and many others, perceived primitive mentality as being qualitatively different than that of the civilized,

the former perceived as lacking the capacity to perceive reality rationally. Rationality was conceived as objective observation of the relation between cause and effect. The early anthropologists who studied medicine, such as Rivers (2001) and Ackerknecht (1942), held that primitive medical practices were part of a magical perception of reality, in which rituals are used to change events but inevitably fail since they are based on incorrect laws of nature. The most familiar examples are the laws of similarity, in which similarity produces similarity, and of contagion, in which actions performed on one part affect the whole (Frazer 1980). For instance, the justification by a Siona Indian of the Colombian Amazon, that he cures a particular skin illness with a leaf that has a design similar to that of the skin condition could be thought of as the law of similarity; the similarity of the leaf heals the skin. As we will see in an illness case presented below, the law of contagion is expressed by the idea that a skin illness is caused by stepping where a shaman had sent a snake to urinate. The reasoning of both of these examples would be judged as logical, but not rational, by the early anthropologists, in the sense that the justifications are considered absurd.

Both Rivers and Ackerknecht made important contributions to the growth of the study of non-western medicines. However, and perhaps because they were both trained medical physicians, they affirmed that primitive medicine, as an example of primitive mentality, could never evolve into scientific medicine. Like others of their time, they confused systems of knowledge with mental capacity. They characterized primitive medicine as primarily " magical-religious" and European medicine a rational science, one that depends upon objective observation of cause and effect. For both authors, the primitive is blinded by his magical beliefs and thus does not, and cannot, experiment with or observe nature objectively as we do.

There is not time nor space here to trace the history of anthropology and its ideas about magic, but it is important to emphasize that shamanic practices were categorized as magical practices in early anthropology and that often the shaman's capacity to do harm as well as good led them to be identified as "doctor-magicians" or "doctor-sorcerers" (Métraux 1944). The more classic and conservative views in anthropology presumed that both magic and magical practitioners would disappear in the face of modernity and the growth of science's control over disease. However, the second half of the twentieth century has shown that such misconceptions about shamans and the inefficacy of their rituals have given way to what appears to be a global movement that expresses a profound respect for shamanic knowledge and their practices. Moreover, there has been a particular interest in the efficacy of use of shamanic substances, now commonly referred to as entheogens or psychointegrators (Ruck et.al. 1969; MacRae 1992; Shanon 2002; Winkelman 2000: 210).

Outside academia, traditional and neo-shamans have emerged from their local communities to conduct workshops and shamanic training as well as to perform healing rituals, as innumerable publications have shown. Shamanic techniques, and in many cases, shamanic substances have been appropriated for use in rituals with very different cosmological orientations (Langdon and Rose 2012). Among the substances, ayahuasca stands out as one of the most popular substances to be adopted, not only by religious groups such as Santo Daime and União Vegetal (Labate, et. al. 2008; Bernardino-Costa 2011), but also by those in the international circuits of contemporary shamanisms (Labate and Jungaberle 2011, Langdon 2013, Losonczy and Mesturini 2010).

At the same time, there has been a revolution in anthropological thinking with respect to its central concepts and methods. Culture is no longer essentialized and perceived as having clear boundaries occupying a particular geographical space. Anthropologists are concerned with its emergence in particular situations, with praxis and action and associated themes of interaction, performance, experience, self, subjectivity, and agency (Ortner 1994). Symbolic and performative perspectives have replaced the earlier concerns about the logic of magical practices. Anthropologists no longer seek the objective validity of beliefs, but how people engage in a reality constructed through social and cultural processes (Good 1994), and, in the case of healing, this engagement frequently occurs through ritual (Geertz 1966; Turner 1964).

Illness as Process

In the 1960's, a number of anthropologists began to examine the power of the symbol in human interaction and experience. Concerned with cultural as

a dynamic production of meanings between actors as well as the role of the symbol in human perception and experience (Langer 1942), studies of nonwestern medical systems began to focus upon the socio-cultural construction of illness and admit that non-western healing traditions often resulted in positive results when biomedicine failed (Kiev 1964; Kleinman 1978; Kleinman and Sung 1979). In particular, my research with the Siona Indians of the Amazon basin demonstrated that their response to illness is not that different from ours. As praxis, the experience of illness has to be understood as a dynamic process than can involve several actors and several different therapeutic practices, depending upon the seriousness and complexity of the illness. The meaning of the illness, as well as its subjective experience, is constructed through a process of negotiation between the various actors. It involves an initial diagnosis, choice of therapy and evaluation of that therapy. If not resolved, the process begins again: new symptoms may be identified leading to speculations about different causes and pointing toward other types of therapy. Other therapeutic practices are sought, often to answer different questions about the treatment. These too are evaluated, and if the illness continues, the cycle begins again.

When a Siona Indian awakens feeling ill, he reflects upon what symptoms he is feeling and identifies the problem according to his experience in the past and that of those around him. This initial diagnosis generally attempts to identify bodily symptoms and the treatment chosen among those known to resolve similar problems in the past, usually selecting herbal remedies or industrialized pharmaceuticals at first.

Like all peoples, the Siona have notions about the workings of the human body, although these notions do not necessarily follow ours. Nor do the categories of illness recognized by the Siona correspond with those of biomedicine. One of the important differences between non-western medical systems and ours regards the search for symptoms outside the human body that may indicate possible causes of the illness. If an illness begins abruptly, with high fever or other serious symptoms, and/or following a nightmare or social conflict that involved the ill person, there is suspicion that the meaning of the illness, and its cure, must be found in a larger cosmological or social perspective. Generally questions involving invisible or social causes of illnesses begin after successive failures of treatments that have functioned in the past in similar diagnostic situations. Thus, the network of those involved in the diagnostic and therapy process expands as the illness continues to defy treatment and can include therapeutic specialists from a variety of curing and healing traditions. The therapeutic practices selected in this process are motivated by different but related questions (Zempléni 1985): what corporal or environmental conditions are causing the symptoms (instrumental cause); what agent, invisible or not. is responsible for the illness (efficient cause); why has the illness been caused (ultimate cause)? When the search for a cause goes beyond the instrumental cause, the search for therapy also goes beyond those therapies that aim to alter purely physiological symptoms, and the search for a cure diverges from the biomedical notion and healing is sought.

Healing, as opposed to curing, comes from the Old English hcelan, which means to "make whole" and implies a sense of wholeness and a transformation from illness to the restoration of wellbeing in a holistic sense, while cure implies the resolution of physical symptoms. Although it has not always been the case, the European medical tradition, currently designated as "biomedicine", has increasingly become influenced by the biological and technological vision of illness, to the exclusion of other social, psychological or spiritual factors that are perceived by other medical systems to act upon the individual to cause physical or mental suffering. Kleinman, an important pioneer in the symbolic approach to the anthropology of health, defines biomedicine as a system of medicine based on theories of biological processes, perceiving disease as a universal process, independent of context and free of cultural values and notions (Kleinman 1980: 33). Concomitantly he affirms that there has been little attention to healing, the most basic of all health care processes.

Shamanic systems of health, like many others not based solely on a theory of biological processes, hold cultural specific notions about illness and its causes. It is not possible to assume that all groups share the same ideas about health, illness and shamanic practices. However, recent ethnological discussions have helped us to understand certain general principles about notions of the body and illness processes among Lowland South American Indian groups. Persons and bodies are socially constructed and bound in webs of social relations in the visible as well as invisible realms. The concept of predation is a key metaphor for understanding native perceptions of the illness process, its causes and its meaning (Fausto 2007). Among the Siona, illness is conceived as a process of dying, marked by weight loss, rottenness, darkness and other qualities associated with death and a common expression for describing or characterizing illness is that it is an object or evil substance in the body that is sucking the blood (and life) of the victim. Causes that initiate this process can be violations of hygiene rules or prescriptions regarding eating, hunting, bathing or other daily practices. Some illnesses are caused by more serious violations or antipathies, which set in motion attacks in an intentional universe characterized by visible and invisible beings. Most likely a shaman has caused the illness by contacting an invisible agent to enter the body or by throwing a shamanic substance into the victim. In such cases, a ritual must be performed in which the specific invisible cause can be identified and eliminated by counter attack.

In several publications, I have treated the praxis of therapeutic itineraries, where the family group seeks treatment that initially aims to relieve the patient of the symptoms thought to have some common known cause. The aim most often is practical, to relieve the symptoms and return the patient to normal. However, if the illness continues to progress defying normal treatments, anxiety and worries about serious incapacities or even death raise questions that go beyond the instrumental cause of the illness and speculate about possible social or spiritual disruptions that are the ultimate cause, explaining why the illness defies normal treatment and indicating why that particular individual is ill at that particular time. In this sense, healing is directed at attempts to answer ontological questions about the nature of suffering and the Siona invoke an intentional universe (Viveiros de Castro 1996) to understand what is really happening.

A specific case relevant to the discussion here is one that lasted for over three years (Langdon 1994). For months Ricardo, my major collaborator, complained of a strange itching sensation at night, which left no physical symptoms but caused him to lose much sleep. He had certain suspicions as to the cause of such his suffering. For him, the itching began after a trip to the Summer Institute of Linguistic Headquarters, where he met Indians from another region of the Amazon basin known to have powerful shamans. Upon his return home, he felt something fall on his head as he walked on the path to his fields. He tried to brush it away, but found nothing. After working in the field, he began to experience itching over his entire body and attributed it to the dust, dirt and sweat that accumulated while working in the hot sun. He took a bath and changed his clothes, but from that night on, the itching plagued him. As long as the itching caused him discomfort and lack of sleep but did not prohibit him from fulfilling his normal duties, he did little more than complain about the situation and ask an occasional visitor to the Indian Reserve if he knew some sort of remedy to stop the itching. At some point, he began to have severe skin irruptions that prevented him from working. Consequently, he seriously began a search for a cure, experimenting with a number of therapies recommended by neighbors, non-Indian folk healers, pharmacy attendants and finally the doctor at the local health post. His symptoms persisted over a number of months and ceased with the prescriptions the doctor had given him for " allergy to the sun".

However, during these months, he increasingly speculated on the possible sorcery cause, interpreting the event of the invisible substance falling on his head as a sign of sorcery. He argued that because that event signaled the onset of the illness, he needed to see his brother-in-law, Elias, a Kofan shaman who lived two days travel by boat. He expressed with great clarity that he was attempting to cure the symptoms in order to travel so that Elias could diagnose the cause behind the illness and heal him. Once his skin improved, he made the long journey and returned six weeks later. Elias administered a number of herbal remedies while also performing a series of vajé rituals to discover the cause and understand the source of the invisible object that touched Ricardo on the path. In these rituals, he discovered that a local rival shaman, who wished to harm Ricardo's shamanic knowledge, had sent a snake to urinate on the path that Ricardo walked on, causing the itching and eventual skin irruptions. He removed the evil object causing the illness and sent it back it to its original source. Ricardo returned healed and pleased with the shamanic treatment. It is interesting to note that the nocturnal itching without physical marks never completely ceased. Years later, when I returned to visit him, he continued to have the problem, but since it did not threaten his daily activities again, he gave it little attention.

Ricardo's skin problem and his therapeutic itinerary demonstrate the difference between curing and healing, a distinction that was extremely clear

to him when he explained why he needed a shamanic ritual. The different curing goals of the therapies chosen match the distinction made by theorists of ritual when they speak of instrumental efficacy and symbolic efficacy (Langer 1942; Douglas 1966; Mauss 1974). The first deals with observable material results, while the second depends upon the patient's experience of healing, that is, the re-establishment of a sense of wellbeing.

Symbols and representation

Symbolic efficacy has been explained in many ways by a number of anthropologists interested in the impact of symbols on human life. Lévi-Strauss (1967a, 1967b) explored how shamanic chants provoke unconscious structuring of experience through mythic form (and not content). Geertz (1966) was concerned as to how symbols shape the ways in which social actors see, feel and perceive the world; Turner (1964, 1974) expanded upon the psychological and social meanings of symbols in order to demonstrate that ritual healing addresses both individual problems and those of the social group. For him, transformation reaches into deep psycho-physiological levels via symbolic manipulation of symbols that represent drives and desires related to life, death, sex, desire and hunger with those that represent social and normative values. In this sense, ritual attends to the interface between personal and social problems, that is, " for both the maintenance and radical transformation of human social and psychical structures" (Turner, 1969: 4). Regardless of a structural or interpretive orientation to the power of symbols, most theorists share the idea that symbolic efficacy brings about a transformation on the unconscious level that creates a comprehension of the situation and an experience of healing (Csordas 1983).

These authors recognize the importance of the dramatic performative aspects of ritual. Lévi-Strauss (1967a: 175) discusses explicitly the notion of performance as enactment, as a reliving of mythic events, not a miming or simple reproduction of events. Turner's idea of communitas focuses upon the experiential aspect of ritual, which makes possible transformations. He opens his discussion in The Ritual Process (1969) affirming that it is the emotional and imaginative nature of sacred ritual that he wishes to explore, one that was generally avoided by anthropologists. In his later discussion of the physiological and social poles of ritual symbols, he explains that ritual "really works" when the qualities of these two poles are exchanged via the drama of ritual action.

"....the singing, dancing, feasting, wearing of bizarre dress, body painting, use of alcohol or hallucinogens, and so on, causes an exchange between these poles in which the biological referents are ennobled and the normative references are charged with emotional significance." (Turner 1974:55).

However, both authors tend to emphasize that ritual communicates through shared meaning of symbolic expression that creates the collective experience and sets in motion unconscious psychological mechanisms.

The assumption that collective representations are key to ritual or healing efficacy is called into doubt when examining shamanic rituals, particularly if we look at contemporary practices involving participants of different social origins. Even for the more traditional rituals in the Amazon, several authors have pointed out that the participants do not necessarily understand the shamanic language. Sometimes incomprehensibility is attributed to the use of archaic language not familiar to the non-initiated. Others claim that the density of the metaphors renders shamanic language incomprehensible. Buchillet has pointed out that Desana shamans sing so softly in healing ceremonies that no one can hear (1992). In an example far from the Amazon, Prince describes a successful healing ritual in Lucknow, India, performed before the tomb of a Muslim saint that had no healer or songs (Prince, 1980, apud Csordas 1983).

I have testimonies made by several Siona in which illness was caused as well as cured through dreams, without the intervention of ritual in the case of the latter. Dream experiences and their interpretations parallel the visionary experiences induced by yajé (Banisteriopsis sp.). Like shamanic rituals, dreams are used to acquire power, to discover true causes of misfortunes, and to influence events. When dreaming, the person goes to the dream place, 'torn, which is inhabited by the Dream people, " ïo bain. They play a role similar to the Yajé people, who accompany the shamanic apprentice in the ritual experience. In dreams, the Dream people are the allies. Like the Yajé people in ritual experiences, they explain what is happening, and, in some cases, take an active role in defending the dreamer from danger. Dream experiences have a direct relation to events on this side. What happens in the dream realm affects events in wakeful reality. Thus, dreams can announce or result in a good hunt for the next day, the onset of an illness, or the cure of an illness (Langdon 2004a).

Dreams can also signal the acquisition of knowledge or power, as occurred with Ricardo after I had given him a remedy to alleviate his flu symptoms in 1971. The next day, Ricardo told me that he slept, traveled and saw a big city with a large garden full of healing plants. A tall white woman, dressed in white clothing with yajé designs, appeared and led him through the garden, telling him about the plants. This dream signals the acquisition of knowledge in a way similar to yajé visions. The remedy that I had given him had stimulated his dream experience about the acquisition of new knowledge. Perhaps I am represented as a possessor of knowledge; but the dream's motif is not uncommon. It reflects the Siona narratives about yajé journeys to cities in the heaven realm, of their inhabitants and of the women who show them plants. Gardens, cities, and the people in the heaven realm are all common elements in yajé visions that represent the acquisition of power.⁴

Ricardo also told me of several other dreams, and one is particularly important for thinking about the symbolic power of healing without the ritual or the use of ayahuasca. For two weeks Ricardo suffered from a high continuous fever that also caused vomiting. The fever and vomiting began after he had a bad dream indicating a shamanic attack, and in spite of the fact that a number of healing rituals were conducted during this time, nothing helped alleviate his long continuous and intense fever. Then one night he had another dream.

I was dying; then I had another bad dream.

"Oh, what will I do? I am going to die," I thought.

Then I thought of God.

"Oh God, pity me. Make me dream good things to make well," I thought.

Then, in the dream place I was going down river.

The Dream people were in the canoe too.

I was going, and a person like my father came.

"Where are you trying to go?" he asked.

" I am going downstream, Father," I said.

"No, it is not the time for you to go," he said.

" Leave this place and return," he said.

"Why are you coming to this place? People don't come here," he said.

He spoke, and then he immersed his curing whisk into a gourd with healing water, making it

fresh.

He waved the whisk over me, making the cool drops fall on me. He waved it, then he blew over me, "In this way you are suffering. Other people have done bad to you, and you became sick." "Much you are suffering," he said to me. "Yes, I am suffering in this way" I said. "Today return from this place, child, and don't come again," he said. "Return and bathe in the realm of healing flowers" he said. "Return and bathe in the realm of healing flowers" he said. "In the health restoring flower realm" he said. Then in the dream place I bathed. I bathed in the dew that fell from the trees in that place. When I bathed, my body became fresh and the sickness fell away. "Now return, return and remain there, child" he said. "This path. This is the only correct path, follow it home," he said, and I went. I was coming, now. I arrived near and saw my house. I arrived and in this place I woke up.

This dream, although experienced outside ritual and without the use of ayahuasca, is replete with the symbolism in the Siona cosmology that represents their central preoccupations with life and death and their associated qualities. Disease that does not heal is normally suspected of being caused by witchcraft. It is associated with the qualities of darkness, rottenness and heat, and thus is expressed as dying. Death is the journey down river to the end of the world, a place that, according to his father, was not yet for him. Health is associated with the opposite qualities, with lightness, freshness, youth and strength. Qualities of the restoration of health via freshness, particularly that of taking a bath in the dew water of an important healing plant, are vividly expressed in Ricardo's return to health.

Before returning to the discussion of ritual, I would like to point out an important aspect of this healing dream, which is not its symbolic message but the corporal sensations of healing that were stimulated through the drops of cooling water and the freshness of bathing in water shaken from the healing tree. This dream, as an equally corporal and symbolic experience, shows the importance of the unity of experience.

That healing is a corporal as well as a symbolic experience implies certain limitations to the interpretative force of symbols, while not denying their effectiveness. Tambiah (1979) pointed this out in his discussion about ritual efficacy that combines formal features with cultural (or semantic) meaning to argue for a performative approach to ritual that instigates the transformation of experience. If, in fact, shared representations or mythic thought do not always explain the efficacy of rituals, the limitations of the semantic approach become even clearer when participants in a healing ritual hold different expectations and representations. For example, participants in Peruvian shamanic rituals come from various different cultural traditions (urban, mestizo and Indian) with disparate cosmologies and mythologies (Villar 2000). The lack of shared perspective is increasingly the case with the expansion of neo-shamanism and the use of hallucinogens in complex societies (Losonczy and Mesturini in press). What is characteristic by the neo-shamanic movement and other " new era" practices is that, for the most part, they are cosmologies in the making that draw upon western notions of the individual and personal myths as well as images of non-western collective traditions (Maluf 2005; Mardsen and Luckof 2006).

Performance theory and the current paradigms of the body help us move beyond the Cartesian dichotomy of the body and mind and the necessity of a shared culture to account for healing in the globalized context of contemporary rituals. The paradigms of performance and embodiment⁵ overcome the limitations of the semantic approach by focusing on deep corporal and sensorial engagement, even when the participants may not be part of the same social group. Healing efficacy is best understood as a unified corporal experience in contexts in which shared symbolic representations are not necessarily a key element in the ritual's force.

The Siona Yajé Healing Ritual

Like other Amazonian groups having shamanic cosmologies, the Siona perform yajé rituals to know the invisible entities residing in the four heavens as well as in the jungle and river in this level, called the first heaven. These entities lie behind all visible phenomenon of this world - the weather, the plants and trees, the animals and fish, the geographical features, celestial stars and planets, etc. For our discussion here, they play an important role as causes of serious or chronic illnesses.

The Siona refer to the visible and invisible realms of experience as two sides of reality, "this side" which is ordinary reality and the "other side" where the spirits dwell as humans. The two sides are inherently linked, for everything that happens in this side has a counterpart in the activities of the spirits in the other side. Thus, the normal rhythm of life, as well as the change of seasons, the appearance of game or fish, and the maintenance of good health, depends upon these normally invisible entities. Equally, all disruptions such as misfortunes, illness, and death have their ultimate cause in the other side. The two sides should not be thought of as separate, but as having a concomitant relationship that creates the necessity to " see" what is not normally seen.

Contact with the supernatural beings is necessary to ensure that life proceeds normally and to defend oneself if misfortune occurs. Yajé provides the major mode of contact, for through the visionary experience it produces one enters the other side. Although other additives are also employed in the brew, and other vision producing stimulants are taken separately, yajé is the principle substance ingested in ritual and sets the pattern for the use of other psychoactive substances.

The shaman, the specialist in yajé, is singularly important for he mediates between ordinary humans and the beings on the other side. He bargains with the spirits to ensure the well being of the community and its daily life. Thus, he asks the masters of animals to let their " children" out of their underground houses to be hunted or Sun and Thunder to bring about favorable weather for their subsistence activities of agriculture, hunting, fishing, and gathering. He can to see into the past and future, and with his power he can heal people of illnesses and behavioral disorders caused by the activities of the entities on the other side, as we have seen in the case of Ricardo.

As a guide, he leads the participants in ritual through the other domains of the universe as well as protects them from malevolent spirits. Participants desire to travel with the shaman and see what he knows, but dangerous spirits can intercede and cause one to become lost in a world of blackness and death rather than of that of the magnificent colors and scenes shown by master shaman. If the guiding shaman does not take note when this happens and bring the individual back to ordinary reality, it is believed that the person will fall seriously ill and perhaps die (Langdon 1979).

The status of master shaman is gained through a long, apprenticeship, in which the novice passes from "only a man" to "one who has left" and finally, if he is able, to the status of master-shaman, known as "jaguar",

" one who drinks" or " one who sees". As the novice drinks yajé, a substance called dau begins to accumulate in his body that empowers him to travel in the visionary worlds and to contact the spirits. Dau signifies more than a substance in the body. It is a polysemic symbol and central to understanding the shaman's power (Langdon 1992). It refers to his "knowledge" and is synonymous with the number of spirits he knows. Each spirit has its own vision and song that must be mastered if the shaman is to be able to contact and influence it. As he experiences more visions, his dau increases accordingly.

There are various mechanisms present in the ritual to direct the experience. The goal of the ritual is to enable all the members to experience what Dobkin de Rios (1972) has called a "stereotypical vision", and the Siona use several means to bring this about: the journey to be made; the choice of the class of yajé prepared; the method of preparation; the songs, incantations, and dances of the master shaman; and the presence of yajé designs on the ritual implements and clothing.

Each time yajé is taken, it is ingested with the intent of entering into contact with a specific domain, such as going to the house of the master of the animals, to the house of a malevolent entity that is causing an illness, to the sun or moon, etc. The shaman announces the objective of the ritual before hand, and he and his helpers prepare a mixture of a specific class of yajé with specific additives that will give them the visions desired. The Siona recognize at least twelve different classes of yajé, which are identified by the nature of the visions they are supposed to produce and certain morphological features and stages of growth of the vine (Langdon 1986).

The day of the ritual, the participants limit their hunting activities. They stay close to the household and prepare, taking bathes, dressing in clean clothing, painting their faces and adorning themselves with necklaces and sweet smelling plants to attract the benevolent spirits. They say their manner of dressing emulates the sweet smelling yajé people, their allies in the invisible domains.

At nightfall, they gather at the special yajé house in the jungle. At one end of the hut, the shaman sits before a bench with the yajé preparation and the ritual implements, including a chalice-like cup decorated with yajé designs, other painted bowls, a feather staff made from the scarlet macaw, and the whisk of dried leaves used for chanting which was mentioned in Ricardo's dream above. A large pot with yajé designs located at the side of the bench contains the yajé that will be consumed. Around dusk, the shaman begins to "cure" the yajé in the cup by singing and shaking the leaf "whisk" in order to rid it of possible bad effects. Next he "arranges" the yajé in order that it will produce the desired visions. This stage of the ceremony, consisting of an invocation to the spirits he desires to see and prepares the participants expectations for the experience. The shaman drinks first to make sure it will give the desired visions. As he begins to feel the effects, he sings of what he is seeing. This is the signal for his assistants to bring him his large feather crown and feather staff. Sun, the primordial shaman, wears a similar crown on his journey across the sky each day and that a scarlet macaw sits upon his shoulder. Then the participants request that they be served. The shaman sings over each cup of yajé he gives to them. Each drinks and returns to his place to wait for the visions.

Once the participants feel the effects of the hallucinogen, the both sides of reality fuse and their experiences reflect that of the shaman as he sings of places he is traveling. He describes in song the spirits he is seeing, the geometric motifs upon their faces, clothing, walls, and benches, and the colors of the visions. In this way, he guides them through the various realms of the universe. He also whistles and plays bamboo flutes. In the bright world created by the ritual, the participants experience the spirits singing and playing instruments. Healing rituals are dramatic performances that recreate the shamanic battle taking place on the other side in which the shaman attempts to return the cause of the illness to its origin. The noninvolved participant will see the shaman singing, playing music on flutes (today the harmonica), running about and gesticulating. When he attends to the patient, he " cleans him" with the leaf whisk, blows over him and sucks specific locations of the ailing body to draw out the illness object (the dau). Examination of the dau is used to diagnose the origin of the cause and to give a prognosis. If this object is principally black or dark, it means that the patient is being consumed by the dau and that a cure is improbable. If it is clearer, symbolizing freshness and life, then the ritual, perhaps combined with remedies afterwards, is likely to be successful. He can also be seen "throwing the object" back to where it come from. He may leave the yajé

house, and the participants can hear him battling in the forest realm or perhaps elsewhere.

In describing their own experiences with yajé, the Siona portray them as both fearful and marvelous, which are much more forceful than the dry description I gave above of the ritual. They have captured their experiences in personal narratives, and for the anthropologist who wants a view of the inner transformative experience, the Siona are quite willing to tell of them. This is also true of their dream experiences, as we have seen in Ricardo's narrative presented above. What is common to both kinds of experiences from a subjective point of view is the fusion of ritual activities with the complex shamanic cosmology that is corporally experienced.

It is apparent that not only the ritual symbols, but also the multisensorial experience of rhythmic instruments, clothing, decorated objects, and shamanic songs describing the spirits, their design motifs and colors help to guide and transform the participants subjective experience. The powerful element of DMT in vajé cannot be ignored, but, as mentioned before, the patient does not always drink the substance, particularly if he or she is seriously ill, but the shaman performs over the body, blowing, sucking and extracting the illness. This was the case in one of the first healing rituals in which I participated. I was working among the highland Sibundoy Indians and accompanied the final months of a woman dying of advanced cancer or glandular tuberculosis. I first met her through the local health post doctor who said that she had interned in his infirmary for a few months, but that she needed specialized treatment. Since I had a car, I took her and her husband to the regional Hospital some hours away. Once the doctors examined the open wounds on her stomach, they told us that there was nothing to do other than simply return home to await death. Her husband didn't seem to be shaken by the news and, once home, he told me that he was going to ask a shaman to heal her and to find out what really was going on. I was privileged to be invited to the ritual, attended primarily by the immediate family. All of us took vajé, excluding the patient, and when it was over, the shaman explained the cause as witchcraft and indicated that it was too late to cure her. Following this ritual, the husband accepted the negative prognosis, and the next time I visited them, a handmade wooden coffin stood outside the entrance to the house, awaiting her death.

Before returning to the issues of healing and performance, I would like to present a fragment of personal narrative from Ricardo in which he describes his subjective healing experience. When he was in early adolescence and beginning to drink yajé, he had a frightening experience in the jungle with an encounter with a wati, a malevolent spirit sent by a jealous shaman. As a consequence he developed an extremely high fever and began to vomit pure black liquid with rotten leaves, a clear sign of witchcraft. The narrative describes the first curing rituals that his father performed. They consisted of ritual blowing and cleansing with the leaf whisk as well as chanting over the herbal remedies ingested by Ricardo. After two such healing sessions, his vomit changed to clear watery liquid. As in the case of his skin problem, once the symptoms were alleviated, his father performed a yajé ritual to heal him. The narrative starts here with the yajé ritual, which Ricardo briefly relates and then elaborates on his subjective experience when he also drinks yajé in the second ritual.

Then they cooked yajé, and my older brother carried me up. He carried me up to the yajé house, and my father blew to cleanse the sickness. All of the sickness objects of the spirits he blew; He conversed with the spirit who frightened me; He saw all that happened, sang vajé chants and blew on me. As he blew, I got better; that time I returned to health. Time passed; again they cooked another house of yajé. They cooked, and I thought "This time I am going to drink". My father sang many chants. He sang and cured me, and when he finished, "Father, give me vajé to drink," I said. "You want to drink?" he said. "I want to drink," I said. I said, and he began to chant over the yajé. He cured it, finished and blew, "Drink child, one mouthful drink; drink and see; drink," he said. And one mouthful I drank. I drank, and then the vajé came. When it came, only very black insects appeared to me, thus the yajé came to me. When it came, first I saw all darkness. Oh! The yajé showed to me only black men and their realm of darkness. Thus to me the yajé came. The drunken spirit people, the yajé drunken spirit people, arrived to me. Oh! They tried to catch me with palm cords. They tried and I defended myself. I worked to defend myself; then the drunken spirit people pulled out their tongues. And they came screaming at me. As they came, I was a dying person, not remembering anything on this side. They came, and I was dying on this side.

I was dying as my father went singing into the jungle.

He left and returned.

He came, and I was not remembering anything of this world.

I was not conscious. "Oh, little brother is dying" my older brother said coming to me. "

Singing Parrot?" he called my yajé name.

I was thinking of nothing.

I didn't respond and he sang a spirit chant.

I couldn't swallow his remedy at all.

And he took a knife and pried open my teeth. With a leaf spoon he had made, they poured the liquid into me.

Slowly and refreshingly the water flowed in.

As it flowed, my father began to blow the dau.

As he blew, I saw the heaven people, the tender people who look like us.

They came personally to me, descending on the mirror that my father had in his hand, He blew on the large mirror.

My father sang of the spirits, and they descended with the large mirror, and with this mirror I saw my father singing and blowing to cure me.

He saw the place of dizziness, sang many yajé chants, with the spirit language he was curing. He cured, I saw all the people as they descended to my father, descending and singing to this place. And seeing this, I returned to this side.

"There is no more sickness" he said as he cured, and rapidly to this side I returned healthy.

Healing and Performance

This narrative above is replete with symbols that communicate about the shamanic cosmology that is invoked when people are suffering from sudden and violent illnesses as well as in other rituals. The elements related to darkness and rottenness represent the dark and evil forces that can come from the evil wati or spirits and cause illness and death. In the same way, clarity, freshness, and light connote healing powers. Here I would like to go beyond an interpretation of the symbolic messages to focus on aspects that are representative of what I have been calling the performative approach. There are several features that permit us to understand how such an analysis applied to healing moves beyond the limitations of the structural interpretive theories of ritual efficacy and their dependency on psychoanalytic processes (Laderman and Rosen 1996). The performative approach to healing builds upon earlier discussions of ritual efficacy in order to comprehend healing in contexts where the body is engaged in its totality, independent of shared symbolic meanings and a Cartesian division between body and mind.

Heightened experience: Performance has an emergent quality of

immediate experience, a temporary and singular quality, resulting from the aesthetic communicative resources, individual competence, and the goals of the participants within a particular situation (Bauman 1977). In this sense, the shaman enacts the healing process by calling upon a number of aesthetic resources, his songs, dancing, drum beating, to create a heightened and engaged experience of the participants. In the specific case of the Siona, the shaman enacts his battle with the beings on the other side, running about, extracting the illness as an objectified substance from the patient's body, throwing it back to the realm from which it came. The Siona often related that they saw him as a jaguar who growled as he ran about.

Multisensorial input: While classic ritual theory recognizes the input, performative approach of sensorial importance the brings multisensorial input to the forefront. Drumming, music, sounds, rhythms, and dancing contribute importantly to the experienced reality. This can result in synesthesia, in which various sensorial inputs experienced simultaneously are received to create a unified experience, in which one sensorial input is experienced by another (Sullivan 1986). Certainly the use of entheogenic substances, such as mixtures of Banisteriopsis, contributes heavily to such experiences, but synesthesia is not exclusive to hallucinogenic experiences.

expectancy in participation: Collaborative Schieffelin's (1985)classic article on the seance demonstrates clearly how meaning and experience emerge form the interaction during the performance. He collective demonstrates that it is expectancy the among all the participants that creates the experience. Siona healing rituals are structured in several ways to set up expectations as to the experience. The class of yajé chosen for the ritual establishes what domains of the universe will be explored. This is further reinforced when he invokes the spirits chanting over the yajé challis, a ritual moment that is referred to as " arranging" or "curing" the yajé. He does this before he drinks it, as well as each time he serves a participant. Similarly, he chants over or " cures" herbal remedies to give them their power. The relationship between the act of singing and the injection of power into the substance to be consumed could be thought of as a speech act that has performative power according to Austin (1965). Thus the phases of the ritual, the chanting and other performative strategies, establish certain expectancies in the participants as to what they should experience.

sound, movement, odor and color. Healing efficacy creates an embodied experience, which becomes powerfully engaged through performance.

For the purposes of this book, it is necessary to recognize that a particularly powerful aspect of many, but not all shamanic rituals, is the use of entheogenic substances. It has long been recognized that shamanic practices utilize a number of corporal, sensorial and chemical techniques to stimulate neurophenomenological phenomena known as altered states of consciousness (Eliade 1964; Goodman 1990), and there have been a number of studies in neurophysiology, psychoneuroimunology, and other fields of research that argue for a neurophenomenological basis of human symbolic experience (Laughlin, et. al. 1990). Turner (1987), shortly before his death, attempted to trace the link between play, performance, ritual and structures of the brain. I certainly do not have the capacity to elaborate on what has become exceptionally specialized knowledge that includes research on shamanic rituals and cultural experience, but which draws from a number of other fields in the neurosciences.

As discussed by other authors in this anthology, the use of entheogenic substances is a powerful technique that enhances other elements in ritual performance to engage the body and to stimulate the transformation of experience, one which creates a new reality or phenomenological world that is embodied, not just corporal or cognitive. Efficacy is not the mere curing of the symptoms.

Final comments

I have tried to make several points in this paper. The first is to distinguish between the notions of cure and heal. The first is limited to the biological model of disease in which the cure can be directly observed by external observation and is the instrumental result of therapeutic practices. Healing, on the other hand, is an embodied experience in which the sufferer is transferred to a new phenomenological reality. As discussed by other authors, it involves a higher and more holistic level of experience, which, in the case of many indigenous rituals, can include the unity of the environment, subject, cosmos and history (Wright 1998). Healing redirects attention and experience. Most authors cited here regard healing as a restoration of well being on the psychobiological, social and spiritual levels. It is in this respect that Young's (1976) observation that most ritual practices succeed for the participants because they confirm ontological and existential propositions about the world.

In discussing the limitations of the semantic or meaning approach to ritual, I have not discarded the value of the contributions of symbolic anthropology to the understanding of healing efficacy, but I have tried to demonstrate certain limitations to the structural representational approach as well as to the psychoanalytic basis of ritual power. Both Turner and Levi-Strauss recognized that for a ritual to work, the body must be engaged, but it was others (Tambiah 1979; Schiefelin 1985; Laderman and Rosen 1996) who placed the sensorial, esthetic and emergence of experience in the center of the analysis of ritual healing.

Much of my discussion has been based on experiences with traditional shamanic healing, but it is relevant to the question of healing and rituals in the contemporary world, in which we find shamanic techniques being used and combined with other therapeutic practices in new contexts and where shared and normative cosmologies and symbols cannot be assumed. Although new cosmologies can emerge from the performance experience, many participants gain healing satisfaction from exotic therapies that contain a semantic logic that they may not share or even understand. Models based on collective sharing are insufficient to explain the popularity of shamanic techniques in new-age religions and practices. At the same time, entheogenic substances are not the only factor of ritual efficacy; we have clear evidence of healing occurring in rituals without the use of substances.

It is not the substance that heals, but its contributions to the performative efficacy that results in a transformation of experience. Healing can occur in the ways that we have defined it here, as a phenomenological embodied experience. However, the experience of being healed does not necessarily prevent death, as in the case of Reusch cited in the footnote and who felt better and slept better after shamanic healing, but died a few months later (Pereira 1989). Not all healing is efficacious in the biomedical definition of cure. And in fact, rituals can fail in both healing and curing, but that is another topic. In closing, I would like to conclude this article with an important paradox observed by the Argentinean poet, Almafuerte, "Todos los incurables tienen cura cinco minutos antes de la muerte."

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Footnotes

- ¹ I would like to thank CNPp for its support to my research about performance and indigenous health during the years.
- 2 My first research extended from 1970 to 1973 and I have made several return trips to the region.
- ³ A similar paradox about healing and ritual was published in 1989 (Pereira 1989; Sullivan 1989) regarding a famous Brazilian ecologist who was diagnosed as an incurable illness due to frog poisoning which occurred many years earlier while he was doing research in the Amazon jungle. Two Indian shamans were called in to perform their rituals while he was in the hospital. They rejected the medical physician's diagnosis and performed their rituals, sucking out the evil. Afterwards, he claimed to feel better, indicating that he was sleeping better and feeling more comfortable. Several months later he died.
- ⁴ See Langdon 2000 or 2004b for an example of such images.
- ⁵ Embodiment, as a paradigm, was first coined by Csordas (1990) and is inspired primarily by Merleau-Ponty's reflections and those of Bourdieu. It has become a well accepted notion that signifies the collapsing of the dualities of mind and body, subject and object to attend to the phenomenological reality of the body and its praxis.
- ⁶ Soul Vine Shaman, a record produced and distributed by Neelon Crawford. The folder that accompanies the record is by Norman E. Whitten, N. E. Jr. Sacha Runa Research Foundation Occasional Paper No. 5. 1979. Urbana, Illinois.



Hallucinogenic vine - Ayahuasca Dr. Morley Read/Shutterstock.com



Ayauhasca leaf rox77/Shutterstock.com

Reading Taylor: La Medicina: Ritual and Healing with Ayahuasca

Contributed by James Taylor. © Kendall Hunt Publishing Company.

James Taylor

A good question with which to begin - is healing with avahuasca, in ritual contexts ranging from the explicitly religious to the psychotherapeutic, possible? In asking the question, the door is open to a recognition that widely different expectations, activities, and outcomes - rooted in unique sets of socio-cultural, political-economic, and psycho-spiritual cosmology, ontology, and habitus - frame any answer, and even the design of any analytical procedures by which an answer can be approached. However, an emerging body of literature that engages with at least some of the breadth of the ways in which ayahuasca is used suggests, both through consistent anecdotal evidence and more rigorous academic and clinical analyses, that 'healing' as such with this vine brew may well be possible, if of course never assured. Indeed, 'certainty' is likely beyond the purview of any healing modality, inasmuch as healing practice addresses and grapples with the uncertainties of mortality, finitude, and the limitations of suffering, however framed and understood in particular lives and circumstances. To this end, no final definition of what 'healing' with ayahuasca might mean is to be the target of this article, but rather an engagement with the many different modes or forms of healing with ayahuasca, as they address uncertainties and sufferings in a broad variety of circumstances.

What Is Ayahuasca?

Ayahuasca can refer to both the Banisteriopsis caapi vine native to the Northwest Amazon, as well as a tea or brew made from pounding the vine to pulp and boiling it, often with some set of admixture plants.¹ In the literature,

especially popular literature, the admixture plant most commonly recognized is the 'chacruna' bush, Psychotria viridis. The leaves of this bush are added, layer by layer mixed with the pounded vine, to pots filled with water, all of which is then brewed as tea over a fire. These leaves contain relatively high levels of Dimethyltryptamine (DMT) a substance endogenous in trace amounts to many animals and plants, including human beings. While the caapi vine is psychoactive on its own, containing the compounds harmine and harmaline, it is the DMT that is responsible for the pronounced visual effects regularly noted in popular and even academic accounts of experience with the brew.² DMT is, however, inactive orally, as it is broken down by Monoamine oxidase in the stomach, which prevents it from ever reaching the brain. The ayahuasca vine contains compounds that act as Monoamine oxidase inhibitors (MAOI, common of antidepressant medication), which suppress the action that would break down the DMT, allowing it to pass through the bloodstream, and across the blood-brain barrier, where - like all tryptamines - it is able to interact with serotonin receptors in the brain. The vine and the brew are native to Amazonia, having been part of indigenous Amazonian tradition for many hundreds of years, if not the thousands sometimes enthusiastically asserted in popular literature.³ These ritual traditions have not remained statically or a-historically isolated, and have adapted, changed, been suppressed, and resurged through long histories of conquest, slavery, violence, conversion, and resistance in Amazonia, and have become part of mestizo vegetalista traditions⁴ and 'Brazilian ayahuasca religious' tradition.⁵ Indeed, ayahuasca has moved decidedly into the international imaginary, becoming part of new religious movements and psychotherapeutic strategies throughout the Americas and on to Europe.⁶

Napo Runa Uses of the Vine

Indigenous ayahuasca ritual traditions are widespread throughout much of the Northwest Amazon, often sharing aspects of an "open and dynamic complex of shared ritual practices and beliefs," without necessarily falling into a categorical or essentialized common 'ayahuasca shamanic' tradition (Taylor 2013:74). Though there is some contention about the origin and antiquity of the vine brew, recent research suggests that many of the elements that seem emblematic of this ritual complex developed around the Napo River region in Ecuador, with the ritual specialists - shamans or yachajs - of the Napo Runa.⁷ Indeed, though the vine brew has a wide variety of names, the most popular one - ayahuasca - is in fact a Kichwa⁸ word, aya meaning 'soul,' and huasca meaning 'vine.' Commonly, this is suggested to mean 'vine of the soul,' though it can be variously translated as 'vine of the dead,' and even 'vine with a soul' (Highpine 2012:3). Indeed, the notion of a vine with a soul is consistent with Napo Runa understandings of human and other-than-human persons more broadly. In much of Napo Runa socio-ecological thought, the world is populated by persons of different kinds - plant persons and animal persons, persons of the rivers and mountains, every bit as much as human or runa persons.⁹ When drinking the brew of the ayahuasca vine, Napo Runa yachajs do not make use of the vine as a medicine to heal directly. As with all skilled healing practitioners, accurate diagnosis is the most important step in working toward a cure. A Napo Runa shaman makes use of ayahuasca specifically to this diagnostic end - the vine brew is not used to cure, but rather to investigate the vast world of human and other-than-human persons, tracing the socio-ecological web of relationships that situate and produce Runa persons, to seek out the disorder or disharmony that has caused the current suffering of the patient. Calavia Sáez suggests that the vine is, in a sense, a kind of alloscope, or an " instrument capable of producing understandable images of the other - be the other cosmological or sociologic" (2011:141). This is resonant with Highpine's assertion of ayahuasca as a kind of " translator between the human world and the plant world" (2012:11), making possible the mutual understanding of humans and plants or other spirit beings one to the other, such that the sources of illness, and thereby cure, can be sought out through intensely social networks that bind together human communal life and the ecological spaces that situate and make them possible.

The vine brew, in Napo Runa thinking, teaches of other plants, and makes possible relationships with and translations between humans and other beings.¹⁰ Remarkably, though chacruna leaves are added to the Napo Runa vine brews, it is not the most common additive plant, nor is it considered necessary for experiences with the vine. For though the DMT-containing

leaves are thought to bring light, it is the vine that holds the power, and chacruna leaves are just one additive among many. Indeed, there is evidence that what makes the ritual complex developed in the Napo region so robust is just this innovation - that many other plants are added to the brew in order to develop relationship with them, by meeting the spirits of these additive plants in the ayahuasca visions, and in having met their spirits, learn their songs. To know a plant's spirit is to know its song, the icaro, which allows the ritual specialist to make use of its power in healing. For as puffs of tobacco smoke 'open up' the body of the patient (Uzendoski 2012:28), the ayahuasca allows the shaman to see into the body, recognizing in it illness or harm in the form of virotes, or spirit 'darts.' By having developed relationships with spirit beings, the specialist is able then to recognize the form and origin of many different kinds of these malevolent spirit-darts, and is capable of knowing which icaros will bring the aid of the necessary allyspirits to help extract the pathogenic agent. Through chupadas or sucking out of the dart, and sopladas or the breathing of powerful breath and smoke to seal and heal the wounded spirit-body, the ritual specialist is able to effect the healing of many forms of suffering. Ayahuasca then acts in concert with these other forces - the plant spirits, the central power of tobacco smoke, as well as the knowledge and skill of the specialist - to bring about palliative outcomes. Rather than curing directly or through its own power, ayahuasca in the Napo Runa context is understood to be part - albeit an extremely important part - of a socio-ecological and even cosmo-political network of persons, beings, and powers that all have impacts and effects on the bodies and lives of Runa persons, for good and ill.

Vegetalismo

In Peru, perhaps especially in and around the major urban and peri-urban spaces of Iquitos and Pucallpa, the "science of the plants," or vegetalismo, is practiced by many mestizo shamans (Luna 1984b: 135). This ritual tradition is specifically oriented toward healing, as opposed to other shamanic functions common in many Amazonian ritual systems such as hunting and warfare, and is closely associated with the drinking of ayahuasca (Luna 1986:32). Vegetalismo is in many ways rooted in and therefore similar to the

Napo Runa ritual traditions (Highpine 2012:24), though its unique history has produced a variety of novel and highly original ritual forms that are distinct from, and without precedent in, Napo Runa ritual forms. There are, of course, many similarities. Ayahuasca, while often referred to as la medicina or 'the medicine,' is not commonly understood to cure of its own power. Again, plant spirits and river spirits are, through the translation and facilitation of ayahuasca visions, brought into relationships with ritual specialists, and these spirits then play powerful roles in healing patients. The plants, or plant spirits, are understood to teach the shamans songs, icaros (Luna 1984b: 135), which give them the power to heal illnesses, to protect the bodies and spirits of themselves and their patients, and to drive away harmful influences. It is often not enough to learn the plant only through the ayahuasca, and long dietas are undertaken, where many foods and drinks are ritually proscribed, and the would-be plant-ally is meditated on, drunk in teas, and otherwise consumed until the spirit of the plant teaches the specialist its song. The avahuasca acts as a facilitator of these exchanges, bringing the vegetalista into closer contact with the plant, making possible the necessary mutual understanding for alliance. For so long as a ritual specialist maintains proper relationships with his or her spirit allies, that specialist has power to protect, to heal, and even to take revenge.

The DMT visions are of significant importance in vegetalismo. The paintings of don Pablo Amaringo (Luna and Amaringo 1999) are striking examples of the world described by many vegetalistas, and were in many ways the catalyst for bringing ayahuasca into the broader North Atlantic imaginary (Beyer 2012b:2). The specific importance of the visions is not the only difference from Napo Runa ritual forms, however. Via the geographic and economic situation of Iquitos as an international crossroads from the period of the Rubber Boom on till today, the city has been a point of intercultural exchange for ideas as much as goods and labor, for the exuberant emergence of novelty as much as the economic exploitation and oppression of indigenous and poor multicultural exchange has mestizo persons. This led to the incorporation of European esoteric traditions into vegetalismo, along Catholicism, Hinduism, expressions of folk with unique local Buddhism, and even New Age terminology. This exchange is facilitated by the fact that, in vegetalista traditions, it is not uncommon, and

even recommended, for the patient to drink the brew as well. Groups drinking ayahuasca together, group healing and purging sessions, are a common innovation of vegetalismo. In Napo Runa ritual traditions, while any adult present is allowed to drink avahuasca, only the specialist regularly drinks, and is more specifically the only one doing so to therapeutic ends. By having a more widespread use of the brew by both specialists and patients, understandings and interactions with the brew change. Intriguingly, when practicing ayahuasca ritual healing, an urban mestizo shaman may be as likely to call on spirit fighter planes and talk on astral radios to distant spiritally doctors as they are to call on the spirits of plants and trees (Beyer 2009:339). While dense sociality is, as with Napo Runa specialists, the primary mode of understanding and interpreting the majority of suffering and illness, the idiom most common in vegetalismo for the experience of suffering is sorcery. Indeed, as Dobkin de Rios suggests, the question to be answered of a given illness is less one of how it came about, than tracing back a sociopolitical understanding of 'why me,' and 'who caused it to occur' (1972:78). A healing specialist must contend with sorcery and sorcery accusation as literal parts of everyday life, without the sociological-analytic shielding gloss of relegating it to metaphor for micro-political power dynamics played out in socioeconomic terms. It is less that the specialist may not recognize this as a legitimate perspective on sorcery, than that whatever the analysis, people still find themselves suffering and even dying within the frame of sorcery. Here the lines grow murky between healer and sorcerer, for the power to cure is the power to kill. To know how to remove a spirit dart is to know how to work with the same power, the same energies, the same spirits, that allow one to in kind throw that dart. And inasmuch as revenge is at times considered a form of therapeutic action, the specialist may be as likely to hurl the dart back at the sorcerer - and the sorcerer's client who initiated the violence - as to dispose of the dart into a stone or tree. Indeed, according to some specialists, certain darts cannot be sent into the earth, but must be sent back to the source, for the patient to be relieved of their suffering. And as gossip circulates, so too does sorcery, and a question of original fault becomes impossible to trace out, such that any healer may well, in the very act of removing sorcery, be contributing again to that same chain of sorcery. And yet, not to heal - to allow a patient to

continue to suffer - is not possible either. For as Taussig suggests, many shamans develop a need to heal, a need as pressing as hunger (1980:255).

Psychospiritual Healing in the Amazon

The term 'avahuasca tourism' is suspect,¹¹ but it is the term that has become most affiliated with the movement of people from cultural and geographical spaces outside the Amazon into it, looking for the opportunity to work with a shaman or ayahuasquero, very often with the stated intent of being healed, whether that healing is understood to be biophysical, psychological, or spiritual. Dobkin de Rios, whose work with ayahuasca ritual specialists in Iquitos was foundational for the field of ayahuasca studies, has characterized - not without reason - some of this kind of 'tourism' as little more than a hedonistic desire for foreigners from technobureaucratic societies " simply to get high" (2009:166). Her critique, though, is not simply a moralistic one levelled against hedonism as such, but rather a concern for the potential exploitation of traditional culture, commodified and extracted from its context, and put on sale for the global marketplace as a curio or oddity. Her critique extends, in kind, to the existence of what she describes as " neoshamans," ¹² opportunists who do not participate in the long plant dietas required for shamanic knowledge, but rather who learn only to brew the tea in order to sell it, and the experience of a 'ceremony,' to unwary tourists (2009:128). Even Guillermo Arévalo, who is himself the owner and primary shaman at the Anaconda Cosmica lodge in Iquitos,¹³ has noted this as a significant concern, describing these practitioners as " folkloric," presenting idealized and even wholly imagined versions of indigeneity and traditional ritual practice (Dobkin de Rios 2005:203). The dangers here are multiple, as the brew - because of the previously noted MAOI chemistry - can be dangerous if one is unaware of the proper protocols and prescriptions. Similarly, because the visions and the alteredstate experience can be profoundly unsettling, 'neoshamans' who are unprepared to deal with either their own responses or the responses of the group they are set to lead may well cause, or allow to happen, psychospiritual crises for those who take the brew. And these concerns do not broach more profound theoretical concerns, such as those raised by Vitebsky

in terms of the "New Age" integration of shamanic concepts and beliefs more broadly (2003). Vitebsky suggests that a sense of cosmological holism is a central tenet of traditional shamanic healing. That is to say that for shamanism to be effective as a practice, it must go hand-in-hand with a worldview within which shamanism has a logical place as a means of interceding with the whole of the cosmos. Many from technobureaucratic cultures, even those open to alternative spiritual ideas, tend to recognize a plurality of possible cosmologies and ontologies, from the spiritual to the scientific. Shamanism as it is incorporated to 'New Age' spirituality, in Vitebsky's view, cannot be rooted in the same ground that gives 'traditional' shamanism its profound power to act at any cosmological level, from the ultimate to the intimate (2003:295–296).

What is distinct, I would suggest, about 'ayahuasca shamanism' as a complex in this region is that it has a significant history of exchange, growth, adaptation, and vitality that has survived the later stages of colonialism, slavery, the rubber economy, on through the advent of neoliberal capitalist extractivist economics in the region. Rather than looking for an original ground or cosmological holism, the ritual complex of ayahuasca shamanism, especially in urban areas like Iquitos and Pucallpa, transforms itself, seeking out new sources of inspiration and power consistently, as a primary orientation toward the performance of this practice (Fotiou 2010:4; Beyer 2009:341). As such, it may well prove possible for this form of ayahuasca ritual practice to be able to reach across otherwise dramatic cultural boundaries. Just as avahuasca translates between specialists and spirit beings of plants and rivers, so too may it translate between one cultural world and another. And, in fact, a growing body of literature and film¹⁴ suggest that healing is, in fact, possible in these cross-cultural spaces. Without setting aside the concerns raised by Dobkin de Rios and Vitebsky, there are nevertheless significant qualitative studies that put a new light on the subject. Both Winkelman (2005) and Fotiou (2010) suggest that the concept of 'drug tourist' is ill-suited to the stated motivations of many seekers who find their way to the Amazon to drink ayahuasca, and Arévalo notes similarly that the goals of many of these seekers are looking to "liberate themselves" from psychological and spiritual traumas and suffering, seeking after "the true spiritual path" (Rumrill 2005:204). Indeed,

Winkelman's research suggests that many participants are seeking "spiritual awareness" and "emotional healing" or even "personal evolution" (2005:211), which makes the more parsimonious appraisal of simply wanting to 'get high' stand out as potentially lacking nuance. Fotiou, based on her extended fieldwork with 'ayahuasca tourism,' states that:

Ayahuasca experiences are attractive to Western people because, in a way, they give them direct access to the spiritual and the divine within. There is no intermediary as in organized religions. [Fotiou 2010: 130]

This echoes Harner's similar assertion that shamanism has the potential to be transformative for members of techno-bureaucratic cultures for this same reason: in an age of empiricism, it is not that there is no thirst for the sacred or the divine, but rather that those who would seek it want to know it for themselves, bypassing the proxy of formalized dogma and institutions (Harner 1990:xi). It is here that a question of what is being healed in avahuasca sessions - or shamanic sessions more broadly - becomes more open to discourse and analysis. Perhaps Dobkin de Rios was not so far of the mark with her assertion that a consumerist "empty self" drives the desire for these alternative healing experiences (1994:16). But perhaps the empty self is in fact a symptom of a deeper ill, a rift or a disconnection that causes a kind of suffering not able to be healed in biomedical, or necessarily even psychotherapeutic, terms. If, to follow Bron Taylor's etymology, 'religion' itself is perhaps a term derived from religare, or to 'reconnect' (2010:2), then it is perhaps this rift, this disconnect that is being healed in these ceremonies that occur at cross-roads between cultural worlds. Here the 'spiritual' may be understood as something different from the plantspirits and river-spirits of the ayahuasquero's world, or perhaps it finds unexpected intersection. If it is impossible to un-say the words of postmodernity, and a cosmological holism is likely beyond the grasp of contemporary spiritual seekers, it may be then, as Taussig suggests, ayahuasca's seemingly unlimited potential for "connection-making and connection-breaking" (1987:441) in a radical form of montage that gives it the power to heal across boundaries, without seeking a foundation in absolute cosmological origins, and even when the semantic content of the verb 'to heal' is in doubt.

Ayahuasca Beyond the Amazon

Ayahuasca as a phenomenon has moved far afield of the Northwest Amazon, in either indigenous or mestizo contexts. Jacques Mabit in the Takiwasi center combines vegetalismo, with the participation of local ritual specialists, with psychotherapeutic models of treatment to work toward the recovery of patients from a wide variety of addictions, perhaps especially addiction to coca-paste, a cheap by-product of the illicit cocaine production industry, that afflicts many poor Peruvians.¹⁵ Though as yet no fully clinical studies have been performed, the reported recovery rate of those who complete the recommended 9-month program is nearly 67% (Labate et al. 2011:223), high enough to have garnered serious attention. Far removed from the Amazon, in Canada, Gabor Mate¹⁶ was, until he was mandated to terminate his project by the government, working with ayahuasca and longterm addiction. Though his work was still in its preliminary phases, his methodology has drawn significant interest worldwide.¹⁷ There is also a significant and growing bibliography on the neurochemistry of ayahuasca, its potential to treat anxiety, stress, and depression, as well as addiction.¹⁸ Though less strictly analytic and more anecdotal, Metzner's 2005 work on the subject makes available a wide variety of experiences and personal reports of spiritual and psychological transformations through the use of ayahuasca.¹⁹ The Hoasca Project headed in large part by Grob, McKenna, and Callaway (Labate et al. 2010:57) in conjunction with the UDV in Brazil toxicological, chemical, gathered "botanical. pharmacological, neuroendocrine, clinical, and psychiatric" data in one of the first and most coordinated clinical analyses of ayahuasca's potentials and risks. Their results by and large painted a positive picture of ayahuasca - suggesting that when properly managed it is non-toxic to bodily systems, and tends to correlate well with positive mental outlooks, stable personalities, and selfreported recovery from previous disorders like addiction (ibid. 57). However, it was a limited and partial study, and further work is needed to corroborate their findings (ibid. 57). Finally, what have been described as the 'Brazilian ayahuasca religions' (Labate et al. 2008, 2010) of União do Vegetal (UDV), Santo Daime, and Barquinha each have different understandings and conceptions of ayahuasca's therapeutic potential, and even what 'healing'

should mean in these different contexts. It is beyond the scope of this brief article to elucidate the many ways in which spirituality and therapy intersect - and are distinguished - in these contexts, though music, as with indigenous and mestizo traditions of the Northwest Amazon, plays a pronounced role. There are differences between them, however. The UDV maintains that 'vegetal,' the emic term for ayahuasca, is not for therapy or healing at all, but must rather be oriented specifically toward spiritual pursuits, religious advancement, and personal development (Labate et al. 2010:214). However, in both Barquinha and Santo Daime,²⁰ ceremonies known as "charity works" in which 'Daime' (ayahuasca) is drunk are principal elements of ritual life, and are explicitly oriented toward healing, both of members and outsiders looking for aid (Frenopoulo 2010; Alverga 2011).

Finally, then, a return to the question - is healing with ayahuasca possible? It is difficult to argue against the possibility, given the wide variety of contexts within which 'healing' is invoked with the brew of the vine. Certainly it is possible to question what is meant by healing, whether biomedical, psychological, spiritual, or something beyond obvious categorization. But the fact of the experience of having been healed, based on reports from a wide distribution of different therapeutic methods, objectives, intentions, and outcomes in vastly different cultural and even cosmological modes, suggests that healing is not only possible, but regularly accomplished. Ayahuasca is not, according to any specialist of whatever stripe, a panacea, but when applied wisely and knowledgeably, within a course of healing or spiritual practice, ayahuasca may well act as a powerful catalyst for transformation.

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Footnotes

- ¹ Cf. Schultes and Raffauf (1992:82); Highpine (2012:8–9)
- 2 Cf. Strassman (2001) for more on DMT.

- ³ Cf. Gow 1994, Beyer 2012a, Highpine 2012, Brabec de Mori 2011, and Taylor 2013 on the issue of the antiquity of the tradition.
- ⁴ Cf. Beyer 2009, Luna 1986, Luna and Amaringo 1999.
- ⁵ Cf. Labate et al. 2008; Labate and MacRae 2010.
- ⁶ Cf. Labate and Jungaberle 2011.
- ⁷ Cf. Beyer 2012a, Highpine 2012, Taylor 2013.
- Kichwa is the Ecuadorian spelling of Quechua, which is an active selection against the more Spanishlanguage style of spelling, in response to a colonial history.
- ⁹ Cf. Swanson 2009, N.d.b; Whitten 1976, 2005,2008
- ¹⁰Cf. Whitten (1976:153) for ayahuasca as a spirit of the wanduj realm, making possible translation between humans and spirits
- ¹¹ Cf. Fotiou 2010 on the problems of terminology for tourist vs. pilgrim in terms of avahuasca seekers.
- ¹² This should be recognized as markedly different than the "core" shamans affiliated with Harner's 1990 work.

- Harner's 1990 work.
 13 http://www.anacondacosmica.net
 14 Vine of the Soul [2009]; Other Worlds [2002]
 15 Cf. Labate et al. 2011 for an interview with Mabit on his work at Takiwasi
- ¹⁶ Author of In the Realm of Hungry Ghosts [2010]
- ¹⁷ Cf. interviews with Mate in the film Vine of the Soul [2009]
- ¹⁸ Cf. Labate et al. 2011 for articles and more thorough bibliography
- ¹⁹ Cf. Schmid on individuals performing self-treatment with avahuasca
- ²⁰ Barquinha is an offshoot of Santo Daime incorporating elements of Afro-Brazilian religious traditions



Passenger canoe on the rio Napo, in the Ecuadorian Amazon Dr. Morley Read/Shutterstock.com



Large rainforest tree with buttress roots in the Ecuadorian Amazon with a liana in foreground.

Reading Rittner: Sound—Trance—Healing

Rittner, Sabine

" Sound – Trance – Healing - The sound and pattern medicine of the Shipibo in the Amazon lowlands of Peru" by Sabine Rittner, Music Therapy Today Vol.VIII (2), July 2007, pp. 196–235. Reprinted by permission of the World Federation of Music Therapy, http://musictherapyworld.net.

Introduction

In the year 2005 I spent several months with the Shipibo tribe in the Amazon lowlands in the east of Peru for a field research project. I was a guest in three different villages where I worked with a total of ten shamans and participated in their nocturnal healing rituals, followed by extensive interviews. After decades of studies into the "agent voice", that is, the question what really induces change when people sing, I welcomed the opportunity to contact highly specialised experiental experts in this field, healing experts from other cultures, and to get immediate and personal experience of their work.

The following research questions in particular induced me to embark upon this demanding and not quite harmless excursion after intensive preparation: How do the Shipibo shamans heal with Ayahuasca (a psychoactive substance), with Icaros (specific songs) and patterns (visionary structures)? And what is their subjective description of the healing effects? In an attempt to find answers I shall quote from my field research notes and from semistructured interviews, mainly from talks with Juan, an elderly and experienced Shipibo master shaman. In doing so I am aware that it is almost impossible to correctly reflect interviews with members of a traditionally oral culture in written form or translations into western modes of thinking.

Despite all changes that my presence naturally caused in the everyday life of a Shipibo village, my central research approach was non-invasive; I tried to be cautious, to give much time, to suggest, to wait, to let things happen, not demanding, not having to achieve something, to wait again and again and be content with not knowing. This basic attitude, this rather indirect approach turned out to be the right idea. After surprisingly short time I met with much openness, warmth and willingness to help, was accepted into their private lives and was passed on from village to village within the family. It took some time to understand that my cautious and reserved attitude corresponded to their own mentality and ethnic concepts. They are rather weary, reticent, highly cultivated, sensitive and unobtrusive in their behaviour.

Shipibo call healing experts not shamans but 'medicos' The or 'ayahuasqueros', and in rare cases, when someone has reached the highest level of shamanistic healing powers, 'muráya', this is a special kind of master shaman. Of these, there are less than a handful left among the Shipibo. There is a belief that this part of the world still has the highest rate of shamans; but the number of experienced old shamans with their traditional training over a number of years is declining rapidly. One reason is the popularization (also in Peru) and commercialization of shaman tourism that leads to an inflationary increase of self-appointed shamans with insufficient training or no training at all. A village that still has an old and experienced shaman and several of his disciples today is seen as 'healthy', as socially intact and stable. With the death of every shaman, an entire oral library is lost. Some of them still know the effects of 2000 to 3000 different plants, have tried these effects in self-experiments during their rigid and perilous training and have incorporated their energetic healing powers.

The Shipibo

Approximately 30.000 Shipibo live in the tropical lowlands of the Amazon river in Peru, east of the Andes, in about one hundred villages and many isolated farmsteads along the upper part of the Ucayalli river and its tributaries. The loamy waters of the Rio Ucayalli come down from the Andes and form one of the two mayor sources of the Amazon. Ethnologists today

speak of the 'Shipibo-Conibo-Shetebo', meaning tribes originally conquered by the Shipibo that became assimilated and are now almost indistinguishable as to language and culture, so that they are covered by one ethnic term. For the sake of simplicity I shall use the term Shipibo throughout this article. Their language is Shipibo which, however, increasingly mixes with the Lorettano Spanish of the conquerors and the mestizo immigrants specifically among the middle and young generations. In the past the Shipibo probably had books with hieroglyphlike signs that were unique in the Amazon region, based oral on an tradition over thousands of years (compare Andritzky, 1999a, p.234–235). But these were destroyed through excesses of missionary zeal and more recently were replaced by a written latinized version of Shipibo that is now taught in the bilingual village schools.

Traditionally the Shipibo live on plants, fishing and hunting. In their gardens they grow maniok, bananas, and sweet potatoes, they harvest mangos, papayas and other fruit. Around cities such resources have dwindled so that the Shipibo depend on money exclusively. Men support their families of ten to fifteen with occasional jobs in the woodworking industry. Young men have discovered that shaman work is one of the few well-paid sources of extra income. Women have become the main bread-winners selling exceptionally pretty handicraft.

The Shipibo are mainly known for their art of pottery and geometric-linear decorative style. They identify with this sophisticated art of patterns and take pride in them as a very specific expression of refinement that distinguishes them from neighbour tribes. The self-given name Shipibo means "the true people". In former times, almost all objects in Shipibo and Conibo villages were decorated with patterns. The entire equipment of farmsteads was covered with geometrical patterns: carved, braided, knitted, woven, embroidered and painted. Every single beam of the house, the artfully woven leaves covering the ceiling, the box-like sleeping tents made of cotton, the boats and paddles, kitchen and hunting utensils - everything was fully decorated. The woven robes of fine cotton for men and women, even faces, hands and legs showed the Old songs describe the beauty of those characteristic ornaments. farmsteads in detail. In their traditional dances people followed patterns, too. Today the Shipibo increasingly prefer fabricated objects of plastic, aluminum and chemical fibres, so that the traditional art of patterns is now limited to a few remaining crafts (from: Gebhard-Sayer/Illius, 1991).

Ayahuasca

The Shipibo shamans use a hallucinogenic substance to enter an altered state of consciousness that provides 'vision' in nocturnal rituals, in the deep darkness of the resounding jungle night: they 'travel' with the support of the 'spirit of the ayahuasca'. In this state they have the power to heal. Their foremost healing tools are 'Icaros', specific traditional songs that are nevertheless recreated in the moment of treatment. With the help of these songs they penetrate the energetic pattern of a patient, comparable to a surgery tool, with the intention to clean and purify from harmful dark mist, or níhue. (Rittner, 2006b, p.28)

Ayahuasca (Quechua: 'tendril of the soul') is produced in all tropical regions of South America for ritual purposes and today constitutes an important source of income. The liquid psychoactive substance has many names and is available in a variety of compositions. But the basis is always the Camarámpi tendril (Malpighiacee Banisteriopsis Caapi), which is also called 'la purga' (the purging) or 'liana of death'. It contains the beta-carbolines harmin, harmalin and tetrahydroharmin. In addition the leaves of the Chacruna (which is a kind of rubiacee: Psychotria viridis) are required to produce the desired hallucinogenic effect. These leaves contain the verv strong psychoactive substance DMT (N.N-Dimetyltryptamin). The hallucinogenic drink is produced by boiling chacruna leaves with battered ayahuasca liane pieces in a pot of water over many hours. of ayahuasca sharpens Consumption perceptions all sensory in dimensions of reality and supports synaesthetic experience as well as telepathic 'vision'. Hallucinations at all sensory levels (visions, auditions, gustations etc.) are possible.

The Shipibo call the visionary altered state of consciousness of trance 'la concentración'. The open hut with a palm leave roof where nocturnal healing sessions take place is called 'la casa de la concentración'. In contrast to other tribes, the Shipibo have a simple, almost puristic and unspectacular approach to the use of ayahuasca for healing purposes. Traditionally they hold the strict belief that patients are not permitted to use ayahuasca. Control of visions is of essential importance for the shaman. Most of those who work in this business with mestizos and whites in order to make money today do no longer adhere to this rule. An experienced healer told me:

'An ayahuasquero can only accompany one or two persons maximum who take ayahuasca and guide their visions and keep control. Ayahuasca groups with forty people that take place in tourist lodges in the jungle and also in seminary centers in the west are madness.' (R./Y.)

Shipibo women traditionally do not drink ayahuasca. But every shaman needs his female partner for support in the nocturnal healing ritual. She keeps smoking mapacho, the strong jungle, tobacco with the spirit of the tobacco plant to protect him from attacks of dangerous spirits. Tobacco is seen as the 'child of the ayahuasca'. A shaman told me:

'Without my woman the tabaquera I cannot work. She is most important, she protects my back!' (J.R./S.C.)

Concept of health and illness:

Illness always comes from an imbalance between the everyday reality and the world of spirits, the 'other reality'. A shaman is able to navigate and to act deliberately in the visionary state of the nocturnal Ayahuasca ritual and thus to balance conflicting powers by fighting with spirits and redirecting forces into a harmonic order. He treats illnesses ranging from minor complaints up to most serious physical diseases and infections but also social conflicts, intimate wishes and desires in wooing, and many other things. Only about one third of all treatments concern illness that a traditional western physician would see as needing treatment. The by far larger number of reasons for shaman treatment are sociosomatic, that is they involve an impairment of the patient's social identity (compare Illius, 1987, P.95–06, p.104).

The three main diagnoses summing up all illnesses known to western medicine are:

- mal aire = bad energy, bad influence that may stem from past experience and sometimes rises from the mud under the river water as 'bad air'
- susto = fright, trauma, shock, for example a sudden threatening event or accident
- daño = curse, bad wish, mainly caused by negative powers sent from a brujo, a sorcerer or hostile shaman.

The Shipibo shaman assumes full responsibility for a patient's life and wellbeing of the entire community. At the same time he never heals in isolation, but all members of the village community contribute to a patient's recovery by what they do or fail to do. They ensure that he is surrounded by positive sensory impressions, pleasant smells and colours, harmonic patterns, by persons with pure thoughts, that he receives pure food, and that couples who had sex or menstruating women do not pass his home (compare Gebhard-Sayer, 1987).

Juan, an old shaman, told me:

'When you consult your doctors and they disconcert you at the beginning by explaining all treatment risks in detail and do not give you hope, then this makes the problem worse. A belief in recovery is essential for healing!' (J.R./S.C.)

In his opinion healing occurs in small steps only and with the patient's cooperation and discipline. The patient may have to stick to a diet for some time. If he does not comply then this might bring complications and setbacks, which require further but far more dangerous rituals. This is what Juan does not like at all since this means more strenuous and complicated work for him.

^{&#}x27;Unsuccessful treatments are not seen as a shaman's mistake or failure. They only mean that the 'brujo' who caused the illness has more shinan (vital energy) and more powerful yonshibo (spirit helpers) than the healer' (Illius, 1987, p.54).

What is a nocturnal Shipibo ceremonia like?

1. ARRIVAL

When darkness falls the ayahuasquero, his woman the tabaquera, and sometimes family members and his disciples meet in the shaman hut prior to the ritual. They talk and get into the spirit of the event. Then one or two patients arrive, in most cases accompanied by relatives. Greetings and good wishes are expressed that the ritual may succeed and have positive effects for all involved. The patient's problem is described with a minimum of words. The shaman does not want to hear details and long-winded explanations, he relies on his diagnostic 'visionary powers'. If the patient is a villager, the shaman is well aware of the systemic causes of his problem. Meanwhile, darkness has come.

2. BLOWING ON THE HALLUCINOGENIC SUBSTANCE.

The ayahuasquero now concentrates and blows on the open bottle with the ayahuasca liquid. The icaro, the song which he blows into the bottle whispering softly has this meaning (according to Juan):

'He evokes the spirit of ayahuasca (níshi íbo) so that a light may appear and cover all involved in the ritual and protect them so that healing becomes possible.' – 'This means that he (the shaman) looks down (to the nether world) but as soon as he goes 'shshsh' he diagnoses prior to singing, he examines in each patient what becomes visible from his body. Then he is highly concentrated, the sound indicates that he is very concentrated.' 'He diagnoses, yes, he diagnoses your body.' (J.R./S.C.)

3. INTAKE OF AYAHUASCA:

The shaman and his assistants, with the exception of his woman, now take a large sip of the brown, viscous and very bitter substance. The kerosene light in the can is extinguished. From now on everything happens in the dark.

Darkness is very important in the healing ritual since light hurts the eye and impairs 'vision' in the other dimension of reality. Everybody sits in silence for about half an hour until the 'mareación', the intoxication sets in. The healers exchange occasional murmured comments.

4. YAWNING SONG:

Occasional melodious yawning with distinctly audible vibrations of the lower jaw indicate that the substance starts taking effect. Juan's son explains this 'yawning song' as follows:

'It means that the powerful mareación (intoxication) arives in his body and also because the power of ayahuasca falls down on his body, like a many-coloured mist, falls down in his body from the top to the bottom, then he (the shaman) feels the onset of a strong mareación, then it is like an earth quake, and this sounds like 'fffiuuu!' Then the body trembles, and when he moves the earth seems to tremble, but this is due to the strong mareación that is starting. I believe they (the shamans) do not feel pain, no, but it opens up more and more.' (J.R. and J.R./S.C.)

I ask whether it is important to maintain moments of silence.

'Yes, the moment the mareación starts, yes, this is why there is this 'fffiuuu' in the silence sometimes. You must not speak aloud then, this is important, because you perceive everything extremely clearly, you hear voices from far away. Then it is as if everything were nearby, for example the music of last night in the next village. It is as if the music were here with us, and this is not good, it disturbs the body.' (J.R.(S.C)

5. HEALING SONGS – ICAROS:

The core ritual always starts with the singing of an icaro, a ritual song, with which the níshi íbo, the ayahuasca master is evoked and asked for help. A médico sings:

'Medicine, intoxicate me well!

Help me by opening your beautiful worlds!

You, too, were created by God

Who created human beings,

Who created the world:

Your medicine worlds Open them up to me completely. I wish to heal this ailing body: This ailing child And this ailing woman I want to heal and make everything all right.

(Neten Vitá in: Illius, 1987, p.55–56)

Every healing session requires the presence and help of a group of plant and animal spirits in different compositions according to the type of illness. Always present, however, is níshi íbo, the ayahuasca master, because it is his energy that has been consumed. Prior to his appearance he projects bright geometrical images before the eyes of the muráya (master shaman) for a short moment, visions of shining ornaments that cover the entire visible nocturnal scene, they precede the níshi íbo like a banner. Among those present the muráya is the only one who can see them. Now he starts, supported by helping spirits, to decipher kikín-quene (geometrical patterns) from this vision and to sing them aloud. As soon as the glowing net of patterns touches his mouth and his crown, his lips produce songs that correspond to the patterns and ornaments. The song is the result of the vision of patterns, an immediate transformation from the visual to the acoustic.' (Gebhard-Sayer, Illius, 1991).

But the shaman does by no means sing the pattern lines like notes from a music sheet.

In their pattern art on ceramics, material and wooden objects the Shipibo women make such energy paths visible in their daily life reality. A few of them are still able to sing these patterns out today. Two Shipibo women explain:

'The patterns are energy paths. The songs lead you along. Tortuous paths with ups and downs, like life. You can sing out these paths with German songs, too.' (R./Y.). 'These lines are like rivers (of life) that flow in deep valleys between mountains.' (A./N.C.)

The second icaro of the night involves all participants in the ritual and asks for their well-being. After three to four more general songs the shaman asks one of the patients to come near. Then he sings very specific icaros for that person that arise from his synaesthetic perceptions, visions and auditions (acoustic hallucinations).

In the course of the treatment the shaman works directly at the patient's body where necessary. He blows tobacco smoke on the patient's body lying in front of him. He blows on or sucks certain places, producing fine saliva bubbles, with a mixture of tobacco smoke and agua florida (an aromatic alcoholic flower essence). He may also press his fingers into into deeper layers of the patient's belly in order to remove harmful forces.

6. CONCLUSION AND THERAPEUTIC PRESCRIPTIONS:

At the end of the ayahuasca ritual that may last four to five hours, the shaman grips the head of each participant with strong fingers and blows tobacco smoke over the top of the head in order to close the energy field down and for protection. (The Shipibo see the fontanel as the highly vulnerable 'achilles' heel' in human beings.) Patients are given therapy prescriptions, recommendations for specific diets or behaviours or actions to avoid. Where necessary, additional healing plants may be used that the shaman gathers in the jungle and prepares by day. Applications like hot steam baths, strokes with nettles or therapeutic vomiting are part of the Shipibo medicine; some interventions are quite drastic from our western perspective.

7. INTER-VISION:

After patients and relatives have left the shaman hut, the group of healers continues to discuss the cases and the ritual until long after midnight and compare and analyse diagnosis and visions in detail. (This last stage may be compared to the similarly named 'collegial intervision' practiced in western psychotherapy). Where necessary and after difficult treatments in particular, additional songs are sung in order to relieve and purify the shaman and his assistants.

Songs of the Spirits, Icaros

The songs come from the 'invisible', the spirits themselves. The shaman has received and learned the songs from them. Each protective spirit is associated with a specific, unique song.

'This also means that a shaman may evoke as many protective spirits as he knows songs. The songs have immediate protective and healing effects.' (Baer in Dittrich/Scharfetter, 1987, p.74).

The choice of songs for a healing ritual conforms to the requirements of the situation and to the songs the shaman hears from the spirits.

'Icaros come from plants, animals, from the earth; there are icaros for a variety of purposes, but the most important ones come from the spirits in heaven.' (Pablo Amaringo Shuña, painter and ayahuasquero, Pucallpa)

There are many different icaros. Some shamans boast of knowing and using far more than 100 different songs. Juan lists some of the many icaro types as examples:

- icaros of large trees: de la lupuna (the highest tree with a whole city of the most powerful spirits living on top) and de la sunarara (at night the tree sings in the upper layer of its bark like a hissing snake)
- icaro for the spirit of the anaconda (ronin) (for healing: the singing is very soft in order to convince the anaconda to give up the patient's stolen dream soul)
- icaros of big fish (dolphin, paiche. The rose-coloured river dolphins are seen as threatening animals that may cause daño)
- icaros for love (huarmi icaro) (for magical attraction)
- icaros for a fine voice (see above)
- icaros de los diseños (for beautiful patterns)
- kushi-icaro (a very vigorous icaro, to be sung in a loud voice)

There are also powerful icaros that may cause harm (daño), or produce a curse, for example the icaro de la anaconda muerte (of the dead anaconda). But for each harmful song there is an even more powerful song with the opposite effect, which to know or to find is a challenge for the shaman. Generally the main function of icaros is to steer, modulate and actively influence ayahuasca visions.

'Níshi-íbo and the other spirits present can also see, hear and sing the song at the same time, so that the muráya perceives the song as a chorus, and he joins in, while the villagers present only hear the muráya's lonely voice. They try to join in the muráya's singing, and their voices inevitably follow with a small delay. Thus a two-sided choir emerges with the muráya at the visual-acoustic core. The compelling force of the leading song is directed against the spirits responsible for the illness, and these spirits are evoked and attacked in this manner. While the shaman's song hovers in the air describing lines and loops, a second transformation takes place. The song now assumes the form of a kikín-quene (pattern) that is visible to the muráya only and then settles on the patient's body with a healing effect, penetrates the body and stays there forever. Several sessions of three to four hours each are necessary to complete the healing pattern.' (Gebhard-Sayer, 1983, in Baer, 1987, p.75–76).

The powerful singing in nocturnal rituals fulfils an important social function as well.

'In remote parts of the village people hear their shaman sing. They know that his fragrant singing mingles with tobacco smoke and describes meanders in the air in order to decorate everything, but above all the patient, with wonderful healing patterns.' (Gebhard-Sayer, 1983, in Baer, 1987, p.75).

In their sleep they share the comforting knowledge that the shaman is busy reestablishing health, a balance of forces and thus harmony in the entire village.

Researchers distinguish between different types of ayahuasca songs among the Shipibo (for example buehúa, mashá, shiro buehuá and icáro); I use the general term icaro for all of these in my article (compare Meyer, 1974). Each icaro takes about 10 to 15 minutes. From the musical perspective, they have three phases:

- 1. individual slow melody parts, sometimes with long intervals in between, each resembling a long breathing out, at the end with audible pressure, and fading away.
- 2. Intensification to a strong rhythmic part, breathing in always at the same rhythmically appropriate moment, also inspiring singing. 'In his heart he (the shaman) feels very very strong in this rhythm, with much energy, yes.' (J.R./S.C.) This part of songs is for visionary battles with spirits that are always dangerous. A médico says: 'If we do not have to fight then the person we are treating is not really ill.' (J.R./S.C.) The shaman

enters this part of the ritual with his entire life force (shinan) at high risk to himself, he goes 'through hell' for the patient.

3. Each song ends with a very short melody phrase with a ritardando or deceleration.

The voice

Shipibo shamans sing in very different ways; ideally their vocal range reaches from deep bass to falsetto. The higher, more powerful and louder a shaman's singing is, the more effective his voice is regarded. In particularly dangerous parts of the vision the shaman sometimes changes over to falsetto. For serious kinds of illness there are specific songs where the shaman pretends to be someone else. These songs have to be sung in a high female voice exclusively. They are considered most effective since the spirits believe that a woman is involved.

'Juan has a very high voice with much volume. This is important, very much energy.' (J.R./S.C.)

The Shipibo songs, by the way, are no 'wellness treatment' for patients, they are loud in most cases, often exhausting, and emotionally challenging to the listener.

The melody of an icaro is something a shaman has to learn, either from his teacher whom he accompanies in many rituals over years. Or the melody comes directly from the spirit of various hallucinogenic plants in 'self-experiments' during the training phase which traditionally has periods of fasting for months of isolation in the jungle.

José, the son of the master shaman, mentions a specific song, an icaro that gives the future shaman a particularly fine voice:

^{&#}x27;There is an icaro that gives a fine (good) voice and very fine songs with sounds of the spirits. In these icaros there are very special spirits of music. Juan may evoke these spirits in the vision

when he is in the ceremonía. The spirits appear, and Juan asks whether they can help somebody to become a singer. And in between the spirits bring a sombrero together with the icaro and put it on his head so that the songs, the letters may enter his head, that is the way of these icaros.'

'The words of the first verse say that the crown is very pretty, like a king's crown, golden, so bright and shining and very pretty and resounding, it also has a flute. In this flute there is a picaflor (colibri) that flies above the flute. This means that the voice, the throat, everything is going to sound like the spirit of the colibri that accompanies the flute. Then the voice gets out well, it does not sound rough but fine because it is supported by the colibri spirit, and the flute supports the throat, and the colibri is part of the mouth. Then the songs come out very well.' (J.R./S.C.)

However, such an effect requires months of strict dieting prior to the event. Then it may happen that the spirits spontaneously put that particular sombrero on one's head.

'At night you hear auditions: noise in the head but no headache, rather like radio noises of the day. You are not allowed to go out into the sun because this is harmful to the (energy) crown installed by the spirits. You must avoid hard rain. And you are forbidden to cook during that time.' (J.R./S.C.)

The importance of song text for the healer-patient relationship and the healing process

For some ritual songs that are sung frequently the texts are learned, but in most cases they are improvised, created in the moment of singing.

Some of the elements the shaman uses in the impromptu creation of song texts are for example:

- 'pacing' and 'leading' (alternation between following and guiding formulations)
- with relaxation induction and reassurance
- with positive suggestions and healing images
- he takes the patient by the hand in singing and explains the cause of the illness

- he explains his visionary measures
- he offers confidence in his healing competence (ani shinan).

In the healing rituals most patients are treated in a recumbent position, they glide into a half-sleeping state and sometimes fall asleep. A patient rests in deep relaxation, sometimes in limbo between alertness and sleep, in the dreamlike state of the REM phases rich in theta waves, which means visionary without substance intake. This is an altered state of consciousness with healing effects, comparable for example to hypnosis or catathymic imaging in psychotherapy. In this highly suggestible and relaxed alert state the songs have specific effects on a patient. The shaman's words help to reassure family members, involve them in the ritual, explain aspects of the illness and its causes. From our western perspective this corresponds to a family therapy approach. The therapeutic factor of the induction of a trophotropic trance (calming system through stimulation of the down the vegetative nerve parasympaticus) in an alert state, which is known to us in psychotherapy, this very important healing aspect has not been addresses in any of the detailed research reports on Shipibo culture to my knowledge (compare Rittner/Fachner, 2004).

Imagine your doctor sings to you while performing a gastroscopy, explains to you what he sees in his camera in singing and rhymes, accompanies you in your anxiety with healing suggestions and images, and guarantees complete recovery at the same time ...

Pattern medicine

Angelika Gebhart-Sayer, Professor of Ethnology, University of Marburg writes that 'Essentially, Shipibo-Conibo therapy is a matter of visionary design application in connection with aura restoration; the shaman heals his patient through the application of a visionary design, every person feels spiritually permeated and saturated with designs. The shaman heals his patient through the application of the songdesign, which saturates the patients' body and is believed to untangle
distorted physical and psychospiritual energies, restoring harmony to the somatic, psychic and spiritual systems of the patient. The designs are permanent and remain with a person's spirit even after death.'

'Every human being possesses a body pattern that is formed by his energy flow and is not visible to the average villager but to the shaman. When the competent and experienced shaman uses the plant in question, then he gets insights into a patient's energy field and flow of life force, energetic disturbances and blockades. Shipibo shamans say that the ayahuasca drink helps them to see through a patient's body, like x-rays. However, they see neither skeleton nor organs but rather the disturbances and blockades in energetic balance. The exact site of the illness may be located in this way. The avahuasca plant permits shamans also to contact the spirit world. Above all the so-called 'masters of powerful trees' support a shaman in his therapeutic work. These patterns resemble the style of the patterns we admire on earthen vessels and textiles. But according to the shamans' descriptions they are much finer and more complex. If a person falls ill in the course of his life this becomes visible in an imbalance, a distortion, an unclearness or agitation of his body pattern. Avahuasca helps a shaman to see the pattern and evaluate it. He tries to reconstruct the pattern through songs transmitted to him in his ayahuasca induced state by the masters of the trees. For the Shipibo these songs are sacred and healing, they are also called 'pattern medicine'. When a shaman sings his therapeutic song, then rhythm and intensity of the song show their effects in a patient's body pattern.

While the shaman's healing song leaves the breath of his mouth in a linear and rhythmic flow, it forms a fine pattern that becomes embedded in the patient's body and causes harmony in the energy balance and the mind.' (From: Gebhard-Sayer/Illius, 1991).

A young shaman describes the way he works with the help of spontaneous sketches:

'Throughout the treatment, the spirits responsible for the illness try to disturb and confuse the emerging healing pattern and surround it with their níhue (harmful mist or bad and circling pneuma). The muráya faces these attacks with his healing patterns in singing but also with other means and therapeutic measures. If a patient is fated to die then the pattern does not penetrate the body and the muráya recognizes failed healing efforts at an early point in his treatment. If the spirits cause illness they do so by the 'writing of harmful patterns on a person's body'. In this case the muráya diagnoses the illness from this pattern.' (Gebhard-Sayer, 1983, in Baer, 1987, p.75–76)

The shaman sees the otherwise invisible body patterns of the patient sitting or recumbent in front of him. The state of these patterns tells him something about the patient's condition: body patterns of individuals who are ill are 'twisted' or 'destroyed'. The shaman orders this pattern, he 'repairs' it with his singing. The song texts say that the patterns are 'ordered', 'made straight' or 'redirected'. Body patterns represent a Shipibo's psychic and physical integrity. Shamans call this restoration of the body pattern which is a metaphor for healing, 'calling back the soul' (Illius, 2005, p.A35). The evil spirits put their níhue, their (dark, misty, evil-smelling) individual essence on individuals and thus weaken his life energy (shinan). This weakening may lead to a dissociation of his two identity aspects of body (yora) and 'dream ego' (small soul, caya). In the worst case, if the shaman does not succeed in removing the níhue, death may occur (compare Illius, 1987, p.91).

There are at least 15 different kinds of níhue, all caused by different spirits, with different colours and qualities, which a shaman must be able to identify and distinguish exactly in order to remove them. In this process the nihue is 'detached, loosened, rubbed off, separated, spread, thrown crushed. the away, washed off. etc., (but) níhue is never finished off completely. It is indestructible, and the vonshinbo (spirits) can only be driven away but not killed. This is why humans fall ill again and again.' (Illius, 1987, p.185).

The shaman sings:

'The powerful humming-bird, the powerful metal humming-bird with patterns on the tip of its beak, I want it to replace the níhue. Humming-birds have patterns, golden humming-birds have patterns on the tip of their beaks they have patterns. With these patterns I make them clean the body. A powerful flower! A powerful ayahuasca flower! (...) Gleaming all over they dance in a row.' (Neten Vitá in: Illius, 1987, p.61)

A young shaman expresses the idea as follows: 'Healing energy is going to enter your body with the help of the songs.' (D.V.S./S.C). And a European woman who attended a nocturnal ritual told me: 'It feels as if the icaros touch my cells from within.'

In this context permit me a short excursion to the other end of the world, to Tuva in Mongolia, for an intercultural comparison. Many years ago I talked to Nikolay Oorzak, a Tuvinian shaman, about the healing powers of the

human voice, and he told me:

'There are healing songs with established texts. These shaman healing songs are called 'algysch' in the Tuva language. But I improvise most parts in the moment of healing. You have to feel the words a patient needs, which words are healing for him. Then I sing these words into his body.'

My very personal way of processing my experience among the Shipibo which was challenging in every respect was to write and to paint in aquarell colours. From my notes:

'Finally in the evening the second ritual: the old master shaman, that is, grandfather, grandmother, son and grandson all work together with us. The ceremonia involves a spectacular treatment of a seriously ill woman. In one song at the height of the ritual I have the impression of witnessing a terrible fight, a martial battle. The next day Juan confirms exactly this moment in the serious struggle. Supported by the icaro, he entered the woman's body, her stomach, in order to 'see' the illness and to fight its causes. - Finally, very late at night and deadly tired, it is my turn to be treated. Juan has taken a second big gulp from the ayahuasca bottle in order to go on singing. While he sings for me, I perceive once again (as so often during the previous nights) visions of soft and brightly coloured hovering patterns before my wideopen eyes in the deep-black jungle night. They seem to be everywhere, no matter whether I close my eyes or leave them open. Meanwhile my upper body extends along the upper arms, to left and right simultaneously, in a permanent expanding movement, which I watch with fascination. I wonder what is happening to me that night, even without the intake of ayahuasca. I see a little girl standing alone in a drab and wet harbour area, and I feel terribly sad for a short time. The lateral enormous expansion goes on and produces a big pleasant empty space in my chest, like a cave. A tremendous relief after so much pressure on my heart over the past days. This pressure now moves upward and settles under my chin like an unbearable lump. I am overcome with sudden nausea. In exactly that moment, Juan blows tobacco smoke over my head in the darkness, and thus sucks all tension out of my head. I feel relieved immediately and liberated. My dreams that night are 'sweet', erotic and blissful, and when I mention them next morning in Juan's presence we have a hearty laugh together.'

Coda

What could be the significance of the events I described here for our western kind of medicine, and also for music therapy in medicine? Let me try some reflecting transfer.

• A new and at the same time age-old culture of relational medicine would be beneficial to 'health' in our health care system. Shipibo

shamans are masters of indirect relation, always involving a patient's social background. All kinds of illness are seen as 'psychosomatic' since shamans do not distinguish between emotional, social, physical and mental-spiritual causes.

- The dimension of healing as an art should become an integral part of western medicine with its scientific orientation. Among the Shipibo (and also in other healing traditions, for example Sufi or Ayurveda) healing rituals have a highly aesthetic dimension of beauty and appropriateness (kikín) involving all sensory levels. They may be seen as comprehensive works of art.
- The role of the community has to be supported again in the context of health, illness and dying, and we must fight postmodern individualization that brings illness and isolation. There is much we can learn from the Shipibo.
- The Shipibo shaman assumes unconditional responsibility for the healing process and demands absolute submission from the patient; this is in contrast to our ethical concept of offering therapeutic support as 'help to help ourselves'. But absolute trust, safety, protection and submission are powerful agents to active self-healing powers and to stimulate positive changes in the temporarily regressive state of being at the mercy of the illness.
- Nonverbal communication as a factor in the process is very important for the success of any type of intervention. This is why medical staff has to be schooled in the communicative effects of the sound of the human voice. At the Heidelberg university hospital I work together with nursing staff, with medical students, physicians and therapists, and we explore ways to shape positive, healing therapeutic relationships in the way we express ourselves.
- Therapeutic work with sound and voice as well as energetic healing are possible in our culture, too, without having to use ayahuasca. Such adjuvant interventions should be given more room in the medical context, so that patients are not forced to be secretive about using such additional resources. The method of 'ritual body positions and ecstatic trance'® according to Felicitas Goodman (1992) for example offers a comparable and beneficial mode of experience for altered

states of consciousness with easy dosage.

• The particular healing powers of the human voice reported from earliest times onwards that are still part of knowledge and practice in some traditional cultures are currently reaffirmed and validated in many scientific studies (using different modes and terminology). People learn again that it is healthy and even fun to sing. The Shipibo demonstrate that singing directed at persons – as it was practiced in Europe until late in the middle ages – is a highly effective 'relational drug' without side effects. In music therapy, for example, we can use this knowledge to find modes of intervention that correspond to our times and culture.

What I learned

Everything I tried to present in this paper is the result of momentary impressions. Despite written versions of the Shipibo language, theirs is an oral culture living in the flow of 'improvisation', that is, being recreated all the time. There is the continuity of a common history, a tradition passed on in tales, myths, shapes, colours and music. But this is the art of creation that lives anew every day, every moment, with each listener. The stories told in ethnological books are, strictly speaking, only true in the moment of telling, not for the next day, not for the next ayahuasquero, not for the next village. It was a lesson and a challenge for me to discuss with the Shipibo this kind of 'permanent impermanence' that has more contradictions than consistencies.

My intention was not to idealize the Shipibo culture. Notwithstanding our postmodern longing for the 'original' and 'authentic', the life of the Shipibo is full of existential problems, with unbelievable material poverty and tremendous social wealth. I am deeply grateful to them for accepting me as a guest and permitting me insights into their everyday lives and spiritual healing traditions; I also wish to thank N.Nauwald, A. Gebhard-Sayer, V. Harms and others for their valuable advice.

The names of indigenous interview partners were coded.

Translation of the German article into English: Christina Wagner

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Amazon tipical fabric texture, shipibo, ashninka, conibo, in peru Chrisitian Vinces/Shutterstock.com



Peru, Peruvian Amazonas landscape. The photo presents typical Indian tribe's settlement in the Amazon Lukasz Janyst/Shutterstock.com

Comparative Table: Mestizo Shamans, Ayahuasca Churches, Traditional Shamanisms Herbalists

CONTENT:	MESTIZO SHAMANISM	AYAHUASCA CHURCHES	TRADITIONAL SHAMANISM /
		un u	HERBALISTS
1. SOURCES OF INSPIRATION	Mestizo vegetalistas; Indigenous shamans: descendants from all upper Amazonian native peoples at time of conquest	Indigenous/mestizo shamanism; Afro- Brazilian Umbanda & Candomble; Spiritism; esotericism; Santo Daime; Uniao do Vegetal: Barauinha, In	Shipibo,Cocama, Lamista, Shuar, Aguaruna, Conibo, Asheninka; Tukano, Desana, Baniwa,
	5	Brazil, but also USA, Europe, Holland, Japan, Mexico. PILGRIMS FROM EUROPE.	Further north, psychoactive from Virola, Anadenanthera trees, sometimes mixed with ayahuasca brew.
2. OBJECTIVES, PURPOSES	Divination, finding lost objects/people; bringing 'doctor' spirits into cure, or being possessed by spirits, or soul journeys to spirit realms	SANTO DAIME, given a mission of salvation by Our Lady of Immaculate Conception; <u>UDV</u> , the mission as re- incarnated and re- established by Mestre Gabriel; <u>BAROUINHA</u> , sacred space, form of boat, sacred cross, localized church	Curing; sorcery; Plant spirits, deities, enemy spirits; in some cases, practitioners of sorcery-at-a- distance; to snuff jaguars, creator deity is always present.
3. KINDS OF HEALING THERAPY/ PRACTICES	Smokescreen to protect, extraction of phlegm, bursts of breath over ayahuasca, drinking ayahuasca; complemented with other plant remedies.	Barquinha Church Most Incorporate The 'Passes' Of Afro- Brazilian Umbanda. Alleviating Patients Of Evil Spirits. For Other 2 Churches. See	Extraction by suction, prayers, calling down spirits; or journeying to other world in search of lost

S. Goulart, In Fieldwork In Religion, Spec. Iss., 2006,	souls. Plus, use of medicinal plants ; chanting; visitations with
	S. Goulart, In Fieldwork In Religion, Spec. Iss., 2006,

			counsel
4. PRACTITIONER TRAINING	Years of apprenticfeship with master Vegetlista/Ayahuasquero and understanding the kinds of experiences the brew releases.	??	8-10 yrs of training and experience; both male and female; hierarchies of shamanic power.
5. COSMOLOGY	<u>Underwater</u> enchanted cities of spirits, dolphin,. <u>This World</u> , forest-spirits, sorcerers, <i>Chullachaqui</i>	Catholic Saints, Umbanda/Candomble Orixas; Eclectic, With Neo-Shamanic Groups.	Upper World Of Deities And Great Spirits, Lower World Of The Dead, And This World Of Forst And Water Spirits.
6. RESOURCES	Beyer, Stephan, <u>www.singingtotheplants.com;</u> <u>www.plants-and-religion.com</u>	MacRae, Alvenga, Labate, Goulart, Araujo Senna, et al.	Beyer (See Biblio.), Rubinstein, Harner, Reichel- Dolmatoff, Wright

2.3 Physical and Spiritual Transformations in Bon Shamanism of Nepal and Tibet (Lecture Notes 1)¹

CHINA AMDO Khumbum 126.00 TIBÈT Dharamsala Indus R. KIAM Chamda ithang Lhasa Tsangpo Shigatse Delhi Kathmandu Gyantse BHUTAN N-D MA 200 mile BURM

Shamanism in Tibet

Kathmandu Valley

Tibetan Religious History

• Early "Bon" ("priest")- retroactively applied name for diversity of "sacred conventions" or "the pattern of heaven and earth," involving animistic spirits, three tiered cosmology, shamanic soul-flight, guiding/retrieving souls (deceased or sick, possessed).

- Yungdrung (Eternal) Bon: Mythical figure, Shenrab, founds eternal bon tradition in the Primordial realm of Tagzig Olmo Lung Ring, brings it to animistic bon groups as a higher spiritual wisdom (essentially cognate with Buddhism, 9 Way Path-"The Nine Ways of Bon")
 - Parallels changes in the social-political landscape- establishment of agricultural centers and first Tibetan state/empire (by Songtsan Gampo in 7th c, who married Buddhist princesses from China and Nepal and a Bon princess to show the commitment to inclusion of the disparate traditions and influences)
- Later, King Trisong Detsen converted to Buddhism and suppressed Bon after a public debate between Bon and Buddhist philosophers, invited Padma Sambhava, who founded the "Ancient" Tibetan Buddhist lineage, the Nying-ma.

Bon

- Bon of Cause (gyui bon) –"tantric" or pragmatic orientation (sickness, worldly concerns)
- Bon of Effect (drebui bon) –bodhi orientation (Buddhist 'nirvana' liberation from samsara)
- Buddhism integrated and accepted as a new improved shamanic technique. "Buddhism can protect one from gods and demons, and enable acquisition of shamanic powers greater than any non-Buddhist shaman." (Samuels, 446)
- Shamanic religion primarily concerned with acting in harmony with the powers that constitute both human beings and the universe they live within. (la-lha).
 - La (bla): 'spirit-essence' of individuals, also resides in external features oflandscape (mountains, trees, etc)
 - ➢ Iha: deity
 - Gowe Iha nga (five guiding spirits): local and decent-group deities, born within an individual, protecting individual throughout life, also reside in mountains, trees, etc.

- At any particular time the situation (the pattern of influence of the powers) is favorable/auspicious for certain kinds of action, and unfavorable/inauspicious forothers.
- Uncover patterns and act in accordance with them, and possibility of influencing powers in one's favor, increasing auspiciousness. (concern of purification ritual)
- 8th c early courts: Formerly unified la-lha concept (representing unified cultural patterns of a shamanic society) gradually broke up as centralization took place.
- La-Lha complex transformed into external gods (lha) as they came to be seen as outside the individual rather than both within and outside. Internal side of la-lha concept developed into concept of spirit-force (la)
- Externalized lha and ancestry: "As llase, son of lha, the person of the king represented the continually reborn essence of the divine ancestor, who was reincarnated in each king at the age of maturity" (Haarh, 108)
- Tendrel: concept referring to the relational nature of all phenomena ('arising in mutual connection' buddhist pratityasamutpada) Range of additional meaning acquired in Tibetan usage, centered around the idea of 'omen' – underlying concept is something like 'connections that are not visible on the surface.' (Samuels 447)
 - Dream events, apparently chance combinations of words, behavior of animals and other natural phenomena can all supply tendrel.

Types of Spirits

Multiples level cosmology (Sky/heavens, earth, "lower regions") each have their own spirits, all of which interact with human world:

- Upper (sky): upper gods (steng Lha); inhabit heaven/upper realms
- Middle (earth): Tsen cause sickness with arrows, demonic (red),
- Lower: Lu; snake-bodied beings living at the bottom of lakes, rivers, Sadak "lords of the earth", agricultural deities that live underground.

Shamans make contact with spirits, predict their influences on people's lives,

and perform rituals that either overcome harmful influences or enlist their help

Bon of Cause (shamanic paths)

- Chashen (The way of the Shen of Prediction)
 - medical diagnosis and healing
 - various ancient divination and astrological rites determine whether the patient has an energetic imbalance, or is being provoked by a demonic spirit
- Nangshen (The Way... of the Visible World)
 - various rituals for purification to summon energy and enhance auspiciousness
 - ➤ to suppress and liberate negative forces
 - to invoke and make offerings to powerful deities and pay ransoms to demonic spirits
- Trulshen (The Way... Of 'Magical' Illusion)
 - Shamans go where there is strong, wild energy, perform practices to conquer the spirits and demons that inhabit those places, subjugating them into their service.
 - mantra (words of magic power),
 - mudra (meaningful hand gestures to communicate with gods and spirits)
- Sichen (The Way... of Existence)
 - Concerned with the soul of the living and the dead
 - Living soul lost, shattered, or disordered, practices to recall and reinforce its energy
 - Dead soul's passage in Bardo, appropriate rites

Types of shamanic practitioners

*not necessarily exclusive

- Pawo (shaman) characterized by spirit possession
- Ngakpa (magician) lay practitioner, tantrika and exorcist
- Lama (priest) considered (in theory) to be more powerful than Pawo by virtue of mastering Buddhist Tantric practices (and the correspondingly more powerful Buddhist deities)
- Lhapa (oracle) certain pawo employed by monasteries, government (Dalai Lama still has llapa)
- Lineage of teachings (guru/teacher to student transmission, often family-lineage based)
- In some ways, the Lama and the Ngakpa have usurped the archaic function of the shaman in Tibet
- Following Buddhism's introduction into Tibet, many cultural figures such as Guru Padmasambhava and the famous yogi Milarepa, have been assimilated to the archetype of the First Shaman (Reynolds, 36)

Sickness and Spirits

Ailments are caused either by physical disease or by a disturbance of vital energy by a spirit. If it is found to be due to a provocation of energy by a spirit, then it will be necessary to call a shaman healer. Through divination or astrology, or sometimes through meditation, the shaman will discover the nature of the disturbing spirit and the way to remove it, such as by payment of a ransom.

The following ailments/conditions require the treatments indicated:

- (spiritual) sickness: caused by energy imbalance that humans create between themselves and all existence, where they provoke the spirits of nature. To heal people, the Earth and space, it is necessary to contact these spirits, in order to restore balance and reestablish harmonious relationship with them
- Minor aches/pains, domestic problems, empower objects, etc. → minor healing rituals (puja);

- Possession: \rightarrow Exorcism (Man Chinni);
- Soul-Loss (sato gayo) \rightarrow Soul-Retrieval

Shaman first divines the spiritual nature of the problem—it may be due to sorcery, evil eye, contact with a polluted person or place or perhaps possession. Aama also performs divinations (jocano) in order to "see" the series of events leading up to the problem (such as being attacked by hunter spirits due to being alone in the forest after dark, or being attacked by a sorcerer due to interpersonal conflict and enmity). Aama relates what she "sees" to her patients during the divinations, and they frequently confirm what she reports. Such divination is ofter very impressive and can be quite detailed Aama humbly says it is not she who is speaking but Kali, whom she often channels during the minor rituals.

Minor Healing Rituals (Peters, 19)

The treatments used in these minor rituals typically involve one or another form of phukne (the blowing of mantra) at the afflicted bodily area of the patient. Aama sometimes employs a hand broom to apply mantra and to brush away (jharphuk) the bad spirits or other painful spirit intrusions (bun) sent by sorcerers. Mantra may also be blown into food, water, or milk that is then given to the patient to eat or apply as spirit medicine in order to keep away the attacking laagu.

The man chinni ritual involves four primary ritual acts: identifying the source of the problem, severing the hold of malevolent spirits that are possessing the patient's heart-mind, transferring the spirits and illnesses into a surrogate, and then returning the spirits to their "proper place."

Aama may briefly embody the deity of the shrine and shake. When this happens, she often releases the deity into her asan (sacred space), asking it to take a "seat" as a helper in order to witness and ensure that the bad spirits and sorcerers keep any promises elicited from them during the ceremony. The ritual exorcism involves an animal sacrifice—always a chicken and sometimes a goat, as well.

Exorcism (man chinni)

Man chinni involves enticing the bad spirit or the sorcerer's spirit to take possession of the patient so that it can speak to the shaman and the others attending the ritual. To accomplish this, Aama sits crosslegged, knee to knee with the patient while playing the drum. She speaks kindly at first, saying, "Come here now. Don't be shy." Then she asks, "Who are you?" or "Why are you bothering this person?" To further aid the ritual embodiment, Aama may promise the spirit an offering of food, or she may drum and turn in the four directions, gathering the laagu into her drum and then placing the drum handle against the patient's chest (upon the heart-mind) in order to cause the bad spirit to possess and shake the patient.

When the patient becomes possessed, the shaking may range from slight tremors to dramatic actions.

Dialogue with the Possessing-Spirit (Peters, 20)

If the spirit doesn't respond, the demands can escalate into threats. At one ritual, Aama threatened the sorcerer possessing the patient, "If you don't tell us what we want to learn, I'll put hot coals in your mouth... If you don't talk now, you'll never talk again.... You'll suffer so much, you will welcome death." The threats, although spoken to the patient are actually directed at the sorcerer.

It is not unusual for Aama to attack a possessed patient, grabbing a lock of hair in one hand and slapping the patient's face

If the spirit is unwilling to speak through the patient. Aama Bombo will transfer the spirit (man sarnu) into her own body and force it to speak through her. The transference is accomplished by ritual gestures. First she

touches the handle of her drum to the top of the patient's head and/or heart area, and then she does the same to herself.

Shaman's use of the drum:

- Means of enticing possessing spirit/sorcerer
- Drum as physical/visible display of the connections (tendrel) or channels by which the shaman manipulates spiritual forces
- Ritual object/source of power?
- Performative aspect (shaman alone plays the drum)
- Audience for the shaman's ritual
- Role of spectators vs. participants
- Patient
- Community

"Sacrifice can perhaps best be seen as a 'play' that makes the tensions and uncertainties visible by breaking them down into separate well-defined acts and throwing their ambiguity into relief... sacrifice dramatizes the tangled relationships to excess in order to disentangle them and separate identities." (Heesterman, 26)

Sacrifice as bringing into public view the hidden (spirit-based) aspects of causally determinative interrelationships (human-social world, human-spirit world, etc.)

Thus, the possession provided a social forum for a discussion of politically sensitive material. In the end, the sorcerer was seen as "half bad and half good" —her sorcery was bad, but her motives were understood by everyone. In this way, the less-than-ethical activities of a powerful and wealthy family were publicly censured.

The Substitute Body and the Spirit Bridge

After a patient's or shaman's possession ends, and a brief intermission

ensues, the second major act in the man chinni drama unfolds. During the man chinni, the shaman must transfer the patient's illnesses and the possessing spirits into a small mud and clay statue (perhaps eighteen inches in height), called a putla (Ta: gLüd), that is placed in the center of a straw winnowing basket (nanglo), along with numerous of erings.¹² Except for the putla, which is made by the shaman several hours before the man chinni begins, the ritual of erings in the basket including the tailored clothes worn by the putla, must be procured by the patient or the family.

Ten = "to depend" and drel = "connection" or "relationship."

Shaman sees and manipulates dependent relationships (spirits want blood, etc.)

Tendrels (connections not visible on the surface) brought into view (Peters, 23)

long, between the patient's head or shoulder and the substitute offering, forming a magical connection between the patient and the putla and basket. White strings connect the bones of the patient to the putla, giving in bone; red strings give it blood; yellow, flesh, green, hair; and blue, the breath of the patient. Thus, the putla is ritually transubstantiated into the body of the patient, making it easier for the shaman to entice the attacking spirits and illnesses to change bodies.

The strings also function as a rainbow bridge or road, used for transferring the prosessing spirits from patient to putla. Some easily controls the patient's heart-mind. Most laagu and illnesses can be enticed out of the patient with offerings of grains, fruit, flowers, water, incense, nail clippings, strings, and the putla, but only one thing will entice the primary possessing spirit out of the patient's heart—a new; living residence that is linked to the patient's heart. The ritual transference from heart to heart requires a living heart, which is the reason, Aama says, live sacrifices are necessary for healing work. Under threat of punishment or death by the shaman's deities and helping spirits, the spirits are ordered to return to their "proper places."

Spirit-Transference into putla/sacrificial victim (chicken)

Deprived of its living residence, the laagu leaves the dying chicken in order to eat the blood deposited on the putla. The basket and its contents are then quickly taken away, often to a crossroads (dobato), where they are left to be trampled, scattered, and eaten by animals.¹⁴

Once the putla and offerings have been disposed of, one last step remains —the sharing of the prasad (holy meal) consisting of the chicken among the folks attending the ritual. It is generally believed that the spirits and deities who require blood sacrifices normally only desire the blood, and that they have no interest in the meat (Slusser 1982).

Soul-Retrieval ("spirit-hooking")

(Desjarlais, 148)

... sacred geography within Helambu itself, situating the divine within a range of "clif sides, big rocks, and tall trees," speaking of the telluric haunts of his tutelary spirits. After identifying each set of deities, Meme requests the gods to "purify all that has been affected by pollution" (pho pai drip ci bsangs). The journey is lengthy and encompasses over four hundred sacred sites: from north to east, south, west, and north again.

After taking a break, during which time the host family serves food and tea to Meme and the various relatives and neighbors who have come to watch the event, Meme calls several gods to "fall" into his body to "show," through the vehicle of his voice, the cause or causes of the patient's malady. If the malady is the result of a lost bla, Meme ritually searches for and attempts to "call" the spirit back into the body of his patient by performing a "spirit-hooking" ceremony (bla 'gug) in which he journeys on a magical flight to the land of the dead. He

[Tendrels connect the various realms (La-Lha (shaman-spirits), sacred geography, khyung Eagle as vehicle for Shaman's la (or heart-mind)]

begins by playing his drum while summoning the fierce khyung, the eaglelike Garuda deity of Buddhist lore. Once the khyung responds to the call, the shaman stops drumming and his heartmind leaves his body with a joyful, ecstatic shout and glides through space, clinging to a bird's chest as it escorts and protects him in search of the lost spirit.¹

More tendrels brought into view, manipulations by the shaman with visible objects/gestures, transferring la from spirit world to drum to food to patient (by eating).

Once Meme "hooks" the spirit, which the khyung snaps up in his claws, his heartmind returns to the body and a flurry of ritual activity ensues: the participants of the healing shout out in celebration; two assistants pass a bowl of incense around the patient's body to purify it; and a third man touches the bowl containing the enhanced "life" and other sacred objects to the patient's scalp, shoulders, chest, hands, and feet.

As soon as Meme recovers from the flight, he holds his drum so that the skinned surface lies horizontal and drums fiercely upon the bottom surface while chanting sacred prayers. If the spirit has been hooked successfully, it falls onto the drum surface in the "image" of three white "flowers" the size of specks of dust (which are typically spotted by flashlight-bearing assistants). After each flower appears, Meme lowers the drum—while still drumming—closer to the foods and drops the flower into one of the bowls of food (milk, meat, egg, curd) set upon a tray before the patient. By eating from each of the foods, the patient reincorporates lost vitality.

Finally, Meme touches a magical dagger to the patient's forehead to imbue it with renewed "power," and then, after one more break, he ends the ceremony by chanting a prayer of "departure" (btang shag, pronounced "shyasal") that asks the various deities to leave the altar and return to their respective " domains" (dal).

The Shaman's Method: Intellectual, Symbolic, Poetic Interpretations

The local gods, along with the malevolent spirits, and the whole complex of ideas about divination, spirit-mediums, and good and bad fortune, are an important part of the symbolic language through which the Tibetans deal with pragmatic, this-worldly concerns. They provide set of symbolic associations through which the Tibetan a critical landscape is perceived, a landscape that retained into modern times the dangers and threats to life and property with which these deities and spirits involved. closely (Samuels, 190) are SO Desjarlais' "intellectualist" "symbolist" dissatisfaction with and understanding of ritual healing:

- Intellectualist: shaman acts to instill faith and belief in efficacy of ritual (essentially a placebo);
- Symbolist: Shaman transforms worldview of patient or symbolic categories, symbols evoke mythical realm where conflicts worked out (Desjarlais assumes simple 1 to 1 correlations between mythic and ordinary realms, thus a "narrative from one stage to another").

Poetic Engagement of Patient (community/audience?)

"Spirit-calling is less like a mythic narrative, progressing from one stage to another, than an imagistic poem, evoking an array of tactile images, which, through their cumulative effect, evoke a change of sensibility...in the lasting mood or disposition that contributes to sensory ground of one's existence."

" Spirit-calling rites might change how patients think of their conditions and they might alter the symbolic categories that define those conditions. But if the rite is to be considered successful it must change how a person feels" (Desjarlais, 151)

- Careful scaffolding of tropes to alter ways of thinking and feeling
- Engage the listener not by narrative storytelling (clear, logical progression) but by random and roundabout slideshow of perceptions (rock, cave, etc) a sort of tapestry or collage where the efficacious symbols are potentially present but require the

patient's presence and interactive response to become actual instruments of healing

The cacophony of music, taste, sight, touch and wild, tactile images activate the senses and the imagination, which prompt new sensibilities, and so reforms cognitive and perceptual faculties (Desjarlais, 160)

The vital point here is that a sufficiently powerful lama can always reestablish direct contact with these founding figures, who exist, rather like the Dreaming beings of the Australian Aborigines, on a different plane of reality that interpenetrates our ordinary reality. The lineage of the teachings is therefore in the shamanic Buddhist view not simply a heritage handed on from the distant past, it is something that is being constantly recreated and revalidated through the experience of contemporary lamas and yogic practitioners.

In this way the lamas, like the Siberian shamans or the 'diviners' or 'prophets' of sub-Saharan Africa, can realign human beings with their society and with the universe in which they lived by producing a new and contemporary reading of the tradition. Yet the lamas, unlike the shamans and diviners of tribal and preliterate societies, are not regarded as practicing their art only for this-worldly ends. The ultimate aim of Tantric practice is the same as that of all Buddhist practice, the achievement of the state of Enlightenment. This is the point of possible conflict between the individuating and ethicizing tendency of Buddhism and the 'ancient matrix' of the shamanic world view, with its emphasis on communal harmony (see Mumford 1989:16–23). (Samuels, 21)

Additional Sources Cited:

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Footnotes

¹ This presentation was researched and organized by Nick Collins, Graduate program in religion, University of Florida, Gainesville.

Reading Peters: The Man Chinni Exorcism Rite of Tamang Shamans

Text by Larry G. Peters, Ph.D.

"The Man Chinni Exorcism Rite of Tamang Shamans" by Larry G. Peters, Ph.D. and Carol Peters, as appeared in Shaman's Drum, No. 55, 2000, pp. 16-25. Reprinted by permission of Larry G. Peters, Ph.D.

In two previous Shaman's Drum articles (Peters 1997a; 1999), I have discussed my participation in shamanic pilgrimages in Nepal, under the tutelage of my teacher and friend Aama Bombo (literally, "Mother Shaman"). In this article, I will focus on one of the most dramatic of her healing ceremonies, the man chinni¹ exorcism or depossession ritual that is used to treat cases involving sorcery. A man chinni exorcism is typically called for when it is determined that a bad spirit has possessed a victim, causing antisocial behavior or unusual physical complaints.

Aama Bombo lives and works in the Kathmandu Valley town of Boudhanath, sometimes called "Little Tibet," which has a population of perhaps 100,000 persons, comprised primarily of the Tamang, a Tibetanspeaking ethnic group, and other, more recent immigrants from Tibet.² However, because Aama has achieved some notoriety as a powerful shaman over the last thirty years, her shamanic healing rituals are seldom limited to the Tamang, nor to Tibetans, nor even to the residents of Boudhanath. Her clients have included physicians, business-persons, Buddhist lamas, Hindu Brahmins, and even some members of the Royal Families of Nepal and Bhutan, as well as the poor and illiterate. Her patients come from most, if not all, Nepalese ethnic groups, and many travel long distances to Boudhanath to see her and receive healings.

Of all the healing rituals conducted by Aama and other Tamang shamans, the man chinni exorcism is certainly one of the most elaborate and impressive. The term man (Ta: sems)—which refers to the "heart-mind" that is thought to reside in the physical heart (mutu)—has been translated variously as "consciousness," "imagination," or "spiritsoul." ³ In the context of the man chinni ritual, chinni (from the verb chinninu) means "to break apart" or " to untie, sever, or cut through," and it refers to the ritual of severing the hold of the malevolent spirit that is possessing the patient's man.⁴

Spirit possession (laagu chaapya) occurs when a malevolent spirit (laagu) "holds onto" or "sticks to" (chaapya) the heart-mind of a person, like print on paper, or rides on it (chaadhnu), thereby polluting the actions, desires, morals, feelings, and speech of the possessed victim. Laagu is a broad diagnostic category that includes all types of malevolent spirits that may attack or possess a person, causing the person to suffer.⁵ Although laagu may attack a person on their own accord, they are most often sent by sorcerers (boksha, male; bokshi, female) who "feed" and keep them, in order to use them to do their nefarious bidding. In other words, although it is the laagu that cause illness and problems, the root cause is typically the sorcerers who control them.

Although sorcerers can work on their own, it is often assumed that they have been hired by others who are at odds with the patients. To counteract the harmful effects of sorcery, the shaman makes the sorcerer's spirit or the attacking laagu take possession of the patient during the man chinni ceremony. Then, after interrogating the spirit, the shaman uses his more powerful mantra (magic spells) to subdue it and remove it from the patient, and get it to make a sacred vow to stay away from the patient's environs, thereby freeing the patient.

The man chinni exorcisms that I've witnessed have been held either at the home of the shaman or at that of the patient's family, and they have been open to anyone wishing to attend and lend support. Because the man chinni tend to be very dramatic events involving complex community issues, the healings are often attended not only by the patients and their families and friends, but also by various neighbors who are alerted to the ritual by the shamanic drumming that continues late into the night.

The first part of the man chinni ritual involves coercing the attacking laagu or the sorcerer to take possession of and speak through the patient, so that the shaman can determine its identity and the reasons and circumstances of its attack on the patient. In most man chinni that I've seen performed by Aama Bombo and other shamans, it is a sorcerer's spirit and not a laagu that is summoned forth and that possesses the patient. Because the sorcerer is a living person, the man chinni rituals can have dramatic effects on community and interpersonal relationships. In due course, I will discuss these issues, but first I want to turn attention to the spirit belief system that gives form and meaning to these ritual exorcisms.

The Spiritual and Cultural Context

Nepal stands at the geographic crossroads between two great civilizations and religions: the Buddhism of Tibet to the north and Hinduism from the Indian plains to the south. Over centuries of cultural contact, Nepal (especially the Kathmandu Valley) has become the meeting ground of Tibetan Buddhism and Hinduism, with these traditions blending into an eclectic unity. For example, the Tamang identify themselves as Buddhists, but they also regularly celebrate Hindu holidays and rites, and they frequent Hindu shrines, viewing the Hindu gods and goddesses as manifestations of Tibetan Buddhist deities. Buddhists consider Guru Rinpoche, the cultural hero who popularized Buddhism in Tibet, to be an incarnation of the prominent Hindu deity Shiva, known in Nepal as Mahadev (Great God). Buddha himself is considered an incarnation of Vishnu, and the Buddhist goddess Tara is seen as one with Vishnu's consort Laksmi.

In much the same way, Nepali Hindus have adopted and integrated Buddhist deities and practices into their belief structures. For example, Gorakanath, a Shivaite saint, is identified as another incarnation of Guru Rinpoche. In fact, Hindus and Buddhists both worship Manjusri, the God of Wisdom, who formed the Kathmandu Valley and created Nepalese culture (arts, crafts, and education), and both groups propitiate the fierce goddesses Vajra Yogini and Ajima, who have prominent shrines in the Valley. Even the legendary shamans, sometimes called "Tantrics," are identified as heroes by both faiths. When I queried my teachers about these apparent unorthodoxies, they all maintained that "in Nepal, it's all one," (cf Dowman & Bubriski 1995, Slusser 1982).

This fusion of traditions is also evident on numerous other levels. For

example, the Mother Goddess is very popular throughout Nepal, and shrines dedicated to both her benign and her terrifying manifestations are omnipresent in the Kathmandu Valley. She is the beautiful Parvati, as well as the dark warriors Durga and Kali. In her multiple forms, the Mother Goddess gives birth and nourishment to all life through her power (sakti) that manifests the world. Without her sakti, Shiva and the other gods would be mere corpses.

In the Valley, there are many female healers who embody cross-cultural manifestations of the Mother Goddess (Dougherty 1986). For example, Aama Bombo, a Buddhist by faith, embodies the Hindu goddess Kali in many of her rituals. According to Mircea Eliade (1958), the current popularity of the Mother Goddess within both Hinduism and Tantric Buddhism may represent a resurfacing of the ancient, pre-Aryan Indus Valley feminine-centered religion.

A third, very important strand of Kathmandu Valley spirituality is the oral shamanic tradition, sometimes called "dark Bön," which has its origins in pre-Buddhist Tibet. The practitioners of this tradition are shamans who are said to have control over powerful spirits and even deities. It is said they possess tantra-mantra, secret knowledge and magical formulae that can be used to command the very forces of the universe (Nebesky-Wojkowitz 1993, Samuels 1993). This animistic Bön tradition is quite compatible with other animistic traditions extant amongst the indigenous Hindu groups in the Valley, who believe the natural world is populated with spirits of varied forms and dispositions including demons, deities, demigods, ancestors, yeti, and tutelary gnomes, just to name a few (Deitrich 1998, Slusser 1982).

Incorporating elements from diverse traditions, Nepalese folk religion is neither strictly Hindu nor Buddhist, Bön nor Tantra, but a fusion of all. For this reason, shamans must speak a mixed vocabulary understood by all Nepalese, and they must be able to "play" (kelnu)—that is, develop relationship with—a panoply of deities and spirits from the many strands of Valley spirituality. Their principle adversaries—the sorcerers—work in this same world, but with very different purposes. The shamans strive to prolong life and improve the well-being of their clients, whereas the sorcerers' actions seek to destroy their victims.

The spiritual, "non-ordinary reality" (Harner 1990) of the shamans and

sorcerers—the plane where the spiritual struggle of good vs. evil, and illness vs. health is played out—is not a transcendental, unearthly realm. When the shaman calls upon deities and spirits, he or she does not beckon them from distant heavenly realms but from the middle-world, here and now. The shaman's world includes invisible presences, but it is a world in which all of nature—the organic and inorganic, from rocks to the air we breathe—possesses an ontology, a "thouness," a beingness that can be sensed and known, and with which relationship is developed. The shamans may "see" things that clients and other lay persons do not see, but their insights must fit the imminent consensus reality of their patients in order to transform the clients' experience and give meaning to their daily lives.

The Minor and Major Healing Rites

Tamang bombo by no means treat all disorders. Before agreeing to do a healing, a shaman must first determine the origin of the patient's illness or problem. Only if a problem is caused by a malevolent spirit will the shaman attempt a ritual treatment. If Aama Bombo divines that a patient's problem has arisen on its own (aph se aph)—that is, "spontaneously" through the laws of karma—she will advise the patient to consult a medical doctor.⁶

After it is diagnosed that laagu are the cause of a problem, the shaman will first attempt a minor healing ritual (Peters 1998). In an average day, Aama Bombo typically performs about thirty of these rituals, which may each take five to ten minutes. The shaman first divines the spiritual nature of the problem—it may be due to sorcery, evil eye, contact with a polluted person or place, or perhaps possession. Aama also performs divinations (jocano) in order to "see" the series of events leading up to the problem (such as being attacked by hunter spirits due to being alone in the forest after dark, or being attacked by a sorcerer due to interpersonal conflict and enmity). Aama relates what she "sees" to her patients during the divinations, and they frequently confirm what she reports. Such divination is often very impressive and can be quite detailed. Aama humbly says it is not she who is speaking but Kali, whom she often channels during the minor rituals.

There are many problems-too numerous to mention-for which Aama

will perform a minor healing puja (ritual). Symptoms of such problems may be minor or severe. In one case, Aama treated a patient, seemingly paralyzed, who had to be carried into Aama's crowded ritual room. Ten minutes later, the woman walked out unaided. More typically, however, minor rituals are used to treat aches and pains, colds, stomach problems, loss of appetite, and crying and crankiness in infants. They may also be employed to help solve domestic problems and marital stress, obtain passports and visas, attract customers, awaken hearts with love-magic, find lost objects, empower pens for school exams or amulets for protection, and much more.

The treatments used in these minor rituals typically involve one or another form of phukne (the blowing of mantra) at the afflicted bodily area of the patient. Aama sometimes employs a hand broom to apply mantra and to brush away (jharphuk) the bad spirits or other painful spirit intrusions (ban) sent by sorcerers. Mantra may also be blown into food, water, or oil that is then given to the patient to eat or apply as spirit medicine in order to keep away the attacking laagu.

When it is discovered during a divination that the patient suffers from soul loss (saato gayo) or possession by a laagu or a sorcerer (bokshi chaapya), the shaman or patient may request a major healing ritual (see Peters 1995, 1998). There are several different types of major healing rituals, but possessions often require a man chinni exorcism.

Because shaking is considered a symptom of possession, the patient must shake at some point in order to be diagnosed as possessed. Reports of spontaneous possession, or shaking, in the presence of others may be enough to sanction a man chinni. The shaking may occur unexpectedly in a patient during the minor ritual, or Aama may elicit it in the patient or herself.

Man Chinni Exorcisms

Man chinni are always held at night and always involve the use of shamanic drumming. They can last from a couple of hours to an entire night. On one occasion, discussed in more detail below, the ritual spanned two separate nights. According to Aama, the man chinni ritual involves four primary ritual acts: identifying the source of the problem, severing the hold

of malevolent spirits that are possessing the patient's heart-mind, transferring the spirits and illnesses into a surrogate, and then returning the spirits to their "proper place."

The man chinni ceremony starts with the shaman singing and drumming to the deities and spirits: the shaman's spirit guides, those that embody sacred objects, the Sarma gods of the four directions, who have control over the bad spirits, and more. Aama's songs seem to be partially improvised, changing slightly from ritual to ritual. Often they recall her recent pilgrimages to the shrines of specific deities. By remembering her experiences there, Aama Bombo soul journeys to these holy sites. By singing of the deities' potent powers and mythic miraculous deeds, she invokes the gods and asks them to bless her ritual with sakti and success. During her soul journeys from one shrine to another, Aama may briefly embody the deity of the shrine and shake. When this happens, she often releases the deity into her asan (sacred space), asking it to take a "seat" as a helper in order to witness and ensure that the bad spirits and sorcerers keep any promises elicited from them during the ceremony.

During a man chinni, Aama Bombo constructs her asan around a small table, about two feet high and wide, and four feet long, set against the eastern wall of her ritual room. Aama's asan typically includes an incense bowl and candle, a water vessel (kalash; Ta: bumba), some alcoholic beverage in a vase, and a metal tray of rice in which she has placed some of her ritual paraphernalia, including her phurba (Ta: magical dagger), kun lung (Ta: small thighbone trumpet), mala (rosary), and more.⁷ When she drums and sings, she sits in front of the asan, facing east.

There can be as much variation in the asan of different shamans as there can be in the content of their man chinni. One shaman's man chinni may even vary from patient to patient. Different situations call for different methods, yet there are basic elements used in most exorcisms. For example, one of the signature features of every man chinni is that the ritual exorcism involves an animal sacrifice—always a chicken and sometimes a goat, as well.

As mentioned above, the first stage of a man chinni involves enticing the bad spirit or the sorcerer's spirit to take possession of the patient so that it can speak to the shaman and the others attending the ritual. To accomplish this, Aama sits cross-legged, knee to knee with the patient, while playing the drum. She speaks kindly at first, saying, "Come here now. Don't be shy." Then she asks, "Who are you?" or "Why are you bothering this person?" To further aid the ritual embodiment, Aama may promise the spirit an offering of food, or she may drum and turn in the four directions, gathering the laagu into her drum and then placing the drum handle against the patient's chest (upon the heart-mind) in order to cause the bad spirit to possess and shake the patient.

When the patient becomes possessed, the shaking may range from slight tremors to dramatic actions. Some patients just lie on the ground, trembling and moaning, while others may jump a foot or more in the air from a position of sitting cross-legged on the ground.

Once the patient shakes, indicating possession, Aama quickly encircles the patient with white rice, entrapping the spirit so it is unable to leave or hide. At this point, Aama's demeanor changes radically. She may begin to yell, speak angrily, and shake her finger, drumstick, or iron dagger crossly at the patient, demanding that the bad spirit talk. "Speak now. Shame on you for spoiling this person."

If the spirit doesn't respond, the demands can escalate into threats. At one ritual, Aama threatened the sorcerer possessing the patient, "If you don't tell us what we want to learn, I'll put hot coals in your mouth.... If you don't talk now, you'll never talk again.... You'll suffer so much, you will welcome death." The threats, although spoken to the patient, are actually directed at the sorcerer.

It is not unusual for Aama to attack a possessed patient, grabbing a lock of hair in one hand and slapping the patient's face with the other. Sometimes, she will scoop up a fistful of rice, blow a mantra into it, and throw it from point-blank range at the patient's face. Gajendra, another of my teachers, would remove his long mala from his neck and strike the patient on the back.⁸ It is believed that when the shaman hits the possessed patient, the punishment actually befalls the sorcerer. Indeed, stories abound of bruises and burns appearing on the bodies of suspected sorcerers soon after patients have been hit or burned during ceremonies.

During the man chinni, possessing spirits will often curse the shaman, boasting that they are not afraid, they cannot be hurt, and they possess more tantra-mantra than the shaman. Most are contained by threats of violence and the power of the shaman's spirits, because the process of possessing the heart-mind of the patient makes the sorcerer's man more vulnerable to being captured and punished by the shaman. However, from time to time, rituals can get out of hand, and the possessing spirit may become boisterous, throwing things or even attempting to ruin the ritual and destroy the shaman's asan. When this happens, the shaman and his assistants may need to use physical force to restrain the client.

Aama tells a story of a rather large male patient who came after her during one man chinni, swinging a heavy metal statue at her head. In fear for her safety, Aama took a porcupine quill from her altar space and jabbed it through the patient's cheek. Although seemingly brutal, her impromptu response subdued him, allowing the ritual to continue and eventually leading to the patient's depossession and recovery. I've met this man many times at Aama's house, and he speaks of his and his family's indebtedness to her for having released him from possession by a bir, a particularly violent and malevolent spirit that had been endangering his family's well-being.

I have not personally seen any sessions turn this violent. In fact, more often than not, the patients may attack themselves, pull their own hair, and strike themselves. I have seen a few patients initiate violence, but once threatened or slapped by Aama, they quickly cowered in submission before her, pleading for mercy and calling her guru.

As mentioned above, the spirit called to possess the patient during the ritual is most often that of the sorcerer sending the laagu and not the laagu itself. In either case, once the spirit possesses and speaks through the patient, the interrogation begins. Although Aama often orders the spirit to identify itself, and considerable information about the circumstances leading to the possession may be divulged, the sorcerer almost never divulges his or her identity, fearing community reprisal. Even if Aama knows for certain who the sorcerer is, she almost never accuses the person by name, because. she says, this could endanger her and her family.⁹ However, the possessing spirit may hint at its identity, providing a village name or describing the appearance of the home in which the sorcerer lives. Sometimes, the patient's family may reach consensus as to the sorcerer's identity, but this is rarely confirmed by the possessing sorcerer, the shaman, or the patient, who claims

not to remember the events of the possession. Thus, some doubt typically lingers, discouraging vengeful community reprisals.

If the spirit is unwilling to speak through the patient, Aama Bombo will transfer the spirit (man sarnu) into her own body and force it to speak through her. The transference is accomplished by ritual gestures. First, she touches the handle of her drum to the top of the patient's head and/or heart area, and then she does the same to herself. At this point, Aama typically shakes rapidly, with large seizures moving throughout her torso and extremities. If the spirit is particularly powerful, Aama will sometimes fall to the ground and lie motionless for a few minutes, only to arise embodied by the spirit, who is now invariably under her control.¹⁰

In one of the most poignant man chinni rituals that I have witnessed, Aama identified the sorcerer while she was embodied by the sorcerer's spirit. In this case, the revelation was in agreement with widespread public opinion, and it was the only time I've seen her or any other shaman directly identify the sorcerer. It was common knowledge that the patient's family had been involved in a brutal internecine battle over some valuable property that had been left by the family patriarch, a wealthy landowner who had died recently, leaving numerous wives, children, and mistresses to fight over their shares. The patient's husband's side of the family and one of the old man's former "concubines" were locked into a dispute over land that the old woman claimed was her rightful inheritance. By producing a "forged" marriage certificate (or so the patient's side claimed), the woman had won a key court decision. Shortly after that, the patient had become ill and had begun to shake uncontrollably, moaning and alternately laughing and screaming every night for a week, and suffering from backaches. The patient's husband's family had accused the old woman, who had a reputation of being a "witch," of engaging in sorcery.

During the man chinni, Aama transferred the spirit of the sorcerer into her own body, and the spirit related the history of the dispute from the sorcerer's perspective. The sorcerer's spirit (speaking through Aama) stated she was angry at the patient's husband, his brothers, and his mother, because they had sold for profit some holy land entrusted to them by her deceased "husband." The sorcerer's spirit complained that the land was supposed to have been used to support a community religious shrine, and the patient's husband's family hadn't had the right to sell it. Although none could prove her claim, most of the community had held that belief. Thus, the possession provided a social forum for a discussion of politically sensitive material. In the end, the sorcerer was seen as "half bad and half good" —her sorcery was bad, but her motives were understood by everyone. In this way, the less-than-ethical activities of a powerful and wealthy family were publicly censured. The following narrative was transcribed from portions of the ritual, which I videotaped (parentheses mine):

Sitting knee to knee with the patient, facing her, Aama prods the spirit to speak:

"Who is your guru? Who sent you? Who coerced you to spoil others? Who is causing you to confuse this child and make her run back and forth? Who is that one? Where does she live?"

"I know you don't like anyone. You feel alone. But if you don't speak, you are sinning. Open your heart. Open your mouth. It's my work to make you speak up. You know so much. Why not tell me one thing? (Holding her drumstick, she threatens the spirit or sorcerer.)"

"Wake up. Wake up. Why rest? Has your guru (the sorcerer) told you not to speak? What do you want to eat? I will give it to you. Tell me fast. Who are you? Are you Ajima (the fierce goddess)? Are you a nag (serpent spirit)? A bokshi (sorcerer)? If so, tell me fast or I will beat you. I will whip you with my stick. If not, I will get a (heated) spoon, and burn you."

Aama picks up her drum and plays for five minutes or so and then places the drum handle on the patient's head and then on her own, thereby making the spirit transference. Aama sneezes, then shakes violently, indicating she is embodied—in this case, by the spirit of the sorcerer who has been making the patient sick.

"I have a right to be here," states the spirit, speaking through Aama. "This is my village. I got my part, and the gods and goddesses are my witness (referring to the court case). I have attacked this person, her heartmind and her backbone. A masaan (cemetery ghost) covered with white ash from the ghat (cremation grounds) has attacked her knees, backbone, and man. He (the masaan) eats (my offerings) and she (the patient) gets cold (shivers and is possessed). I bring discord and cause fights in the house. I make these people's efforts useless. I bring unhappiness."
The patient's husband asks, "What is the solution?"

The sorcerer's spirit, embodied in Aama, approaches the patient's husband and puts her fingers down her throat, dramatically pretending to vomit on him. "I vomit on everyone in your house—ugh, like this, ugh, like that. You want a solution. I will tell and you will be ashamed because the guilty person is here (pointing at the husband)."

"Who are you?" ask Aama's assistants, Maya and Ram.

"I am the grandmother," the spirit says (pointing towards the patient's husband again), "you, the grandson."

The husband replies, "Have you forgotten when I was young and I protected you?"

The patient says, "It's not my business. Why do you blame me?"

The husband challenges the spirit: "You will go to hell. You are so angry. Why are you my enemy? You are my aunt, but out of respect I call you grandmother. Why do you do tantra-mantra on me? Go play magic on others. I don't know how to play these games. Why do it to me and my family? Do it to my brother. He is the one who took the property. Go to my uncle. He took the property and sold it. He took the holy land and sold it. Not me."

"No," answers the spirit. "You have taken some of it. You can't hurt me. In two or three days, I will spoil you. No shaman can help you. You are in deep trouble."

"Go ahead and try!" shouts the patient's husband.

"What do you get out of spoiling us?" asks the patient.

"So what if you suffer," answers the spirit. "The land is gone. I am punishing everyone in the house."

The husband says, "This is how you sin, and that is why you are alone. Do it to my brother, to my uncles."

"I respect you always," says the patient.

"You bow, but you have no respect. Your mother (mother-in-law), your husband, you all called me a witch," responds the spirit.

"When did I say you were a witch?" asks the husband.

"You don't have to tell me; I know from inside," answers the spirit.

"I never said you were a witch," retorts the husband.

"You lie. You told Aama." (Since it is Aama speaking of herself in the

third person, everyone present laughs, knowing the husband has been caught in a lie.)

"What do you want?" asks the husband. "Go spoil my other uncle."

"I'll get you and torture you all your life. I am not scared of you. I'll suck your blood. I will make you vomit blood and die."

The husband replies, "Don't you remember, when I was a kid, you used to love me?"

"I am powerful," says the spirit. "I know many mantra. I come and go as I wish."

Aama's assistant Maya interjects: "What if I make you shake (send spirits to attack you)?"

"I have so much power, nothing can affect me. I do whatever I like." Maya replies, "Why do you play mantra on your grandson?"

"I'm going now."

Ram, who is somewhat inebriated, says a mantra and asks, "What do you want?"

"Your mantra don't affect me. I will chew you up and blow you out of my ass," replies the sorcerer's spirit.

Maya asks, "Why are you half good and half bad?"

Ram shouts, "Witch! Eat my balls!"

"Eat my vagina!" ¹¹ screams the spirit. "I am going."

Crossing and uncrossing her arms and snapping her fingers, Aama releases herself of the possessing spirit, bringing the interrogation portion of the ritual to a close.

Whether the "grandmother" ever learned that "her spirit" had been embodied by Aama Bombo or that it had confessed at the ritual to engaging in sorcery, I do not know, to this day. At the time, the woman was staying in a mountain village far away.

This man chinni was unusual in that it took two sessions to exorcise the sorcerer and the arsenal of bad spirits that had been tormenting the patient and causing painful somatic symptoms. The second puja was scheduled for a few days later at the patient's house (the first had been at Aama's house). During that second session, the patient made it clear that she wanted no more part of her husband's family's struggle, and she subsequently recovered; she has not had another shaking episode or backache since then.

Ironically, the patient's husband has been experiencing "bad days" for the two years since the ritual. It may be that, once the sorcerer and the laagu stopped bothering the woman, the laagu attached itself to her husband, as it had threatened to do during the man chinni. Furthermore, the husband's uncle and brother are angry at him for accusing them as the agents responsible for cheating the community, and for telling the sorcerer to go get them. The husband has been calling on Aama Bombo almost daily for minor phukne healings, which seem to provide only temporary relief.

The Substitute Body and the Spirit Bridge

After a patient's or shaman's possession ends, and a brief intermission ensues, the second major act in the man chinni drama unfolds. During the man chinni, the shaman must transfer the patient's illnesses and the possessing spirits into a small mud and clay statue (perhaps eighteen inches in height), called a putla (Ta: gLüd), that is placed in the center of a straw winnowing basket (nanglo), along with numerous offerings.¹² Except for the putla, which is made by the shaman several hours before the man chinni begins, the ritual offerings in the basket, including the tailored clothes worn by the putla, must be procured by the patient or the family.

At some point, immediately following the patient's minor ritual or when the man chinni is scheduled, Aama conducts a short divination ceremony, embodying her guru (her deceased father, who was a famous shaman) or Kali in order to divine what is needed as an offering for a successful man chinni. Obtaining these spirit offerings can prove quite difficult and involve hours of preparation for the entire family, procuring fruits, grains, flowers, eggs of various types, prayer flags, a chicken of a specific color, and more. In one case, Aama's spirit asked the client and her family to gather water from seven rivers. They managed to get to only three rivers, but the water they brought was later deemed sufficient by the spirits.

Because the putla serves as a surrogate or scapegoat for the patient, the patient is asked to place nail clippings from every finger and toe, plus a few strands of hair and some threads from clothing worn near the heart, near the putla in the offering basket. The body clippings and the threads—a clipping

from every end of the body and something in contact with the heart-mind help link the patient and the putla.

During the man chinni, the shaman also hangs multicolored strings, four to eight feet long, between the patient's head or shoulder and the substitute offering, forming a magical connection between the patient and the putla and basket. White strings connect the bones of the patient to the putla, giving it bone; red strings give it blood; yellow, flesh; green, hair; and blue, the breath of the patient. Thus, the putla is ritually transubstantiated into the body of the patient, making it easier for the shaman to entice the attacking spirits and illnesses to change bodies.

The strings also function as a rainbow bridge or road, used for transferring the possessing spirits from patient to putla. Sometimes, in order to open the path, Aama sits halfway between the putla and the patient, singing her mantra as she burns incense and wafts the smoke with hand motions along the strings toward the putla. At other times, while playing the drum, blowing her bone trumpet, or carrying leaf-plates of food offerings in her hands, Aama may dance back and forth alongside the strings. She brushes the food offerings along the strings, always away from the patient's head and toward the basket, eventually depositing them in the basket for the attacking spirit. Occasionally, if need be, she may even shapeshift into one of her power animals (a lion or a tiger) in order to subdue or chase away obstacles that might obstruct the pathway or hinder the purpose of the ritual.

The Sacrifice

Most Nepalese will observe that the most fundamental difference between a shaman and other types of spiritual healers is that a shaman performs animal sacrifices, or "cuts" (kutnu) the lives of the sacrificial animals. This is not done frivolously but as an offering to substitute for the patient's life and well-being. Interestingly, the animal (always a chicken for man chinni) must voluntarily accept its sacrificial role, as indicated by its shaking after the shaman sprinkles water on its head. If the chicken doesn't shake, it is unwilling to be a sacrifice, and a new chicken must be found. This is rarely necessary, however. Once the chicken shakes, Aama picks it up by its feet and holds it over the patient. With sweeping motions, she repeatedly brushes it away from the patient's head, across the strings, and over to the putla and basket. With these motions, she transfers the illness, the attacking spirits, the intrusions, and whatever diseases reside in the patient's body into the corresponding organ of the chicken. Thus, Aama will say, "From body to body, from blood to blood, from bone to bone, stomach to stomach, lungs to lungs," until she has swept the patient's body and the disease from each part has been absorbed into the chicken's body. At the end of each sweep along the strings, the chicken's body is shaken over the basket, depositing the disease into the putla.

Finally, the shaman cleanses the patient's last and most important organ, the physical heart (mutu). It is believed that when the laagu or the spirit of the sorcerer takes possession of the patient's heart-mind, it remains hidden in the person's mutu. Unless this hold is ritually severed, the patient cannot be healed. As long as the afflicting spirit remains in the person's physical heart, it easily controls the patient's heart-mind. Most laagu and illnesses can be enticed out of the patient with offerings of grains, fruit, flowers, water, incense, nail clippings, strings, and the putla, but only one thing will entice the primary possessing spirit out of the patient's heart. The ritual transference from heart to heart requires a living heart, which is the reason, Aama says, live sacrifices are necessary for healing work.

In order to "prove" that the sorcerer or the laagu has been transferred into the chicken's body and heart, Aama performs what many say is a minor miracle. Holding the chicken upside down by its feet, Aama somehow gets the chicken to pick up in its beak the strings on the patient's head and deposit them on the putla, in the center of the basket. By having the chicken remove the strings, which severs the bridge connecting the patient to the putla, Aama demonstrates that the sorcerer's man or laagu has accepted the chicken's heart as a surrogate container. "How else could the chicken pick up the strings?" everyone says.

As soon as the chicken finishes removing the strings and releasing them upon the putla, the bird is immediately sacrificed by one of Aama's male assistants.¹³ Its severed head is put into the basket, and its blood is drained

on the putla and basket. Deprived of its living residence, the laagu leaves the dying chicken in order to eat the blood deposited on the putla. The basket and its contents are then quickly taken away, often to a crossroads (dobato), where they are left to be trampled, scattered, and eaten by animals.¹⁴

Once the putla and offerings have been disposed of, one last step remains —the sharing of the prasad (holy meal) consisting of the chicken among the folks attending the ritual. It is generally believed that the spirits and deities who require blood sacrifices normally only desire the blood, and that they have no interest in the meat (Slusser 1982). In Gajendra's rituals, which generally lasted all night, the chicken became breakfast at dawn. No matter how small the portion, it was looked forward to by all who stayed until the early morning to watch the puja.

In the man chinni rituals conducted by Aama, she lets people do whatever they want with the chicken. Sometimes, the meat of the sacrificed animal may be shared and eaten as prasad by all present except for the patient and the shaman who conducted the rite. After some man chinni, the family takes the chicken home to fix and eat as prasad. At other man chinni, the family may tell the shaman to throw away the entire chicken at the crossroads, along with everything else in the basket, saying they feel that the animal is thoroughly polluted. However, Aama says that, although the shaman and the patient are prohibited from eating it, she does not consider the chicken to be polluted, as the pollution is transferred to the putla.

Once the shaman has made the blood sacrifice and thereby kept his word to the attacking spirits, the spirits are obligated to keep their vow to the shaman. Under threat of punishment or death by the shaman's deities and helping spirits, the spirits are ordered to return to their "proper places." In order to ensure that the malevolent spirits remain there and that they don't cause the patient any more difficulty, the shaman may draw seven lines of white rice between the crossroads and the path leading back to the patient's house, to block the way. Sometimes, Aama will hammer bamboo stakes in the ground, in front of the patient's front door as a second line of defense, to obstruct entrance, in case the spirits get that close.

The Compassionate Bird of Healing

From the perspective of Tamang shamans and their patients, nothing is more important to a successful man chinni than the sacrifice of the chicken, as it is the chicken's heart that tricks the possessing spirit into abandoning the patient. When I'd ask Gajendra, "Why the chicken?" he'd say that it had been that way since the Golden Age, or Truth Era, and he would recite a sherab (Ta: wisdom story) about the origin of chicken sacrifice, one that he often sang at his man chinni. It relates that the rooster was asked by the gods to leave heaven, go to earth, and obtain fire from men, and it was ordered not to eat anything nor to crow while there. However, the humans would not give the fire to the chicken unless it accepted food and crowed. This placed the rooster in an untenable, no-win situation, as he was unable to fulfill the deities' demands unless he also disobeyed them. Hoping that the gods might be forgiving, he ate the food that was offered, crowed, and then carried the fire to heaven. Although the deities condemned the suffer on earth for his disobedience, they gave him the rooster to opportunity to return to heaven from time to time by offering himself as a noble sacrifice, used to help rid humankind of its ills (see Kaji-Lama 1998).

One time, after relating this sherab, Gajendra spit into his hands and rubbed them together, collecting through the friction some of the dirt that had gathered on them while he had been tending his fields. He asked me to do the same with my hands and afterwards to smell them. "Doesn't it smell like chicken shit?" he asked, with a big smile on his face. "See, humans are made of chicken shit. That is why sorcerers confuse chickens for humans and accept their hearts and blood instead." ¹⁵

There is another sherab describing the close connection between shamans, sorcerers, and chickens. In this story, it is said that the first shaman had nine sisters, all of whom were sorcerers. One day, when he was working on the center pole of his house, which reached to the border of heaven, his sisters became envious of him and gave him the evil eye (aankha laagyo), and he fell to the ground and died. The god of the shamans decreed that the dead shaman should be buried sitting up.¹⁶ Feigning sadness, his sisters were forced to accept this demand. In this manner, the shaman was resurrected.

During his ecstatic death state, the shaman was instructed by the gods to take ten pieces of bread and offer one to each of his nine sisters, keeping the tenth for himself. After the sisters voraciously consumed their pieces, they attempted to take his share. When they grabbed for it, he threw it up into the air and all his sisters but one perished in the ferocious battle over the remaining piece of bread. Only the youngest sister survived, and she was exhausted and weak. Just as her shaman brother prepared to kill her, she pleaded with him, "Wait, you need me. Yes, I am ferocious and have an inexhaustible lust for blood, and I may eventually devour all of humankind. But without me, you will not have any work."

Following the gods' advice, the shaman offered to spare her life if she would be willing to accept the blood sacrifice of a nine-horned animal as a substitute for human blood. "A nine-horned animal must be huge," she reasoned greedily. "Even a buffalo has only two horns. I've never seen a nine-horned animal. There can't be many. Soon I will consume all of them, and then I can have my fill of humans thereafter."

"Accepted," she said. So, she and her brother sealed the deal by calling all of the deities as witnesses and making a sacred vow seven times, ensuring that it could never be broken. As soon as the vow was made, she demanded the sacrifice of one of the nine-horned animals, eager to experience the taste of its blood. The deities gave her a chicken, whose comb has nine horns.¹⁷

Taken together, the two sherab explain how chickens came to be used in blood sacrifices, and why the chicken's head must be left at the crossroads for the sorcerers. The nine-horned head serves as a reminder of the bargain struck at the beginning of time between the first shaman and his sister, the sorcerer. By reciting and reenacting the reality recorded in the sherab, the shaman is empowered through alignment with the principles founded at the beginning of time, during the Golden Age. Indeed, as told in the sherab, without sorcerers there would be no need for shamans. However, since the beginning, shamans have been given the means to defeat sorcerers, not with any finality, but in a way that can be repeated, time after time, whenever needed.

As decreed in the first sherab, the chicken's fate is that it can only return to heaven by compassionately agreeing to sacrifice its life in order to remove human ills. Each chicken's acceptance of its fate is indicated by its shaking before being sacrificed. Such compassion is often thought to be the mark of a Buddha, and thus it fulfills its destiny as a holy animal. Without sorcerers, their victims, and the shamans, the chicken would be mere food, butchered for mundane purposes instead of being sacrificed for higher purposes. Without the sacrifice of the chicken, sorcerers could not be contained, shamans would lose their patients, and evil would triumph over good, and death over life. Thus, the Compassionate Bird of Healing plays an essential part in maintaining the world balance between good and evil, illness and health, and shaman and sorcerer.

NOTES

- 1. All foreign terms are in Nepali unless otherwise indicated (e.g., Ta: indicates Tamang). Nepali is the lingua franca in the Kathmandu Valley, and it is the language spoken at the Tamang shamanic rituals I've attended.
- 2. The Tamang are thought by some scholars to have originated in eastern Tibet and migrated to Nepal in large numbers around the mid-seventh century. Currently numbering about two million, they are one of the largest Tibetan ethnic and linguistic groups in Nepal, and they represent a substantial part of the population in the Kathmandu Valley (Varenkamp 1996).
- 3. Man or sems is a complex term, with numerous connotations. One dictionary defines it as "soul or spirit" (Jaschke 1972). According to other scholars, man is the "seat of consciousness" (Holmberg 1989, Tucci 1980) and the "imagination" (Desjarlais 1992). Man is the source of emotions, desires, values, likes, and dislikes, and it gives rise to sorrow, pain, and happiness. Man also refers to consciousness that controls the body and wills one's actions, such as speech. Man is what makes someone a "good person" or not. Often, Aama identifies a person as having a "pure heart" (chakho man), as opposed to a deceitful or selfish, impure heart (jutho man).
- 4. Some anthropologists refer to this ritual as a chinta. In my experience, the terms chinta and man chinni are sometimes used interchangeably by shamans. Miller (1997) defines chinta as a shamanic healing "seance," but the term actually connotes practicing meditation and contemplation, as well as doing an exorcism. According to Aama, chinta is a type of practice that occurs in a sacred space (asan) where the shaman sits and invokes deities and spirits. Thus, to clarify the distinction between chinta and chinni, Aama says a shaman does chinta (i.e., sits) at his asan and calls spirits in order to perform a man chinni.
- 5. I use the term laagu in a general sense, as used by the shamans I work with. Technically, laagu are properly defined as ghosts—disembodied spirits of the dead, the souls of people unable to leave the earth, because they died by accident or they did not have an effective burial. However, laagu is also used loosely by shamans during their divinations as a generic term for any malevolent spirits that cause illnesses. These other spirits may be nonhuman spirits that inhabit particular environments, such as graveyards, forests, ravines, and garbage dumps. Because sorcery always involves the use of malevolent spirits, it is also diagnosed as a laagu illness.
- 6. Natural karmic-type illnesses can take the form of serious debilitating conditions, ranging from raging fevers to chronic kidney problems, or they may be nothing more than cases of the flu or sinus infections.
- 7. For a discussion of the Tamang shaman's ritual gear, see Peters (1999).
- 8. Physical punishment may play a formidable role in Tibetan shamanism. For an extreme example, see my article on the healing rituals of Lhamo Dolkar (Peters 1997b).
- 9. It is also illegal to accuse anyone of witchcraft in Nepal (Macdonald 1976).

- 10. The shaman's possession trance is noticeably different during minor daytime rites than it is in man chinni and other major healing rituals. In the minor rites, Aama Bombo seems to flow in and out of light trance, stopping to chat with those present at the treatment and then effortlessly reembodying her spirits. In contrast, during major rites, it may take Aama ten minutes or so of intensive drumming and concentrated effort to call the spirits to embody her. Moreover, after her body shakes (kamnu) and she sneezes, indicating the presence of spirit, she remains entranced for twenty minutes or so, until she uses hand gestures (mudra) to dispatch the spirits from her body.
- 11. Such swearing is completely atypical for a woman in Nepali culture, although not for a man. By speaking in a manner antithetical to social values, the bokshi reveals her status as a representative of evil.
- 12. Different shamans have different methods for making putla. Gajendra would draw his on the floor with various colored ochres. However, most shamans make putla from sticky rice. Lamas traditionally make their putla from barley flour (Ta/Tib: tsampa). Their function, in any case, is similar. Depending on specific ritual objectives, they attract soul, spirit, spirit-illness, or divinity into themselves (Mumford 1990; Peters 1995, 1998).
- 13. There is a cultural prohibition against women butchering animals. Thus, males are needed to do this in every man chinni.
- 14. The putla and sacrifices are often left at crossroads, because these are assumed to be favorite haunts of bad spirits and sorcerers. In Nepal, crossroads are thought to be dangerous places, especially at night, and there are many tales of sorcerers and their bad spirits waiting there to attack the unsuspecting.
- 15. The idea that humankind is made of chicken feces is also expressed in the Tamang anthropogeny sherab (Peters 1978).
- 16. In a shaman's funeral, the body is burnt or buried sitting up, and it is carried in this position to the cemetery (ghat).
- 17. See Hitchcock's (1976) brief discussion of another version of this legend, as well as the shaman's funeral in western Nepal among the Magar shamans.

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2.4 Performance, Music, and Healing (Lecture Notes 1)

(FROM SYLLABUS: AESTHETICS, POETICS, AND PERFORMANCE)

- 'Aesthetic' aspects of healing: the importance of the religious imagination in representing pain, the notion of 'soul-loss'; synaesthesia, ethnopoetics, sonic imagery; music and religion; music and healing; relations of ethnomusicology and medical anthropology;
- 'Performance': traditional healing relies on a wide variety of performative aspects (e.g., dance and induction of altered states of consciousness) that must be mastered by the healer during his/her training; these aspects are crucial for shamanic traditions which perform 'community healing' in which the specialists embody the ancestral energy, or life-force, transmitting it in their cures;

Setting the Temiar Cosmos in Motion

Principal source: Roseman, Marina. Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine (Comparative Studies of Health Systems and Medical Care. 1993. Los Angeles: UCLA.)

- Illness is the transformation of the essence of entities into interactive agents (souls in unbound states) who then act on humans in various manners.
- Two types of activated illness agents: Entities that transform into illness agents inside the body of the sick; illness agents that draw the head-soul, the vital animating-force, out of the patient.

- When this happens, only the beings of a similar type or origin have the knowledge, vision, and power to interact with it.
- Illness agents come from natural settings. thus, we have schematically:
 - An entity of the environment transforms into illness agent, invades body of victim;
 - Medium/Healer embodies his own spirit-guide (e.g., soul of a treetrunk);
 - Medium identifies source of illness;
 - > The Medium follows path of spirit-song to his spirit familiar;
 - Displacement of the medium's self by spiritguide who sings within/through them;
 - > Draws out the invasive illness agent from patient.
 - Medium locates the lost soul of patient;
 - Comes to the spiritguide in trance as a mannikin;
 - > Medium then blows the soul back into patient's head.

Where do Sicknesses Come from

(Temiar Etiology. Source: Roseman, ibid.)

- Temiars of the Malay peninsula operate with a logic that meets illness as they conceive it with a tool that functions on a similar phenomenal plane;
- Since illness agents and spirit guides share similar origins, a medium must activate benevolent spirits to treat an activated malevolent spirit. Cosmos set in motion.

- Trancing for the Temiar means transforming;
- Concept is that the head-soul of an entity is caused to emerge through the human form of the medium during the trance. The medium begins singing, but then the spirit guide takes over and re-enactment becomes Enactment. Coincides with the displacement of the medium's own self, while the spirit-guide sings through him;
- The healing: Medium extracts from patient the intrusive pathogenic agent, bringing it to the body's surface and whisking it away. Then applying spirit liquid, to "cool down" the head and heart soul of the patient.

Song and Transformation

- How are songs effective as modes of healing? Song is normal speech transformed. A metaphorically obtuse language filled with dream words. Song is music humanized by endowing it with a semantically significant linguistic component, a text.
- Spirit-Language: Dream words and Textual devices, forcefully contribute to transformation of reality in ritual context.
- Singing is a detached, disembodied form of head soul. The detached Head-Souls of spirit guides are inserted as a watery thread into the heart of a medium. The thread is song and liquid kayhek, which he then disperses to patients and participants.
- "Vocalized song is the interactive self in motion."
- Knowledge constitutes the power to heal when it takes that which is unknown and defines it. Power, in performance, is tied to the medium's claim to knowledge.
- The songs are often of longing, remembrance, sadness, melancholy, and courtship. Trance-dancing is not merely catharctic stress release. The ceremony intensifies the sentiment of longing in order to effect its release. A longing for the un-obtainable.
- Healing and Soundscapes: Relation between rhythm of drumbeats and patterns of brainwaves which induce trance. The songs are imbued with meaning and interpreted through memory, heart, longing & emotion.

- Sounds, Socially reconstructed in patterned sounds of ceremonial percussion intensify the longing focused on the spirits.
- That, plus the cosmological theory that posits detachable selves and images in songs as paths, swaying movements that entice the spirits, sounds set cosmos in motion and effect transformations of Temiar trance.

But how does healing take place??

- A momentary balancing of self and other, male and female, spirit and human. Aesthetic texturing.
- Collective ceremony re-situates relationships between community and spirit-world, prevents unfulfilled desire from leading to soul-loss. [Relation between excesses of passions and attractions of sickness spirits]. Music is heard, thought, and felt. The body is a nexus between forest movements and human movements.
- According to performance-centered perspectives, issues of efficacy are framed in terms of 'embodiment', sensation, imagination, and experience. Somatic responses to psychological states induced by the administration of a 'cure' by a healer are effected in the performance of healing. Even if no specific substance is administered, any sensory stimulation or deprivation can be effective in a healing performance event.
- At the physiological level, endorphins can be triggered for release having similar effects to the biochemical administration of morphine, librium, or valium (Laderman & Roseman 1996:8). These biochemical changes in the brain make possible trance states that are useful to effecting healing through performance. Yet, without the accompanying ritual drama, and the guidance of the healer, the biochemical changes may have no effect on healing the patient.
- Comment: Somewhat idealized interpretation of healing power of music. Power in the mundane sense can also influence, shape, subvert, and ultimately serve as source of change. Music can have a political impact on the way external events are shaped by the community. If they are collective healing rites then in some sense they not only regenerate from within but alter the negative

impacts of sickness.

Music reflects what Gregory Bateson calls the "algorithms of the heart" (Bateson 1973, 112; see also Clynes 1974, 1977). It may be possible to tune into an alien musical expression without having to acquire all the cultural clutter of which it is a part, and perhaps through the music to gain a deeper understanding of some of the principles on which the social and cultural experience of its makers is founded.

Above all, it would be encouraging if spirit possession and altered states of consciousness in general were more widely accepted not as signs of some pathological or rare condition, but as part of the common heritage of the human species. Also we ought, perhaps, to insist that all who claim to write authoritatively on the character and consequences of such states in others have themselves been conscious of having similar, if not the same, experiences. Every normal member of the human species possesses a common repertoire of somatic states and a common potential for the altered states of consciousness that have been classed, especially by humanistic psychologists (e.g. Maslow 1970 and Rowan 1976), as part of normal human behavior. Like telepathy and bodily empathy, such somatic states "are not paranormal but normal, although they are often suppressed or allowed to atrophy cultures in in which excessive importance is attached to verbal communication" (Blacking 1977e, 10).



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Healing Sounds from Malaysian rainforest (Lecture Notes 2)

(based on: Roseman, Music and Sounds of the Malaysian Rainforest CD.)

Guide for the Slides and Listening to the Temiar Songs:

- Slide 5: Map of the Region, the Tropical Forest of Malaysia. The Sounds of the Forest where the Temiar Live;
- Slide 6: Temiar Instruments Include the Mouth Harp, Said to be the Oldest Instrument in the World;
- Slide 7: Temiar Musical Instruments: The Drum;

Slide 8: Temiar Musical Instruments: The Stamping Tubes;

- Slide 9: Spirits of the Temiar Environment and Temiar Souls;
- Slide 10: Temiar Dream-Songs and Performance;
- Slide 11: History (The Memory of Events and Peoples) Becomes Embedded in the Dream Songs;
- Slide 12: How and when Songs are Performed;
- Slide 12 13: Temiar Music is Inspired by their Dreams and the Voices of the Landscape;
- Slide 14: Birdsongs and River Sounds;
- Slide 15 16: A Medium Sings a Genre of Songs Received from the Spirits of the Dead;

- Slide 17 18: A Healing Ceremony. The Soundscape of Healing, Very Powerful and Beautiful Best when the Volume is Turned up Loud and – even though you Don't Understand the Words – Let the Music, the Songs, and the Rhythm Sink In;
- Slide 19: The Way of the Annual Fruits; Temiar Dance and Trance, Experience of the Fruit Spirits;
- Slide 20 21: A Healing Ceremony;
- Slide 22: Temiar Musical Instruments. Playing the Nose Flute;
- Slide 23: Bibliography on the Temiar and Their Music.

From slide 9 until the end, the songs should play automatically from one slide to the next. The overall progression of the slideshow will take you through the environment, Temiar musical instruments, the various genre of Temiar music, especially the dream-songs; songs of the spirit mediums; several healing ceremonies; a ceremony called "the way of the annual fruits"; the tigre song; and the music of a nose flute. The total time for all slides to play is approximately 50 minutes (or less). Pay special attention to the slides with healing ceremonies. First, read the prose, then sit back, close your eyes, and in your mind's eye, try to image the performance of the healing ceremonies as they are described by the author Marina Roseman. [This music comes from Roseman's C, "Music and Sounds of the Malaysian Rainforest."]

"The Malaysian rainforest is a vibrant environment, rich with sound from forest floor to canopy, river's edge to mountain crest. Temiar dreamsongs emerge from their engagement with the spirits of their resonant landscape, about 2,500 square miles of lowland and highland rainforest in peninsular Malaysia. Here their small communities of 20–150 people have traditionally been scattered." "The mouthharp goes back to the origins of we forest people. We play it for entertainment, or if our hearts are lovesick, homesick, melancholy, then we make it better, as it was during the peaceful times, we clear our hearts."

Recommended: Malayan shamanic healing performance, or Main Peteri, at: https://www.youtube.com/watch?v=kh13JmZjbCc



BERDUT, MALAYSIA - APR 8: Unidentified Orang Asli in village on Apr 8, 2013 in Berdut, Malaysia. 2014/Shutterstock.com

2.6. Neo-Shamanism and Core Shamanism (Lecture Notes 1)

Shamanism in contemporary urban contexts

"In the second half of the twentieth century there emerged in North America and Europe a complex phenomenon on the fringes of anthropology, science, and the so-called New Age that is often referred to as "neoshamanism." Part of a larger discourse of nature-based spirituality, contemporary western shamanism is deeply rooted in European and North American history of thought. It can be analyzed in the light of a dialectic process of "disenchantment" and "resacralization" of the world."

From: Kocku Von Stuckrad, "Reenchanting Nature: Modern Western Shamanism and Nineteenth-Century Thought" Journal of the American Academy of Religions, Dec. 2002, Vol. 70, No. 4, PP. 771-99

A Re-Awakening of Nature Spirituality

Inspired by Mircea Eliade, C. G. Jung, and Joseph Campbell, the shaman became an indication of a new understanding of humanity's relation to nature, of man's ability to access spiritual levels of reality, and of leading a respectful life toward the "sacred web of creation." Henceforth, shamanism was no longer regarded as a spiritual path limited only to "classical shamanic cultures." Instead, by substituting the western positivistic and mechanistic attitude toward reality and nature with a holistic or vitalist one, shamanism was considered available to everyone—even to those in urban contexts that are estranged from nature.

Castaneda's 'Teachings of Don Juan' : Impact on Public

"Critics have insisted that Castaneda writings are essentially fictions, and many have doubted that such a person as Don Juan ever existed. Nevertheless, Castaneda's first book about his alleged experiences, The Teachings of Don Juan: A Yaqui Way of Knowledge (1968), in which he vividly describes the spiritual and pharmaceutical adventures he had under Don Juan's tutelage, proved to be an enormous success by answering to an emergent subcultural desire to employ non-rational approaches to reality. He pursued these portrayals of "non-ordinary reality" with a series of further works: A Separate Reality: Further Conversations with Don Juan (1971), Journey to Ixtlan: The Lessons of Don Juan (1972), and another half-dozen books in which he promoted Don Juan's interpretation-free seeing or "stopping the world" as a replacement to belief without experience. The huge success of his books (8 million copies in 17 languages) caused Castaneda to become increasingly reclusive. Even his death was not revealed until two months afterwards.

The importance of Castaneda's works, however, lies in their shamanic stress the need to be inaccessible and elusive and, as a "spiritual warrior," for a person to become completely one with his or her environment. From this perspective, it is incumbent upon the individual to be flexible and unencumbered by sentimental emotions or past history. The message of Don Juan and Castaneda is perhaps best summed by Alan Watts' evaluation: "By not separating ourselves from nature, we return to a position of dignity."

Divided Opinion: Neo-Shamanism is Mere Technique or a Fundamental Rethinking of Human/Nature Relations?

Joan Townsend defines neo-shamanism as "an eclectic collection of beliefs and activities drawn from literature, workshops, and the internet. It is an invented tradition of practices and beliefs based on a constructed metaphorical, romanticized 'ideal' concept shaman which often differs considerably from traditional shamans" (Joan Townsend. "Shamanic Spirituality: Core Shamanism Neo-Shamanism and in Contemporary Western Society," in Stephen Glazier, ed, Anthropology of Religion: A Handbook of Method and Theory, vol II (1997).

Neoshamanism, Deep Ecology, Spiritual Ecology, Buddhism, Animism: Towards an Holistic Understanding of Reality as in Traditional Forms

Horwitz's course bearing the title "Shamanic Healing and Spiritual Ecology" (summer 1998) is described as follows: "Much of the course time will be spent connecting with the spirits of the stones and trees, the Moon and Sun, the wind and the rivers, and the creatures of the Earth. We will learn again from them to respect and work together with the Earth on a deep spiritual—and practical—level for our common continuation and growth."

ENVIRONMENTALISM AND SHAMANIC HEALING

In this context, the adaptation of Buddhist philosophy—like that being studied in the Esalen Institute in California—was a driving force. At times, the various lines of tradition come together in single persons. One example would be Joan Halifax; another one would be the famous poet and activist Gary Snyder, who spoke of himself as "Buddhist-Animist." Snyder also was involved in the radical environmentalist movement Earth First!

Comparing it with indigenous shamanisms, it is noteworthy that modern western shamanism—at least in its more New Age emphasis (Hammer: 136– 139)—tends to deny the reality of intrinsically nefarious spirits. Furthermore, it is oriented toward personal and spiritual empowerment among practitioners. Hence, the role of the community is of less importance than it is in shamanism's more traditional context. But despite these points of comparison (and contrary to Hammer's oversimplification), Piers Vitebsky's remarks are certainly correct: It is no longer possible to make a watertight distinction between "traditional" shamanistic societies (a mainstay of the old ethnographic literature and of comparative religion), and the new wave of neo-shamanist movements...

Source: Von Stuckrad (ibid.)

The FSS & Its Program

In 1979, Michael J. Harner, who had earned his Ph.D. in anthropology at the University of California, Berkeley, founded the Center for Shamanic Studies. Having resigned his professorship—at the New School for Research in New York—Harner Social renamed this nonprofit organization in 1987 the Foundation for Shamanic Studies (FSS). Subsequently, an international network was established in order to secure the quality of the teaching, to enable grassroots work, and to distribute literature, music, and shamanic paraphernalia. Today, the FSS is present in industrialized countries around the world, but its major branches are located in North America and Europe. The constitutional aims of the foundation are threefold: preservation of shamanic cultures and wisdom around the world, study of the original shamanic peoples and their traditions, and teaching shamanic knowledge for the benefit of the earth (Uccusic: 269-273). This last point in particular has raised some dispute because the FSS even offers scholarships to natives to regain their own shamanic heritage.

The shamanic journey is designed as a means to communicate with those layers of reality that are not accessible in normal states of consciousness. Considering all things alive, the shaman tries to learn the language of different entities, and in nonordinary reality she or he is able to talk to them in order to get advice or help. It is this communicative aspect that Joan Halifax has in mind when she says, "The sacred languages used during ceremony or evoked in various states of consciousness outside culture (if we are Westerners) can move teller, singer, and listener out of the habitual patterns of perception. Indeed, speaking in the tongues of sea and stone, bird and beast, or moving beyond language itself is a form of perceptual healing" (92).

".....first step—and, therefore, the obligatory basic course's content—is to learn the shamanic journey. By beating a large frame drum, an altered state of consciousness (not necessarily a trance) is induced, enabling the participants to send consciousness's focus through an entrance from this visible—reality into the lower or upper world...." Von Stuckrad, op. cit.

ENTHEOGENS AND PLANT SPIRIT SHAMANISM

While some like R. Gordon Wasson and Terence McKenna advocate for the use of entheogens in personal explorations, Michael Harner has often expressed the opinion that the shamanic explorer can achieve similar, safe and reliable results using the consciousness altering monotonous percussion of the drum. Plant products while useful are more than simple chemical substances in the shamanic model; they are beings with consciousness themselves and extensive preparation and supervision are critical in their use. Many who have ingested them without the proper initiations and guidance have experienced a kind of soul interference from the spirit of the plant that has required shamanic intervention to correct.

In many parts of the world, the shaman is the consummate herbalist. He is keenly connected to the web of life and plants are an integral part of his work. Elliot Cowan in his book Plant Spirit Medicine and Mark Plotkin in his book Tales of a Shaman's Apprentice expound on the significant relationships shamans have with plants and their efforts to learn from and communicate with them. Each relationship is idiosyncratic; what one plant says or how it can be used by one shaman may be very different for another. What is important is that the shaman can cultivate relationships with members of the plant kingdom who are his living allies.

According to Cowan, one doesn't have to travel to the jungle to begin this process. The plants one finds locally are many times as potent as those at a distance. And size or delicacy is not an indicator of strength. One of the

ways plants can teach is to shake humans out of their human-centric view. They help us to understand that there are others alive in the world with gifts, yes, but also with destinies of their own.

SOUL RETRIEVAL

A method of healing that was popularized by Sandra Ingerman is the soul retrieval. Although she brought this technique into mainstream through her book of the same name, the shaman has had this means at his disposal for tens of thousands of years. The shaman knows that trauma can cause the soul, parts of the soul, or power to leave the body as a strategy for selfprotection. The shaman also knows that people can give their soul, parts of their soul or power away. A person who has lost soul/power via any means is not whole in a spiritual sense and can experience a less than fulfilling existence until this wholeness is returned. Using many techniques from calling the soul back, to a journey out into the cosmic zones to find the lost pieces, the shaman acts compassionately to recover the essence of the living person, ultimately bringing back power that was lost. The focus of this work is not on the trauma to the person or the soul, but rather the reestablishment of a healthy, whole life through the integration of this power into daily living.

As a healing practitioner, the shaman can be confronted with localized pain and illness. Like an allopathic physician, he will often extract the cause of the pain to bring relief. In the shaman's world, the cause is called an "intrusion," something spiritual that has entered into the body of a person and doesn't belong there – a kind of spiritual splinter. It is misplaced power. To undertake the removal, the shaman uses his ability to see, that is, to perceive in a non-ordinary way, to find the intrusion, remove it and disempower it. These spiritual objects may appear to the shaman in many different ways, but according to each shaman's system of experience, the intrusion will be recognized and then removed to a place where its power can no longer cause harm. Many intrusions cause physical distress, but also, the ethnography has examples in which intrusions can cause mental, emotional and spiritual distress, sometimes leading to death. The shaman stands in the center of many relationships with beings in ordinary and non-ordinary reality. One of the preliminary contacts he may make is with a spirit that presents itself in the form of an animal. Many traditions have longstanding associations with animals calling them guardian spirits, totems or familiars. Regardless of the term used, it is this spirit helper who performs many tasks at the behest of the shaman. The shaman recognizes his role as the vessel of power. It is not he who is making the miracle or discovering hidden knowledge. It is his spirit helper doing the work and he, the shaman, is merely a conduit. Power animals, like their ordinary world counterparts, have their own personalities and characteristics. Size is not a sign of strength or lack thereof. As in all relationships, it is critical for the shaman to show respect for his helping spirit and to pay attention to the relationship.

There are many paths one can take when one undertakes the study of shamanism. According to an article by Stanislav Grof, there are four paths or ways: the way of the warrior, the way of the adventurer, the way of the healer and the way of the teacher. These distinctions are not sharp and, according to Grof who synthesized them from the work of Serge King and Angeles Arrien, there can be an overlap. The work of the Foundation for Shamanic Studies emphasizes the way of the healer. Through the use of core shamanic techniques such as extraction and soul retrieval, the intention of the shaman is to return the client to a state of well-being.

COSMOLOGIES

Mircea Eliade in his book Shamanism: Archaic Techniques of Ecstasy identifies three cosmic zones as evidenced in his vast research of shamanic cultures. These three zones according to Eliade are: sky, earth and underworld. These three zones are connected by a central axis – the axis mundi – and the pre-eminent activity defining the shaman is his ability to pass from one zone to another: the shamanic journey. Some traditions use the image of a World Tree to classify these same zones: crown, trunk and root. In current shamanic language there is: Upper World, Middle World and Lower World. Some shamans specialize in travel to a particular zone.

HEALING AND CURING

One of the best ways to understand the difference between healing and curing is a quote from Boiling Energy by Richard Katz. "A healing seeks to reestablish the balance in the individual-cultural-environmental gestalt. One expression of this new balance might be a cure, relief of symptoms. But the person being healed could also die, and a new balance can still be established, a healing accomplished. As the Kung say, sometimes it is proper for the spirits to take a person away." Simply put, a cure is an alleviation of symptoms while a healing involves balancing an individual's relationships in the grander cosmic context. The shaman, on the path of the healer, works simultaneously to effectuate cure and healing.

NEO-SHAMANISM IN BRAZIL

The neo-shamanic movements are ideologically grounded in romanticized nature spiritualities, which in Brazil have their historical roots in the Nativist movement in Arts and Literature of the 19th Century. That movement represented the Brazilian Indian as both an idealized free being but also a "race in extinction". The images of indigenous spiritualities that neoshamanic movements in Brazil have projected today are not even of Brazilian Indians but rather idealized Lakota and Hopi Indians of the Plains region in the US.

If we look closely at the artistic representations of the natural world and cosmos produced by Leo Artese, a Brazilian neo-shamanic leader, we can distinguish the vision of 'nature' neo-shamanism has contrived. It reflects an "expressive individualism" that sociologist of Religion Robert Bellah discusses as characteristic of New Age spirituality in general. Bellah highlights the danger that expressive individualism may present when it comes to articulate with utilitarian individualism, to which it was originally a response. When expressive individualist-inspired religious symbols and practices 'become mere techniques for 'self-realization,' then once again we see utilitarian individualism reborn from its own ashes.'

REVIEW TABLES ON SIMILARITIES AND DIFFERENCES AMONGST TRADITIONAL SHAMANISMS, NEO-SHAMANISMS & CORE SHAMANISM

CONTENT:	CORE Shamanism	NEO-SHAMANISM	TRADITIONAL SHAMANISM / HERBALISTS
1. SOURCES OF INSPIRATION	Harner & FSS; Sandra Ingermann; Transpersonal Psychology; Fieldwork with native shamans;	Mircea Eliade, Joseph Campbell, Castaneda, Primitivism (noble savage); Eastern traditions (Hindu, Buddhist, Sufi); eclecticism from New Age movements; Entheogenic traditions	Baniwa jaguar shamans (cosmology, child of the Sun, Sorcery, priestly chanters, healing prayers, remedies blessed by shaman; guardian of food resources; protector of village)
			Maya x'men (Popol Vuh, extant sacred texts); herbalists ; midwives; snake doctors; diviners; daykeepers; Bone-setters;
2. OBJECTIVES, PURPOSES	Cross-cultural denominators of shamanism; Reacquire access to rightful spiritual heritage; quality courses instructing Spiritual techniques, not a religious concept; Assisting indigenous societies to continue their traditions, recognizing outstanding healers	Spiritual realization and fulfillment; "Individualist" (Townsend)	Baniwa: counteract sorcery; protect against spirit- attacks, assault sorcery; guarding the resources of the cosmos; 'blessing' the world making it safe for new generations; revitalization Maya: Channeling of 'ch'ulel (ool), vital energy, life-force; Harmony and balance in the body; Hot/Cold as organizing duality; divination by pulse;

4. KINDS OF HEALING THERAPY/ PRACTICES	Rhythmic instruments, sonic driving, slight ASC, to focus on Non- ordinary Reality; asking advice or help from spirits to heal oneself, other people,	Varies with each group; group therapy on model of Esalen Institute; Council on Spiritual Practices; psychoactives;	B: prayers, extraction, chants, spells, collective healing rites (patients-healers- spirits/deities-allied spirits/enemy spirits; plant remedies; dietary regimes post-cure;
	animals, places; Extraction, <u>soul</u> <u>retrieval</u> , psychopomp; divination; dreamwork; no use of entheogens;		M: prayers; soul journeying; ceremonies at altars in mountains; burning copal, sacrificial blood offerings to deities/saints in order to request their assistance against sorcery; indigenized popular Catholicism; divination by consumption of entheogens; extensive knowledge of plant properties, combinations of hot & cold ; healing is a team process (spirits, plants, healer & patient)
5. PRACTITIONER TRAINING	3-year intensive training course; thematic workshops; 5- day or longer intensives; interpersonal relations	Self-styled gurus; often marketing entrepreneurs; Students of indigenous shamans (e.g., Brant Secunda)	B: 10 year celibacy; divided into basic and advanced training with intermediary period of evaluation; master/apprentice relation; death-and-rebirth experience; direct contact with divinities; M: reverence for plants; MORE

6. COSMOLOGY	Helping spirits; power animals; Ordinary reality vs. Non-ordinary Reality; Three-tiered cosmos	Eclectic: pantheistic/panentheistic (eternal animating force behind the universe; God is beyond the universe)	B: Highly developed structure of multiple worlds above and below This World: shamanic beings predominate on top; spirits of nature, ancestral souls, netherworld of dead; importance of the World Center for healing; healing is opening door to Other World, bringing it into healing circle M: deities of Medicine; Highly developed structure of multiple worlds above and below this world; importance of World Tree the sacred ceiba as vertical axis ; importance of plants as symbols of death and rebirth
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Woman shaman performs a ritual to the spirits of the waters. Nickolai Repritskii/Shutterstock.com

Reading: Townsend Core Shamanism and Neo-Shamanism

Joan Townsend

"Core and Neo-Shamanism" by Joan Townsend from Shamanism: An encyclopedia of world beliefs, practices, and culture, Volume 1, Mariko Namba Walter and Eva Jane Neumann Fridman, eds. Copyright © 2004 by Mariko Namba Walter and Eva Jane Neumann Fridman. Republished with permission of ABC-CLIO, Inc.; permission conveyed through Copyright Clearance Center, Inc.

For centuries, both in Europe and North America, people have been on spiritual quests for meaning, transcendence, and healing. This search has become more intensive at various times in history, and the modern mystical movement (Townsend 1988) of the late twentieth and early twenty-first centuries is one of the most recent examples.

Within the mystical movement there are two forms. In group movements people are subject to that group's doctrine; individualist movements are structured as fluid networks—individuals create their own meanings based on a variety of sources (Townsend 1999a, 224). Modern individualist movements include the following broad categories:

- 1. New Age, which emphasizes such things as trance channeling, tarot, reincarnation beliefs, and astrology
- 2. Neopaganism, positive witchcraft, Wicca, Goddess religion, and groups that focus on the earth as a living organism
- 3. Modern shamanic spirituality, consisting of Core Shamanism and Neo-Shamanism

Those who practice Core and Neo-Shamanism object strongly to being included within a generic New Age category. Although some practitioners,

especially of Neo-Shamanism, do overlap with Neo-paganism and occasionally with New Age. to include them as merely one subset of a larger category seriously obscures the uniqueness of these explorations.

Core and Neo-Shamanism are especially appealing for people on quests for transcendence and healing because they offer the potential for direct contact with the spirit world. At least part of their inspiration is drawn from "traditional shamanism." a term used here to designate shamanism practiced in a society over a long period of time and considered a continuous cultural presence (Hoppál 2000, 89). Traditional shamanism can be observed among some indigenous societies in various areas of the world, particularly the Arctic and Subarctic, North America, and Asia; it occurs within a variety of cultures and belief systems. (For a detailed discussion of traditional shamanism into Core or Neo-Shamanism by people within modern Western belief systems is a comparatively simple matter (Brunton 1999, 233; Harner 1980; Townsend 1988).

Belief System

The belief systems of Core Shamanism and parts of Neo-Shamanism are similar. Their paradigms maintain that sentience and interconnectedness permeate the universe. Like traditional shamans, Core and Neo-Shamans believe that there are two realities: the ordinary material reality of conscious, waking life and alternate (nonordinary, or spiritual) reality, which is peopled by spirits, souls of the dead, deities, transcendent powers, and other entities. Usually alternate reality is conceived or as having three layers: the Lower World, the Middle World (which occupies the same space as ordinary reality), and the Upper World. By entering an altered state of consciousness one can travel in alternate reality to various levels of the spirit world to gain knowledge and help and healing for people in the material world. Further, what happens in alternate reality can affect material reality (Townsend 1988; 1997a, 437).

Very important in addressing Core and Neo-Shamanism is the fundamental epistemological quandary dealing with questions of the source of misfortune (and evil, if such exists), death and the afterlife (if there is one), and the nature of reality: whether there are deities and spirits separate from the individual, or whether the individual is part of an undifferentiated oneness. These crucial questions underlie many of the beliefs and actions within the movement.

Traditional shamanism is clearly dualistic, though it has animistic elements, as well a belief in interconnectedness at some level. Humans, deities, and spirits are independent entities, and their relationships with each other often reflect worldly social interactions. Those relationships can sometimes be seen as a cosmic battle with evil in the form of dangerous spirits and witches. Core Shamanism, which is also dualistic in the sense that spirit and matter are distinct, does not stress the good/evil dichotomy of traditional shamanism, although that dichotomy is present. The emphasis in Core Shamanism is on helping and protecting one's self and others. One of the prime rules is not to use shamanic knowledge to attack or harm others; that is sorcery and is forbidden. In advanced Core Shamanism, ways to guard against intentionally or unintentionally caused dangers are addressed.

This dualistic perspective contrasts with much of Neo-Shamanism, Neopaganism, and New Age, all of which have monistic or pantheistic approaches to reality. The universe is usually conceived of as friendly or benign; there is no dichotomy between good and evil. Another aspect of the contrast of traditional shamanism and Core Shamanism with Neo-Shamanism, Neo-Paganism, and New Age is epistemological. It concerns the source of authority. For traditional shamanism and Core Shamanism, knowledge and direction come from spirits. For the others, knowledge and direction come from "within," from one's higher self, inner voice, or inner wisdom. It should be noted, however, that within Neo-Shamanism, Neopaganism, and New Age there is a range of beliefs on these matters. In keeping with the individualistic stance, one's personal epistemology may vary to some extent from generally held positions.

History

The two primary catalysts for modern shamanic spirituality are Carlos Castaneda and Michael Harner. Beginning in 1968, Castaneda wrote a series of books describing the beliefs and the magical practices of Don Juan, supposedly a Yaqui (of northern Mexico) brujo (sorcerer or witch). Particularly fascinating to readers were Don Juan's journeys into alternate reality. Although the validity and authenticity of Don Juan and his adventures have come under severe questioning, and most knowledgeable people feel that Don Juan was a figment of Castaneda's creative imagination, his works still make an impact on the Neo-Shamanism segment of modern shamanic spirituality.

Michael Harner is a professional anthropologist who conducted extensive research in shamanism and other aspects of the Conibo and Shuar (Jivaro) cultures of Amazonia in the late 1950s and 1960s and undertook further research among other societies that had shamans. He began to give workshops in Core Shamanism in the mid-1970s and published his definitive Way of the Shaman in 1980.

It was not long before a range of so-called teachers, medicine men, ersatz shamans, and others who supposedly had esoteric shamanic knowledge began to offer their versions of the new shamanism. Still, Core and Neo-Shamanism are the main forms of modern shamanic spirituality.

Both forms are leaderless, in the sense that there is no ongoing controlling presence of an individual; no one is a "guru" who dictates what one can or cannot do or believe. There are a few minor organizational structures around an individual who has created a specific method or ritual system (for example, Brant Secunda's Dance of the Deer Foundation and Michael Harner's Foundation for Shamanic Studies, mentioned below), but they are very limited in their controlling ability. Leaders in this movement are for the most part simply knowledgeable people who organize and teach workshops, lead pilgrimages, and help perpetuate the broad general character of the version of the movement they support.

Core Shamanism is a conservative, purist approach to shamanism. Neo-Shamanism uses metaphorical images and idealized concepts of shamanism, which are often joined with beliefs and diverse rituals that have little to do with traditional shamanism. There are some areas of overlap between the two forms, but their foci are distinct. The leaders of Core and Neo-Shamanism work within their own system. Seekers are often more versatile (Townsend ms).
Core Shamanism

Michael Harner is the creator and remains the prime mover of Core Shamanism. It is an experiential method based on his ethnographic research, a method that distills the core elements that have real time depth and are found in traditional shamanism cross-culturally. It creates no additional mythology or theology, nor does it incorporate specific beliefs, ceremonials, or other aspects of any indigenous people's culture, although specific ethnographic examples may be referred to as illustrations in teaching (Conton 2000; Harner 1980; Townsend 1999a, 1999b, ms). Consequently, it should not be accused of stealing the spiritual traditions of indigenous peoples. The method is taught in workshops given by Harner or those certified by him; the workshops teach both introductory and advanced methods.

The basis of Core Shamanism is the journey into alternate reality, through the stimulus of drumming. Drum beats vary between about 205 and 220 beats per minute according to the needs of the journeyer (Harner 1980). Hallucinogens are never used, and it is this drug-free aspect of attaining an altered state of consciousness that has made the method especially appealing. In alternate reality journeyers can contact their helping spirits as well as other spirits and the dead, explore the reaches of alternate reality, gain knowledge, and heal others with the assistance of spirits. Traditional shamans' power, and the power of shamans trained in this method, lies in the ability to contact spirits and enlist those spirits to help them accomplish their goals (Townsend 1999b, 115).

Harner eschews becoming an authoritative guru and encourages seekers to discover their own paths through journeying and to learn what lies in alternate reality from the spirits (Townsend 1999b). The real teachers are those in alternate reality; he provides only a method of contacting them. For the conscientious Core Shamanism student, this approach provides a freedom to learn directly from spirits. At the same time, it opens up a freedom to diverge from the pure Core Shamanism method and incorporate unrelated systems.

The journey differs from other methods of altering one's state of consciousness. Loud rhythmic drumming strongly contrasts with quiet

meditation, guided imagery, or chanting. Both Core Shamanism and traditional shamanism stress the reality of alternate reality and seeing in that reality. Meditation and other methods usually consider visions as some form of illusion or as originating in the mind of the seeker rather than actually existing in any alternate reality. There is considerably more interaction with spirits in Core and traditional shamanism. In meditative systems, if spirit illusions are dealt with at all they are considered unimportant or a nuisance (Townsend ms). Leilani Lewis (1991, 3; also Grimaldi 1997, 4–9) observes that the journeyer sets the objective of the journey; the journeyer is not guided or "pre-programmed" by an instructor. The teachers one meets in alternate reality are actual spirits, not one's "inner self."

As in traditional shamanism, the belief is that illness is caused by the loss of a spirit helper (such a helper being essential if one is to survive), by soul loss, or by spirit intrusion. It is the healer's job to travel to alternate reality to retrieve the patient's spirit helper or lost soul and return it. If the problem is intrusion, the healer must go into alternate reality in order to determine the cause and then remove it, usually by the traditional shamanic method of sucking out the object and disposing of it. Core Shamanism and traditional healing techniques require considerable effort and focus (Harner 1973, 1980; Grimaldi 1997; Townsend 1997a).

In 1985 Harner established a nonprofit educational Foundation for Shamanic Studies. With proceeds from workshops and memberships, the foundation sponsors basic and applied shamanic research in areas where traditional shamanism is threatened. The goals are to salvage shamanic knowledge before it disappears, and where possible assist existing shamans in the preservation of their traditions. With regard to the latter, some shamans in Siberian, Native American, Inuit, Saami (Lapps), Nepalese and other societies have petitioned the foundation to help them to regain and perpetuate their systems. While it is unlikely that lost or fading traditions can be regained in their entirety, reviving and developing what remains can also contribute to a resurgence of ethnic pride and meaning (Townsend 1999a, ms).

While active face-to-face "groups" are not a formal part of Core Shamanism, small drumming circles do exist almost anywhere Core Shamanism is taught. These groups are autonomous, and although they are sanctioned and encouraged by Harner and his foundation, the foundation does nor control them. People who have taken at least the introductory course may meet weekly or once or twice a month for journeying using drums and for healing. Some have considerable time depth, having been active for a decade. In 2000, foundation-recognized drumming circles existed in thirty states in the United States, with the east and west coasts having the largest number. Drumming circles also existed in six Canadian provinces, Argentina, Belgium, Denmark, England, Finland, France, Netherlands, Scotland, Sweden, Japan, Australia, and New Zealand (Conton 2000; Shamanism 2000: 94–96). In the Germanic countries in 2001 there were fifteen to twenty drumming circles in Austria, ten in Germany, and fifteen in Switzerland (Harner, personal communication, August 2, 2001).

Some people take Core Shamanism workshops and remain completely within that system. Others also become involved in diverse activities and move toward some version of Neo-Shamanism or Neopaganism. In that case the Core Shamanism method then becomes merely one of many elements employed (Townsend 1999a, 225).

Neo-Shamanism

The amorphous, eclectic nature of Neo-Shamanism makes it difficult to characterize. In contrast with Core Shamanism, there is more emphasis on rituals, other often nonshamanic activities, and a tendency to of Neo-paganism and aspects incorporate aspects of New Age. Authoritative sources are diffuse. Castaneda never taught, except to a small group near the end of his life, but many have been influenced by his books. Other sources of inspiration are workshops, the Internet, and a plethora of literature. Although Neo-Shamanism draws from some traditional shamanism, it emphasizes Western idealized and metaphorical images of the shaman as an all-wise hierophant, a mystic, a guardian of the earth. The shaman exists within a broader idealized unchanging "primitive" or "native" ethos. These important symbols, "nature," the "native," and the "primitive," exist within the old ideology of romanticism, which encourages searching for spiritual guidelines among peoples, especially Native North Americans (Townsend indigenous 1999a, 228; ms). In contrast to practitioners of Core Shamanism, NeoShamans tend to rely on calling spirits to them rather than undertaking journeys to spirits in the spirit world. This approach reflects Neo-Shamanism's greater involvement with real or assumed Native American cultural systems. Healing of one's self or others may be undertaken. Healers may use rituals or other techniques in addition to or instead of traveling into alternate reality.

A variety of pseudoindigenous "shamans." "medicine men," and others claiming access to esoteric knowledge have become more active recently, conducting workshops or giving talks. Another recent prominent feature is the pilgrimage in which a group of seekers is led to "points of power" or native villages. There they perform "shamanic" rituals, hoping to gain more spiritual empowerment and perhaps get in touch with their "heart's spirit." Some of these activities take on an element of New Age practice. Pilgrimage destinations include Mount Shasta in California, the southwest United States, Mexico, Hawaii, China, Tibet, Nepal, Alaska, and southern France.

Related to the pilgrimage is the use of psychoactive compounds to induce altered states. Recently some Neo-Shamans have begun to travel to the Amazonian area, either on their own or as part of a pilgrimage led by someone claiming to be a shaman. There they experiment with various hallucinogens, including ayahuasca (yajé), amanita muscaria mushrooms, and San Pedro cactus. Concerns have been expressed regarding the dangers of the uninformed use of such drugs, particularly in the hands of ersatz shamans (Townsend 1999a, 228–229; see the journal called Shaman's Drum for papers addressing the phenomenon).

Modern Shamanic Spirituality

Modern shamanic spirituality whole is democratic as a а movement; authority is vested in each individual because sacred knowledge is held to be experiential, not doctrinal. Individuals can create personal information belief systems based on spirits during gained from journeys and from workshops, literature, and other sources. In a movement such as modern shamanic spirituality, it would be almost impossible to limit access to sacred knowledge because of the variety of media and network information systems available, the individualistic

nature of the movement, and the fluid relationships between leaders and seekers (Townsend 1999b, 117).

There is a continuum in modern shamanic spirituality from the deeply sincere to the dabbler who searches for the newest esoteric fad. "Traditionalists" adhere to Core Shamanism with minimal additions. "Modernists" blend Core and Neo-Shamanism, some elements of traditional shamanism, and additions from other healing and spiritual practitioners. Rather than trying to follow traditional shamanic systems closely, modernists focus on applying an idealized, often invented, form of shamanism to daily life and to psychotherapy. At the far end of the continuum, "Eclectics," the more extreme segment of Neo-Shamanism, glorify the idealized "native" and "shaman" and integrate a range of unrelated, often invented rituals and beliefs not related to shamanism such as chakras, astrology, and crystal healing. Some eclectics consider themselves to be shamans; some, such as artists or other "creative" individuals, suddenly realize they are shamans, although they were not previously aware of it. Indian—who try to involve themselves in indigenous cultures, enjoy dressing up like idealized Indians, and take on pseudo-Indian names such as Running Fawn or Brave Wolf. These practices raise the ire of the native people. These last two types may also include aspects of Neopaganism in their world view (Townsend 1999a, 225; ms).

eschatological, Nonviolent nativistic, apocalyptic, and millennial themes (Townsend 1984) appear in modern shamanic spirituality, as they do in Neopaganism. Humans and the earth are in grave danger. This is partly due to the West's loss of transcendent awareness and loss of connection with nature and the spirit world. These crises must be dealt with quickly, or there will be a catastrophe. "Shamanic cultures" have retained this connection and are the keepers of the mystical knowledge that will prevent catastrophe and create a saner world. Part of the mission of modern shamanic spirituality is to world's destruction prevent the bv rekindling the lost spiritual awareness. This mission entails learning from indigenous people and carrying on activities in the spirit world that will save our material world (Townsend 1999b, 116-117; ms), The current global warming fears and other environmental problems have added fuel to this concern.

Spread of Core and Neo-Shamanism

In the past, people who held beliefs that deviated from the accepted norm gave up their beliefs, kept quiet, or were ostracized. They might retain their beliefs if they found others nearby who shared them. Today there is more openness to deviant beliefs, and face-to-face verification of beliefs is not necessary. Modern shamanic spirituality is a fluid network. One can gain access to new beliefs, to a virtual community, and to belief verification through a plethora of books, magazines, specialty bookstores, radio and television programs, workshops, pilgrimages. recently and importantly, the Internet. Web sites provide and most information, chat groups, e-mail, and lists to which one subscribes in order to discuss relevant issues, rather than simply being on the receiving Strong cyber-friendships are sometimes formed. end. The Internet reaches throughout the world, and so supports the globalization of the movement, which appears to be expanding exponentially (Townsend 1997b). Although the development of both Core and Neo-Shamanism seems to have initially stemmed from North America, as a result of all these factors they have rapidly spread through much of the First World.

In Europe, especially in Germany, a form of "Scientific Neopaganism" and Nordic pagan revivalism has been evident since at least the 1920s (Poewe 1999). In the last thirty years, partly from a desire to find a spiritual heritage in one's own culture and partly because of indigenous people's anger at real or assumed usurping of their traditions, there has been a rise in the search for European shamanic traditions, notably Nordic and, most recently, Celtic.

Harner began his European teaching of Core Shamanism in Germany in 1978 and continued his personal activities there until 1985. Core Shamanism actively continues in the Germanic countries today (Harner. personal communication, August 2, 2001).

During the middle 1980s some people claiming to be North American Native shamans or medicine men of various kinds traveled in Europe professing to teach "Native American wisdom." The alleged medicine man. Rolling Thunder, who claimed to be Shoshone or Cherokee, held a seminar there. Another ersatz spiritual leader, Harley Swift Deer (supposedly of Cherokee and Irish heritage) who came to Europe about 1984, seems to have developed a particularly large following, which has continued through 1997 (Kehoe 1990, 201; Lindquist 1997, 25–48). These people purveyed pseudo-Native American rituals such as sweet grass, the Sun Dance, and other conglomerations of pieces of Native American rituals and newly invented ones.

In Scandinavia, especially Sweden, the desire to integrate Nordic shamanism with Core and Neo-Shamanism has been especially strong. The Swedish Association for Nordic Shamanism—Yggdrasil (world tree)—was created in the mid-1970s and has published its magazine Gimle since 1976. The first issue briefly commented on a Nordic kind of shamanism and gave a complete list of Castaneda's books. Early issues also included information on non-shamanic traditions, including Druidism, the Arthurian legend, Hinduism, Yoga, and Tantra. In 1982 Yggdrasil became more directly associated with Nordic shamanism, especially the Nordic seid, or sejd, a séance used for divination and problem solving. No journeys to alternate reality were undertaken until Michael Harner visited in 1983 (Lindquist 1997, 23, 29–31, 131–174). In 1986 his representative in Denmark. Jonathan Horwitz, began teaching and has been particularly influential. In 1993 Horwitz's association with Harner was severed, and he has continued to teach on his own (Lindquist 1997; Harner personal communication. August 2, 2001). Presumably he still adheres to much of Core Shamanism.

Core and Neo-Shamanism manifest differently in Europe than in North America. Boundaries between the two seem blurred in Europe. Some take Core Shamanism workshops and continue within that movement, but it appears that there is a greater tendency in Europe to combine Neo-Shamanic systems, Nordic or Celtic "shamanism," and Neopaganism. Then the blend is lumped under the rubric of Neo-Shamanism. Of course, there is a strong feeling among the North American Core-shaman participants (and especially Michael Harner) that there are major distinctions to be drawn; Core shamans do not want to be classed with the larger, more amorphous Neo-Shaman movement or other spiritual forms in North America or in Europe.

One of the distinctions between North American and European, particularly Swedish, activities is the greater degree of face-to-face interaction in the latter. In North America, Core shamans tend to work independently or to participate in small drumming circles, usually of about eight or ten, discussed above. In Sweden, however, there seems to be a tendency to form some more formal groups.

For most Swedes, Core Shamanism, particularly the journey, is one of the tools used; then rituals are added, including annual Nordic celebrations and practices presumed to be Native North American, such as sweat lodges, sun dances, vision quests, and so on. The practitioners join with others to create local communities and establish sacred localities within a local shamanic cultural milieu (Lindquist 1997; Harner personal communication. May 17, 2001). Harner agrees that it is likely that the Scandinavian version of shamanism is not pure Core Shamanism as he teaches it but is a merging of Nordic mythology and rituals with some input from the itinerant alleged Native North American medicine men who traveled in Europe (Harner personal communication, August 2, 2001).

Unfortunately the ersatz teachers of "authentic" Native American shamanism and their ritual and belief systems have made a major impression on not only Europeans but also North Americans. This influence has created tremendous anger among many Native Americans. Further, some of these inventions have found their way back to Native people, who at times take them to be "real," "traditional" Native spirituality with considerable time depth. There is a danger that these inventions may become fixed in the literature as valid ancient traditional Native spirituality rather than recent inventions, a few of which may hold some value for the Native people (Townsend 1999a).

Globalization

U.S. citizens still make up the majority of practitioners of shamanic spirituality, although precise numbers are almost impossible to obtain. Membership lists of the Foundation for Shamanic Studies may give some idea of the numbers of those in various geographical areas who are deeply involved. Of a total of 1,696 individuals who volunteered to allow their names to be listed on the 1994 membership list, 86 percent were Americans and 13 percent were from the rest of the world (Canada, Mexico and Central America, South America, Europe, Middle East, Asia, Australia, and New

Zealand). A tentative estimate based on a small sample from one shamanism Internet list, which draws from Neoshamans as well as Core shamans, indicates that non-Americans represent about 25–28 percent of the active list participants. The total number of subscribers to the Internet list (both participants and lurkers) is difficult to ascertain. Those who actively participate are probably only a fraction of those who subscribe to the list. Where nationality could be determined, countries represented on the list were the United States, Canada, Norway, Denmark, Finland, Britain, Russia, Portugal, Australia, South Africa, Brazil, and Argentina. There are many other lists, chat rooms, and Internet sites, so these figures are only a very gross approximation (Townsend 1997b). Lindquist's (1997, 288) guess is that there are perhaps between 200 and 300 people in Sweden with some involvement in what she calls Neo-Shamanism.

The globalization of shamanic spirituality is limited primarily to middleclass people of First World countries. Those who are not financially well-off, wherever they arc, have little or no access to individualist or group new religious movements. Several factors restrict the involvement. Workshops do cost money, and English is the main language for written materials and the Internet. The Internet is expensive and not always available to people in Third and Fourth World countries. Globalization of belief systems is still a phenomenon of the economically well-oft and residents of the First World (Townsend 1997b).

The Future of Core and Neo-Shamanism

There are threats to the survival of both Core and Neo-Shamanism. As more and more people become involved throughout the world there is the danger that there will be more grafting of beliefs and rituals that are borrowed from other systems or invented outright. Another threat to the movement is the propensity of some practitioners of Neo-Shamanism to put forth as authentic ancient traditional beliefs and rituals of Native Americans and other indigenous people that are in fact recently invented and miscellaneous fragments of systems; this deception is practiced for notoriety and profit by a few ersatz spiritual leaders. When seekers begin to realize the shallowness of some of these leaders and their practices, it may jeopardize the movement as a whole.

Modern individualist movements have been heavily criticized by both laymen and academics as examples of the shallowness and superficiality of today's supermarket society, which expects instant answers for profound epistemological questions and practices that require little effort. Although this assessment may be true in some cases, for the most part it is an unfair evaluation. Those who are involved in the individualist movements as a whole, especially shamanic spirituality and Neopaganism, are mature, middle-class, well-educated people, who may have families, and often are in positions of influence or power in society. These are the people who have the potential to bring about social change as well as changes in belief systems. There is a strong possibility that the leaderless individualist movement will persist and spread, at least in Western society, and become a catalyst for social and religious change much more powerful than any organized new religious movement can be. This development was predicted at the turn of the twentieth century by Ernst Troeltsch (1931). That it is becoming a global phenomenon among First World countries is already clear (Townsend 1988, 73, 81; 1997b; 1999b, 117–118).

Importantly, Core and Neo-Shamanism provide the potential for transcendent experiences. The experiential element can have a much more profound effect—a true knowing—on those seeking answers than detached intellectualizing or hearing about the experiences of others (Townsend 1988, 82). Finally, shamanic spirituality may represent a practical or folk religion that focuses on producing important and desired transformations in people's lives. The consequence for people involved is the critical element, rather than what the belief system asserts (Buchdahl 1977; Carter 1996; Townsend 1999a, 226).

Joan B. Townsend

See also: Art and Shamanism; "Celtic Shamanism": Pagan Celtic Spirituality; Cross-Cultural Perspectives on Shamans; Drumming in Shamanistic Rituals; History of the Study of Shamanism; Neo-Shamanism in Germany; Nordic Shamanism; Paganism in Europe; Pilgrimage and Shamanism; Russian Shamanism Today; Soul Retrieval; Tuvan Shamanism; Urban Shamanism

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A sunset ceremony for an earth new age gathering in Big Sur California spirit of america/Shutterstock.com

Module 3: Traditional Mayan Healing Life Force

Mayan priestess prepares a ritual using fire and incense relating to old Mayan beliefs May 14, 2009 in Chichicastenango, Guatemala. bumihills/Shutterstock.com



Traditional Mayan Healing (Lecture Notes 1)

Classic Mayan religion defined the dimensions of existence and the cosmic process. Cosmogony (theory of the beginning) and entropy (theory of the constant process of energy loss in the cosmos) were regarded as co-existent, and existence was understood to be a continuum between life and death. The Mayan priests, astronomers, and diviners formulated answers to such existential questions as the nature of the gods, the purpose of human life, and the meaning of the human condition. The ideas formed around these issues were not merely based on their conceptions of the supernatural world, or focused around the divine enigma of time, but also expressed deeply-rooted shamanistic concepts.

- Objects in the universe have vital essence an inner soul (ch'ulel). It is a common belief among the Maya, today, that truly important relationships in life are not those between people, or people and objects, but between the inner soul of a person and the inner soul of an object. A similar notion in the West was expressed in the philosophy of Leibniz.
- The Maya principle of polar biunity finds, in many ways, an intellectual resonance in Niels Bohr's "principle of correspondence," in which a single entity can be both matter (a particle) and pure energy (a wave); its nature is determined by its behavior at a given moment of observation.

The observation of such physical behavior is subject to laws, formulated by

Werner Heisenberg in his Uncertainty Principle, that are an inescapable property of the universe. One may wonder about the real differences between Western views on the structure and behavior of the physical universe and the dogmas formulated by the ancient Maya on the varied nature of their gods, the corresponding realities, and the several levels of existence in their universe.

COSMOLOGY

The cosmology of Mesoamerican peoples has been described as integrating the natural and social worlds into a whole (Bonfil 1996). Men and women not only live in the world but are embedded in it in such a way that every act affects the universe and everything in the universe resonates in the individual. Responsible human action is carried out with consciousness, even manipulation, of this interdependence. Successful farming, for example, depends on maintaining a harmonious relationship with cosmic forces through a series of rituals associated with preparing the soil and planting maize and its companion crops. Not only poor harvests but also illness and natural disasters can be caused by a lack of respect or falling out of harmony with these natural and cosmic forces.

"continued human existence is predicated on the maintenance of cyclic cosmic balance that both affects and reflects earthly conditions" in terms of "harmony between the physical and metaphysical worlds" (Fischer 1999:480). The notion of reciprocal balance underlies social relationships but also applies to relationships with "supernatural" spirit-owners of "the world," expressed, as in the texts presented in the previous section, in terms of the Maya idea of "respect."

Clearly related to the Classic Mayan words for divinity, k'uh, and sacred, k'uhul, ch'ulel is the Tzotzil Maya term for the inner soul specifically located in the heart and by extension, blood of people (Vogt 1969:368). Recent discussions of ancient Maya conceptions of divinity and souls have tended to focus on the importance and sacredness of blood. However, an ethereal soul centered in the heart, the ch'ulel is more than blood. At death, it is not bleeding but the utter cessation of the heart and fluttering breath that marks the end. Guiteras-Holmes (1961:296) notes the immaterial aspect of the ch'ulel among the Chenalhó Tzotzil: "It is as air; it is in the image of the body... It is the impalpable essence of the individual...". John Watanabe (1989:265) compares the Tzotzil ch'ulel to the concept of the inner soul among the Mam Maya of Chimaltenango. Like the ch'ulel, the Mam inner soul is based in the heart. However, breath constitutes the soul essence, which continues after death as an ethereal "soul of the dead" (ibid.). In Ch'orti Maya belief, the wind gods blow life-giving breath into the newly born child and remove it at death (Wisdom 1940:397), According to certain Ch'orti informants, the soul of the child derives from the east, the source of all life and goodness (ibid.:427–428, n. 93).

The concept of the breath soul is extremely widespread in both ancient and contemporary Mesoamerica, including the Maya region (Houston and Taube 2000; Taube 2001a). This soul relates closely to both scent, such as the sweet aroma of flowers and copal, and sound, especially music—ethereal qualities carried by wind or air.

The Chiapas Highland Maya have a variety of souls and parts of souls (Hermitte 1970[1950], Holland 1963, Vogt 1969, Guiteras 1961, Pitarch 1996). The two principal concepts are the ch'ulel (Tzotzil and Tzeltal) and the chanul (Tzotzil xch'ulel or Tzeltal lab) The ch'ulel resides at the heart and is necessary for life.⁴ It determines character and is sometimes described as a shadow being with the same general shape as the person. It is the seat of memory, feelings, and emotions and is responsible for dream experiences and the ability to speak (Pitarch 1996). The ch'ulel frequently leaves the body, for example, during sleep, but prolonged absence provokes illness. A duplicate ch'ulel for each living individual inhabits the interior of certain mountains under the care of the ancestor spirits.

The chanul or lab, sometimes referred to in the literature by the Nahuatl term nagual, is an animal spirit companion. It can be almost any kind of wild animal, insect, or, in some cases, a natural phenomenon such as a thunderbolt. Each person has such a companion animal, which is kept in a corral in the sacred mountain under the care of the highest-ranking "official" of the ancestor spirits and allowed out to graze during the day. Vogt (1969:372) reports that in Zinacantan each person shares a ch'ulel with his animal companion. The Tzeltal of Cancuc apparently do not share this particular belief (Pitarch 1996). In Zinacantan and many other Tzotzil-speaking communities, the ch'ulel is believed to be divided into 13 parts,

whereas in others (e.g., Cancuc) shamans are believed to have 13 animal spirit companions.

The Maya shaman treats disease essentially by religious means, through sacrifice and prayer. Human intention and behavior, either of the patient or of others in the patient's life-world, cause sickness. It is often the result of behavior, especially disrespect toward elders deviant or higherranking individuals or the "owners" of natural resources, refusal to meet obligations of reciprocity with neighbors and relatives, rejection of Maya culture and the adoption of characteristics considered ladino or foreign, refusal to speak the Maya language of the community, or the establishment of overly close relationships with people outside the curing ceremony is "socially reconstituting community. The and reoriginating" (Kapferer 1996); the shaman seeks to restore the patient's relationships to the physical, metaphysical, and social worlds-to correct the imbalance that is the root cause of the illness.

SHAMANS AND THE MOUNTAIN SPIRITS

In Chiapas Highland Maya communities, the j'ilol (Tzeltal ch'abajom) or shaman "sees" into the mountains where ancestral gods and other mountain spirits (the owners) dwell. The shaman's work is to negotiate with this kind of spirit or holy (ch'ul) being on the behalf of individuals or the community as a whole (Vogt 1969, Fabrega and Silver 1973). This function of the shaman is another cultural element in which some scholars see an expression of Maya cultural continuity (Vogt 1964, Freidel, Schele, and Parker 1992). Besides important public ceremonies such as the ones referred to above, shamans, both men and women, are often called upon to conduct curing ceremonies for the sick. These ceremonies of sacrifice and prayer involve "seeing" the Earth Lord or other mountain spirits and negotiating the return of part of the patient's collection of "souls," loss of which is always associated with disease. For many Maya of highland Chiapas, both traditional and not so traditional, the j'iloletik are virtually the only option and final recourse for the seriously ill (Freyermuth 1999).



Photo by rock altar, with copal incense burning, facing the Cuchumatanes Mountains, Northwest Guatemala. Robin M. Wright, 1973

DISCOURSE OF THE SHAMANS

"The mountain that is known as the dwelling of the gods is a sacred mountain and is the object of all possible reverence, because it is in this mountain that we find all good and evil. If the gods accept the offerings, they show it through the beauty and development of the crops. ... The gods notice the attitude of the owners of the milpas. ... Now in my town we suffer from hunger because the land does not produce. The gods have become permanently angry. They do not send occasional punishments any more, nor do they ask for offerings in order to keep providing food to the people. The elders (principales) understand that [the gods] have abandoned their dwellings forever—abandoning the farmer to his luck, because they have abandoned the path of respect and of the good, they no

longer believe in the mountains, the roads, caves, and the springs. Meanwhile we have to eat rotten corn from the CONA-SUPO [government warehouses], because now there is no maize, no beans, no vegetables. There is hunger and disease. In my village we no longer produce food."

Mayan Medicine Revolves around the Application of the following Principles:

FIRST PRINCIPLE: CH'ULEL (OR, OOL): Life Energy is everywhere and permeates everything – mountains, rivers, houses, plants, and people – and is said to be from a divine, spiritual source. (It has this in common with Eastern healing traditions where it is known as qi (or chi), ki and prana.) Ch'ulel binds everyone and everything together. It is a main goal for the Maya healer to balance the flow of ch'ulel in the body. Maya healers also maintain that praying directs ch'ulel to where it is needed.

SECOND PRINCIPLE: There is no separation between the body and soul, between the physical and spiritual realms. Ch'ulel means everything interwoven and interconnected; that the physical and spiritual are only different ends of a continuum. This means that medicine is actually all around us and within this continuum, there are spirits who can help in healing.

Sicknesses are understood to be spiritual, emotional, and physical ("psychosomatic", (Evon Vogt). Some of the most important of these sicknesses are "susto" (fright) which provokes soul-loss; "pesar" (grief or loss); "tristeza" (sadness or depression) "invidia" (envy or jealousy). 'Soul-loss' = dispirited = lack of vitality, without any will, depression.

SUSTO

Susto best translates as fright or trauma and is universally experienced by each of us at some time in our lives. Susto is one of the manifestations of soul loss. It is believed that the life force or the ch'ulel is frightened out of the body by some traumatic event. Susto can happen to infants, children, or adults and has many causes: in infants, loud noises, especially when sleeping, witnessing domestic violence, being dropped, sudden environmental changes such as moving homes, sexual abuse and incest, and abandonment. These infants are suddenly cranky, difficult to calm down or put to sleep, slap at their caregivers. Indigestion and colic are to be expected as well as skin rashes.

Susto in adults can be caused by: accidents or nearly being in an accident, rape, incest, sexual abuse, domestic violence, witnessing a murder or violent death, sudden bad news, fires, explosions, tornadoes, hurricanes, war and its consequent events, sudden falls, excessive or extended fear of loss of income, property, job. This results in sleep disturbances, indigestion, bad complexion, pale color, and overall lack of interest in life. Fear will be their constant companion and they may be plagued by frightening nightmares. The loss of ch'ulel affects the efficiency of the immune system, circulation, digestion, elimination, and nervous systems. Patients are often told that they have "some kind of heart disease," 'stress' or are written off by their physicians.

The Maya do not sharply dichotomize between "organic" and "supernatural" causes of disease—all sickness has both aspects, though in varying degrees, and both aspects must be treated if the patient is to be cured. Anyone can apply herbs or drugs, but if the nonorganic aspect is too strong only a j'ilol can heal. The secondary importance of herbs for the j'ilol was explained in an interview by a Tojolobal shaman who used many herbs not only from traditional Maya medicine but also of Chinese and European origin and was well aware of their pharmaceutical properties. The herbs were useful, he said, but what really cured patients was their "promise" — their confession of misbehavior and repentance. The example he gave was of a man suffering from alcoholism: there were herbs to help the patient recover, but if he would not keep his promise not to drink again, then the herbs alone would not cure him.

THIRD PRINCIPLE is the recognition of natural cycles and the reverence of plants. Maya healers talk with, as opposed to just talking to, plants, as do many herbalists in other traditions. Certain plants choose the healer and they develop a very special relationship. These particular plants then aid the healer in treating the sick (coherent with ch'ulel principle, that all beings

have life and therefore are subjects, not objects; the relation between healer and plant is one of subject-to-subject).

FOURTH PRINCIPLE: healing is an integrative, comprehensive approach, with the healer, the patient, spirits, and plants and Prayer working together to bring about the healing. There is no single component more important than the other.

FIFTH PRINCIPLE: Status of the Blood. As in Traditional Chinese Medicine, the use of pulses to determine imbalance in 'hot' and 'cold' states of the body is a central factor in diagnosis and treatment. A range of diagnostic elements may be determined by reading the pulse. It also may be used to divine the cause of illness.

Other diagnostic techniques: divination by reading shadows in a crystal sphere (sastun), reading kernels of corn, needles in water, eggs, animals' entrails, ashes, sparks of copal incense. Through these techniques, the healers diagnose organic and spiritual diseases alike, identify the cause and gravity of the illness, and indicate other questions about the patient's life.

SIXTH PRINCIPLE: Hot and Cold, which applies equally to illnesses, foods and plants. Fevers, diarrhea and vomiting are examples of "hot" diseases – while cramps, constipation and paralysis are examples of "cold" ones. Hot foods can be garlic, onions, pepper and ginger while cold foods would include cheese, for example. The concept of Hot and Cold is important in choosing plants to treat with, inasmuch as "hot" plants treat "cold" illnesses and vice-versa.

Today spiritualist healers are consulted, especially in urban areas, but the j'iloletik are definitely the top rank of the system. Their ability to listen to the speech of the blood in pulsing and to see and deal with the mountain spirits is considered to be a gift from God and the saints and is usually conferred in dreams. Being called in a dream is considered evidence that a shaman has the gift of healing. Some shamans even say that they have learned about medicinal plants in dreams, though most herbalists learn from others, usually their parents. The shamans are powerful stewards of a symbolic and metaphysical field that has been central to the values and norms of Maya

communities. Although religious and political change has reduced their monopoly over this field, they continue to be a significant and influential force in the affairs of most Maya communities.

COMPETITION COMES FROM COSMOPOLITAN MEDICINE

Ayora (1998, 2000) provides an analysis of the interaction of medical professionals practicing what he calls "cosmopolitan medicine" and local healers. As both these writers note, cosmopolitan medicine characterizes itself as a superior rationality, and therefore the relationship with Maya healers can only be one of subordination. However, if we consider the "path" of sick persons (Freyermuch 1993) in highland Chiapas today, we see that they have a number of choices for health care. Cosmopolitan medicine must compete with other options. At first, patients will attempt to cure their condition with homemade remedies, which may be herbs or, increasingly, store-bought medicines. They may consult a person with a reputation for "knowing plants" (Tzotzil much'u xojtikin li vomole) or knowing the remedy for a particular illness (much'u sna spoxil li chamele). If these "empirically based" remedies fail, they must choose between cosmopolitan doctors and shamans.

Maya patients appropriate health care options from a variety of sources according to their own cultural norms and values (Ayora 1998:187):

Cosmopolitan medicine fails precisely because it separates the biological from the social and spiritual worlds. A cosmopolitan healer focuses his efforts on the biological and bodily dysfunction and pays no attention to the care of the individual's soul or disrupted social relations. On the other hand, for the ill person and her relatives, it is evident that in some instances health problems are the outcome of a disorder in the social world or on the boundaries between the social and spiritual worlds. When seeking treatment for their health problems, patients take into account which practicing healers can provide the level of attention they need.

Only under the values of contemporary Western capitalist culture is it considered acceptable to isolate elements of the situated (and therefore privileged) knowledge of a Maya shaman from their social and metaphysical context and use them in the production of universal medical technologies for private commercial benefit. A new legal framework is necessary in which Indian peoples are recognized as possessing individual and collective rights, especially rights "to maintain and strengthen their distinctive spiritual and material relationship with the lands, territories, waters and coastal seas and other resources" and "to the full recognition of their laws, traditions and customs, land-tenure systems and institutions for the development and management of resources, and the right to effective measures by States to prevent any interference with, alienation of or encroachment upon these rights."¹¹ Only when nation-states are ready to recognize these rights of Maya peoples will their cultural creativity and natural patrimony be guaranteed and the world be assured of the continued contributions of a brilliant civilization.

Footnotes

^{*} This essay is based on a series of topics that are Central to Mayan Theories of Medicine.

^{4.} Many groups also speak of a third soul, the heart-bird (conceived of as a chicken or a dove dwelling in the center of the heart). The presence of the heart-bird is absolutely essential for life. There is little curing activity, apart from some preventive ritual, for the loss of this kind of soul, since it is almost immediately fatal (Pitarch 1996).

Yin and yang Anatoly Maslennikov/ Shutterstock.com



Chinese Taoist QI + Mayan O'ol (Lecture Notes 2)



(adapted from: Wikipedia)

The ancient Chinese described it as "life force". They believed qi permeated everything and linked their surroundings together. They likened it to the flow of energy around and through the body, forming a cohesive and functioning unit. By understanding its rhythm and flow they believed they could guide exercises and treatments to provide stability and longevity.

Qi, taken to be the life-process or flow of energy that sustains living beings, is found in many belief systems, especially in Asia. Philosophical conceptions of qi from the earliest records of Chinese philosophy (5th century BCE) correspond to Western notions of humours and the ancient Hindu yogic concept of prana ("life force" in Sanskrit). The earliest description of "force" in the current sense of vital energy is found in the Vedas of ancient India (circa 1500–1000 BCE), and from the writings of the Chinese philosopher Mencius (4th century BCE). Historically, the Huangdi Neijing/"The Yellow Emperor's Classic of Medicine" (c. 2nd century BCE) is credited with first establishing the pathways through which qi circulates in the human body.

Although the concept of qi has been important within many Chinese philosophies, over the centuries the descriptions of qi have varied and have sometimes been in conflict. Until China came into contact with Western scientific and philosophical ideas, they had not categorized all things in terms of matter and energy. Qi and li ("pattern") were 'fundamental' categories similar to matter and energy. Fairly early on, some Chinese thinkers began to believe that there were different fractions of qi and that the coarsest and heaviest fractions of qi formed solids, lighter fractions formed liquids, and the most ethereal fractions were the "lifebreath" that animates living beings.

Yuán qì is a notion of innate or pre-natal qi to distinguish it from acquired qi that a person may develop over the course of their lifetime.

In the Analects of Confucius, compiled from the notes of his students sometime after his death in 479 B.C., qi could mean "breath", and combining it with the Chinese word for blood (making xue-qi, blood and breath), the concept could be used to account for motivational characteristics.

"The [morally] noble man guards himself against 3 things. When he is young, his xue-qi has not yet stabilized, so he guards himself against sexual passion. When he reaches his prime, his xue-qi is not easily subdued, so he guards himself against combativeness. When he reaches old age, his xue-qi is already depleted, so he guards himself against acquisitiveness."

-Confucius, Analects, 16:7

Mencius described a kind of qi that might be characterized as an individual's vital energies. This qi was necessary to activity, and it could be controlled by a well-integrated willpower. When properly nurtured, this qi was said to be capable of extending beyond the human body to reach throughout the universe. It could also be augmented by means of careful exercise of one's moral capacities. On the other hand, the qi of an individual could be degraded by adverse external forces that succeed in operating on that individual.

Not only human beings and animals were believed to have qi. Zhuangzi indicated that wind is the qi of the Earth. Moreover, cosmic yin and yang "are the greatest of qi." He described qi as "issuing forth" and creating profound effects.

He said "Human beings are born [because of] the accumulation of qi. When it accumulates there is life. When it dissipates there is death... There is one qi that connects and pervades everything in the world."

At 9:69/127, Xun Zi says, "Fire and water have qi but do not have life. Grasses and trees have life but do not have perceptivity. Fowl and beasts have perceptivity but do not have yi (sense of right and wrong, duty, justice). Men have qi, life, perceptivity, and yi." Chinese people were aware that one can be heated by a campfire from a distance away from the fire. They accounted for this phenomenon by claiming "qi" radiated from fire. At 18:62/122, he also uses "qi" to refer to the vital forces of the body that decline with advanced age.

COSMOGONY

Heaven (seen here as the ultimate source of all being) falls (i.e., descends into proto-immanence) as the formless. Fleeting, fluttering, penetrating, amorphous it is, and so it is called the Supreme Luminary. The dao begins in the Void Brightening. The Void Brightening produces the universe (yuzhou). The universe produces qi. Qi has bounds. The clear, yang [qi] was ethereal and so formed heaven. The heavy, turbid [qi] was congealed and impeded and so formed earth. The conjunction of the clear, yang [qi] was fluid and easy. The conjunction of the heavy, turbid [qi] was strained and difficult. So heaven was formed first and earth was made fast later. The pervading essence (xi-jing) of heaven and earth becomes yin and yang.

The concentrated (zhuan) essences of yin and yang become the four seasons. The dispersed (san) essences of the four seasons become the myriad creatures. The hot qi of yang in accumulating produces fire. The essence (jing) of the fire-qi becomes the sun. The cold qi of yin in accumulating produces water. The essence of the water-qi becomes the moon. The essences produced by coitus (yin) of the sun and moon become the stars and celestial markpoints (chen, planets). —Huai-nan-zi, 3:1a/19

Traditional Chinese medicine (TCM) asserts that the body has natural patterns of qi that circulate in channels called meridians. In TCM, symptoms of various illnesses are believed to be the product of disrupted, blocked, or unbalanced qi movement through the body's meridians, as well as deficiencies or imbalances of qi in the Zang Fu organs. Traditional Chinese medicine often seeks to relieve these imbalances by adjusting the circulation of qi using a variety of techniques including herbology, food therapy, physical training regimens (qigong, t'ai chi ch'uan, and other martial arts training), moxibustion, tui na, and acupuncture.

The traditional Chinese art of geomancy, the placement and arrangement of space called feng shui, is based on calculating the balance of qi, interactions between the five elements, yin and yang and other factors. The retention or dissipation of qi is believed to affect the health, wealth, energy level, luck and many other aspects of the occupants of the space. Attributes of each item in a space affect the flow of qi by slowing it down, redirecting it or accelerating it, which is said to influence the energy level of the occupants.

One use for a luopan is to detect the flow of qi. The quality of qi may rise and fall over time, feng shui with a compass might be considered a form of divination that assesses the quality of the local environment.

Acupuncture is a part of Traditional Chinese medicine that involves insertion of needles into superficial structures of the body (skin, subcutaneous tissue, muscles) at acupuncture points to balance the flow of qi. Acupuncture is often accompanied by moxibustion, a treatment that involves burning mugwort on or near the skin at an acupuncture point.



Acupuncture needles and textbook © 2014, hjschneider, Shutterstock, Inc.

Qigong is a practice involving coordinated breathing, movement, and awareness, traditionally viewed as a practice to cultivate and balance qi. With roots in traditional Chinese medicine, philosophy, and martial arts, qigong is now practiced worldwide for exercise, healing, meditation, and training for martial arts. Typically a qigong practice involves rhythmic breathing coordinated with slow stylized movement, a calm mindful state, and visualization of guiding qi.

Traces of therapeutic activities in China date from the Shang dynasty (14th– 11th centuries BCE). Though the Shang did not have a concept of "medicine" as distinct from other fields, their oracular inscriptions on bones and tortoise shells refer to illnesses that affected the Shang royal family: eye disorders, toothaches, bloated abdomen, etc., which Shang elites usually attributed to curses sent by their ancestors. There is no evidence that the Shang nobility used herbal remedies. Acupuncture in the narrower sense of using metal needles to treat illnesses by stimulating specific points along circulation channels ("meridians") is in accordance with theories related to the circulation of Qi. [Traditional Chinese medicine (TCM) is based on Yinyangism (i.e., the combination of Five Phases theory with Yin-yang theory), which was later absorbed by Daoism.

In Traditional Chinese Medicine, good health is believed to be achieved by a balance between yin and yang. They represent two abstract and complementary aspects that every phenomenon in the universe can be divided into. Primordial analogies for these aspects are the sun-facing (yang) and the shady (yin) side of a hill. In the yin-yang theory, detailed attributions are made regarding the yin or yang character of things:

- Phenomenon: Yin Yang
- Celestial bodies: moon sun
- Gender: female male
- Location: inside outside
- Temperature: cold hot
- Direction: downward upward
- Degree of humidity: damp/moist dry

The concept of yin and yang is also applicable to the human body; for example, the upper part of the body and the back are assigned to yang, while the lower part of the body are believed to have the yin character. Yin and yang characterization also extends to the various body functions, and – more importantly – to disease symptoms (e.g., cold and heat sensations are assumed to be yin and yang symptoms, respectively). Thus, yin and yang of the body are seen as phenomena whose lack (or overabundance) comes with characteristic symptom combinations: Yin vacuity (also termed "vacuity-heat"): heat sensations, possible night sweats, insomnia, dry pharynx, dry mouth, dark urine, a red tongue with scant fur, and a "fine" and rapid pulse. Yang vacuity ("vacuity-cold"): aversion to cold, cold limbs, bright white complexion, long voidings of clear urine, diarrhea, pale and enlarged tongue, and a slightly weak, slow and fine pulse.

Five Phases, sometimes also translated as the "Five Elements" theory, presumes that all phenomena of the universe and nature can be broken down into five elemental qualities – represented by wood (mù), fire (huŏ), earth (tŭ), metal (jīn), and water (shuĭ). In this way, lines of correspondence can be drawn:

- Phenomenon: Wood Fire Earth Metal Water
- Direction: east south center west north
- Colour : green/blue red yellow white black
- Climate: wind heat damp dryness cold
- Taste: sour bitter sweet acrid salty
- Zang Organ: Liver Heart Spleen Lung Kidney
- Fu Organ: Gall bladder Small Intestine Stomach

Large Intestine Bladder

- Sense organ: eye tongue mouth nose ears

- Facial part: above bridge of nose between eyes, lower part bridge of nose between eyes, middle part cheeks (below cheekbone)

- Eye part: iris inner/outer corner of the eye upper and lower lid sclera pupil

Strict rules are identified to apply to the relationships between the Five Phases in terms of sequence, of acting on each other, of counteraction etc. All these aspects of Five Phases theory constitute the basis of the zàng-fũ concept, and thus have great influence regarding the TCM model of the body. Five Phase theory is also applied in diagnosis and therapy.

The Wu Xing, also known as the Five Elements, Five Phases, the Five Agents, the Five Movements, Five Processes, and the Five Steps/ Stages, is a fivefold conceptual scheme that many traditional Chinese fields used to explain a wide array of phenomena, from cosmic cycles to the interaction between internal organs, and from the succession of political regimes to the properties of medicinal drugs. The "Five Phases" are Wood, Fire, Earth, Metal, and Water. This order of presentation is known as the "mutual generation" sequence. In the order of "mutual conquest" or "mutual overcoming", they are Wood, Earth, Water, Fire, and Metal.

The five elements are usually used to describe the state in nature:

- Wood/Spring: a period of growth, which generates abundant wood and vitality

- Fire/Summer: a period of swellness, flowering, which overbrews with fire and energy

- Earth: the in-between transitional seasonal periods, or a separate 'season' known as Late Summer or Long Summer – in the latter case associated with leveling and dampening (moderation) and fruition

- Metal/Autumn: a period of harvesting and collecting

- Water/Winter: a period of retreat, where stillness and storage pervades

The doctrine of five phases describes two cycles, a generating or creation cycle, also known as "mother-son", and an overcoming or destruction cycle, also known as "grandfather-nephew", of interactions between the phases. Within Chinese medicine the effects of these two main relations are further elaborated:

- Inter-promoting (mother/son)
- Inter-acting (grandmother/grandson)
- Over-acting (Ke cycle)
- Counter-acting (Reverse Ke)
- Generating

The common memory jogs, which help to remind in what order the phases are:

Wood feeds Fire Fire creates Earth (ash) Earth bears Metal Metal enriches Water (as in water with minerals is more beneficial to the body than pure water) Water nourishes Wood

Other common words for this cycle include "begets", "engenders" and "mothers".

Overcoming

Wood parts Earth (such as roots; or, Trees can prevent soil erosion) Earth dams (or muddies or absorbs) Water Water extinguishes Fire Fire melts Metal Metal chops Wood

This cycle might also be called "controls", "restrains" or "fathers".

According to Wu Xing theory, the structure of the cosmos mirrors the five phases. Each phase has a complex series of associations with different aspects of nature. Associated with these phases are colors, seasons and shapes; all of which are interacting with each other Based on a particular directional energy flow from one phase to the next, the interaction can be expansive, destructive, or exhaustive. A proper knowledge of each aspect of energy flow will enable the Feng Shui practitioner to apply certain cures or rearrangement of energy in a way they believe to be beneficial for the receiver of the Feng Shui "Treatment".

TCM's view of the human body is only marginally concerned with anatomical structures, but focuses primarily on the body's functions (such as digestion, breathing, temperature maintenance, etc.):

"The tendency of Chinese thought is to seek out dynamic functional activity rather than to look for the fixed somatic structures that perform the activities. Because of this, the Chinese have no system of anatomy comparable to that of the West."

—Ted Kaptchuk, The Web That Has No Weaver

These functions are aggregated and then associated with a primary functional entity – for instance, nourishment of the tissues and maintenance of their moisture are seen as connected functions, and the entity postulated to be responsible for these functions is xuĕ (blood). These functional entities thus constitute concepts rather than something with biochemical or osteoarthritis, while results were inconclusive for efficacy in treating shoulder pain, lateral elbow pain, and low back pain, and negative for rheumatoid arthritis. Qi is believed to be partially generated from food and drink, and partially anatomical properties.

The primary functional entities used by traditional Chinese medicine are qì, xuě, the five zàng organs, the six fǔ organs, and the meridians which extend through the organ systems. These are all theoretically interconnected: each zàng organ is paired with a fǔ organ, which are nourished by the blood and concentrate qi for a particular function, with meridians being extensions of those functional systems throughout the body.

Attempts to reconcile these concepts with modern science – in terms of identifying a physical correlate of them – have so far failed.

In a general sense, qi is something that is defined by five "cardinal functions":

- Actuation – of all physical processes in the body, especially the circulation of all body fluids such as blood in their vessels. This includes actuation of the functions of the zang-fu organs and meridians.

- Warming – the body, especially the limbs.

- Defense – against Exogenous Pathogenic Factors.

- Containment – of body fluids, i.e. keeping blood, sweat, urine, semen etc. from leakage or excessive emission.

- Transformation – of food, drink, and breath into qi, xue (blood), and jinye ("fluids"), and/or transformation of all of the laber into each other.

Acupuncture means insertion of needles into superficial structures of the body (skin, subcutaneous tissue, muscles) – usually at acupuncture points (acupoints) – and their subsequent manipulation; this aims at influencing the flow of qi. According to TCM it relieves pain and treats (and prevents) various diseases. Acupuncture is often accompanied by moxibustion – the Chinese characters for acupuncture literally meaning "acupuncture-moxibustion" – which involves burning mugwort on or near the skin at an acupuncture point.

A 2011 Cochrane review documented that acupuncture is effective in the treatment of migraines, neck disorders, tension headaches, and some types of from air (by breathing). Another considerable part of it is inherited from the parents and will be consumed in the course of life.

In terms of location, TCM uses special terms for qi running inside of the blood vessels and for qi which is distributed in the skin, muscles, and tissues between those. The former is called yíng-qì, its function is to complement xuè and its nature has a strong yin aspect (although qi in general is considered to be yang). The latter is called weì-qì.

In general, disease is perceived as a disharmony (or imbalance) in the functions or interactions of yin, yang, qi, xuĕ, zàng-fŭ, meridians etc. and/or of the interaction between the human body and the environment. Therapy is based on which "pattern of disharmony" can be identified. Thus, "pattern discrimination" is the most important step in TCM diagnosis. It is also known to be the most difficult aspect of practicing TCM.

In order to determine which pattern is at hand, practitioners will examine things like the color and shape of the tongue, the relative strength of pulsepoints, the smell of the breath, the quality of breathing or the sound of the voice. For example, depending on tongue and pulse conditions, a TCM practitioner might diagnose bleeding from the mouth and nose as: "Liver fire rushes upwards and scorches the Lung, injuring the blood vessels and giving rise to reckless pouring of blood from the mouth and nose.". He might then go on to prescribe treatments designed to clear heat or supplement the Lung. The process of determining which actual pattern is on hand is called bian zhèng, usually translated as "pattern diagnosis", "pattern identification" or "pattern discrimination". Generally, the first and most important step in pattern diagnosis is an evaluation of the present signs and symptoms on the basis of the "Eight Principles" (bā gāng). These eight principles refer to four pairs of fundamental qualities of a disease: exterior/interior, heat/cold, vacuity/repletion, and yin/yang. Out of these, heat/cold and vacuity/repletion have the biggest clinical importance. The yin/yang quality, on the other side, has the smallest importance and is somewhat seen aside from the other three pairs, since it merely presents a general and vague conclusion regarding what other qualities are found. In detail, the Eight Principles refer to the following:
- Exterior biaŏ: refers to a disease manifesting in the superficial layers of the body – skin, hair, flesh, and meridians. It is characterized by aversion to cold and/or wind, headache, muscle ache, mild fever, a "floating" pulse, and a normal tongue appearance.

- Interior lǐ: refers to disease manifestation in the zàng-fǔ, or (in a wider sense) to any disease that can not be counted as exterior. There are no generalized characteristic symptoms of interior patterns, since they'll be determined by the affected zàng or fǔ entity.

COMPARISON: CH'ULEL - QI

1. Vital energy circulating in all parts of cosmos, body; concepts of body and cosmos are closely intertwined;

2. Duality of yin/yang & opposites in Mayan cosmology, balance of which is essential for health;

3. Mayan concepts of pixÁn (substrate of life, focus is the head) and ool (the wind of life, the air of life, focus is the heart, vehicle is the blood) are equivalents to Nahua concepts of teyolia and tonalli;

CH'ULEL

There is no single idea of "soul". Ool is hot and is susceptible to susto or mal ojo, the winds; can cause disease in another person. It must be cared for

- It is not like the Christian soul;
- Causality and illnesses: supernatural (from the winds);
- The relation of hot and cold: 'warm' = system is in imbalance and susceptible; hot = one is most susceptible; cold = external causes stagnant blood which produces internal wind.
- Emotional states: The damaging wind, the wind that brings sickness, wind unites the natural with the supernatural Evil eye produced by the wind; or from work of a curandero, or caused by animals;

QI

Qi (energy), jing (essence, shen (spirit) plus 5 superior spiritual energies. Chi (or Qi) is vital fluid or breath that circulates through the body; chi is 'air', 'vital energy', primordial Force of the universe; always in motion, everything that is, is produced by the flow of energy in the universe. Body is energy incarnate; activity is manifestation of body as energy. Only when body has chi of heaven(breath) and chi of earth (food) it can develop in a healthy way.

Sum of prenatal chi working with postnatal chi is true chi.

Jong: is basic substance, force that gives birth to life, union of male and female – dwells in kidneys – associated with water and yin;

Shen, spirit, is vital activity, lives in the heart, associated with fire and heart, yang, male; expressed in fantasies, forces of creativity.

Meridians are pathways on which travel the chi and the blood; they are distinct from any sort of anatomical system (not nerves nor blood vessels), interconnecting all parts of the body.

Extraordinary channels – when there is an excess or an insufficiency of chi, these meridians come into play. These 8 maintain and regulate the 12.

The tongue is connected with the heart: tongue reflects the functional condition of the heart. 5 organs and 6 viscera; the 5 store essence and energy but can't transfer them; the 6 viscera transfer them but cannot store them. Extraordinary ones are the skeleton, the uterus, and the brain, and medulla – function is to store yin and essence.

Illness is result of rupture of body's balance; basis of development of all things is in the interior. The emotions: anger, joy, worry, grief, fear - all affect directly the 5 organs, and in the movement of energy.





Reading Garcia: Wind in the Blood

Hernán García

Wind in the Blood

Mayan Healing and Chinese Medicine

HERNÁN GARCÍA ANTONIO SIERRA GILBERTO BALÁM Translated by Jeff Conant

CHAPTER 1

HUMAN RELATION WITH THE COSMOS IN MAYAN AND CHINESE MEDICINE

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THE HUMAN AND THE COSMOS IN MAYAN CULTURE

MAYAN CULTURE maintains a holistic view of the world, in which every aspect of existence bears relation to every other. Strong relations exist between the human being and all of nature and the cosmos: the gods, the celestial bodies, the animals, plants, and other human beings. No individual is isolated from the world; everything one does affects other people, animals, and objects, as well as spirits or supernatural beings. Conversely, every action of the universe, or of other people, affects the individual. The universe is a great unity which embraces nature and society; in the immediate view we, as human beings, have no metaphysical priority over all the rest. Natural phenomena and the things of the cosmos that make up the Mayan universe —the planets, mountains, rivers, fields, and so on—are personified and deified. These phenomena have power and will. The human animal exists in an intimate interdependence with them, and so natural and social phenomena are tightly bound, inextricably linked.

MAYAN MYTHOLOGY

Before the current state of decadence, the ancient Maya recognized that the universe was ruled by a supreme god who retired to the depths of the heavens, leaving in his place an anonymous substitute, Ahau, el senor, to watch over and govern the heavens and the earth. Below him, nine gods watched over the affairs of the earth. On the earth was planted the tree of the beginning, the great world-tree, the ceiba, which reached to the top of the heavens. The ceiba unites the earth with the heavens; it brings food for people to eat and bridges the heavens' different levels, reaching to the most high. Four guardians, the bacabob, were posted in the four corners of the universe, upholding heaven. Heaven itself was made up of various planes or levels placed one atop the other. The earth was a square with its corners pointing to the four cardinal directions, each corner relating to a color. The center formed a fifth point and a fifth color, through which passed the axis of the universe, the umbilicus of the world. In the Popul Vuh,¹¹ a Quiche Maya text from the seventeenth century, it is told that the universe was created from corn-the same corn from which humans were made. After the creation, the levels of heaven were elevated to their present position, where they were held in place by the ceiba. Four more ceiba grew to uphold each of the edges of the heavens standing over the earth.

CHINESE MYTHOLOGY

The mythology of ancient China that has come down to us¹² speaks to us of a four-cornered universe, with the corners oriented to the cardinal directions, each one corresponding to a color. In the center, in a fifth point corresponding to a fifth color, reigned Huang Di, the supreme god. His celestial palace was in the heights of a mountain with nine peaks. His administrator watched over the borders of the nine celestial countries. He had four heads with which to see in the four directions, and he ruled simultaneously the heavens and the land of the dead. In his gardens grew immense trees, among them the tree of immortality. Once, one of the gods led a human uprising against Huang Di. The next day Huang Di retired from celestial affairs, choosing a substitute who from that day forth ruled in his place over the heavens and the country of the dead. Command over the four cardinal points was shared among four gods who bestowed upon humanity all of the elements of civilization.

Chinese cosmology gives us a vision of the tree of immortality standing at the axis of the world—uniting the earth with the heavens—and atop the heights an enormous rice plant, symbol of nourishment. Heaven itself was divided into nine provinces whose frontiers were jealously guarded by the servant of Huang Di. "The nine heavens" also denoted the imperial court where the emperor, "the son of heaven," ruled as the representative of heavenly and earthly powers.

THE MAYAN COSMOS

The Mayan people speak of a world divided into three main regions: the heavens, the earth, and the underworld.

There is disagreement regarding the number of heavens. Sometimes there are understood to be seven, and other times nine or thirteen celestial planes. Montoliu Villar¹³ suggests that the most accepted version is that there are thirteen gods: the oxlahun ti ku, the representatives of the heavens and the

bolon ti ku, the representatives of the subterranean worlds. Eric S. Thompson,14 on the other hand, proposes that the ancient Maya saw the universe as a kind of mountain or stepped pyramid composed of six ascending and six descending steps and an upper level. The sum of the levels is thirteen, comprised of seven above ground and six below. Paul Arnold¹⁵ maintains that there were originally nine gods venerated by the Maya—the bolon ti ku, who formed a council to rule over human affairs—but that they were displaced by the thirteen Toltec gods who came later with the Aztec domination.

The Maya call each of the heavens taz (cloak or mantel), from which we might deduce that what is imagined are various capes or mantels superimposed one upon the other. Presently it is believed in some communities that the highest heaven is inhabited by Jesus Christ. The celestial plane is hot, but it is in charge of cold phenomena as well. It governs the day and is ruled by the sun. The subterranean region ruled by the bolon ti ku is known by the Maya as metnal or xibalbá, and recognized by Christians as Hell. In the underworld night and darkness rule. It is a world of water. The nine gods take turns ruling, one night at a time. The underworld is the kingdom of the aluxob-dwarf-like beings or spirits equivalent to the chanekes and achenes of other Mesoamerican cultures. It is said that the interior of the earth is hot, along with its rulers and those who dwell there, but that the surface is cold. There are various animals that belong to the underworld: the moan, a mythic bird which helps the soul on its journey of rebirth, and which is similar in appearance to a pterodactyl; the xoch, or owl, emissary of illness and death; the tzotz, or bat, bringer of bad omens and death; the xnuk, a small owl, auger of illness; the sak'i', a beneficial white seabird; and various snakes, among others.

Human beings exist in a state of balance in the center of the world, on the surface of the earth, between the heavens and the underworld. The human body is hot, though in the night it can become imbalanced and grow cold.

THE CHINESE COSMOS

The cosmology of ancient China has the cosmos divided into Heaven, Earth, and the Country of the Dead. The celestial palace of the supreme God was in the heights of a mountain with nine peaks. His secretary, or servant, watched over the borders of the nine celestial lands, each with its own guardian.

The number nine, aside from being the assignation of the heavenly provinces, was given a primordial religious significance among the ancient dynasties. Nine sacrificial vessels were passed as talismans from one dynasty to the next, and the number nine was recognized as a signifier of yang qualities.

THE MAYAN GODS

Each plane of Heaven and Earth has its god in charge of looking over one part of the universe. The majority of the gods have dual characteristics; if they can bring health and fertility they are equally capable of provoking disease, failure of the harvest, and other evils. Of the thirteen celestial deities, our friends among the Maya called to mind several, though not all: Junab kuj, the Creator; Aj K'iin, the sun; Aj Uj, the moon; Jool Poop, Head Governor, He of the Sleeping Mat; Aj Ixche, Goddess of Fertility and Medicine; Aj Ek', Lord of the Stars; Aj Iik', Lord of the Winds; Aj Luum, Lord of the Earth; Aj Káax, Lord of the Mountains and Forests; Aj Chak, Lord of the Rain; Aj Ja', Lord of Water; and Aj Itz'am Na', Lord of the Arts and of Writing. The deity of corn is a beneficent god known as Yumi Kaax, Lord of the Milpa.

In the metnal, or underworld, there are nine gods. The principal god is Aj Puuch, God of Death. He is followed in importance by Aj Kimil, God of Burials, Aj Jich K'aal, God of Suicide and the Hanged, and Aj Muk'nal, Lord of the Tombs, among others. Each one of the four cardinal directions has its own god as well. These are the four Balamob who protect the earth; thus one does not take anything away from the mountains or the earth without first seeking their permission. The Balamob are: Aj Kalan Chako'ob, Aj Kalan Lu'uinob, Aj Kalan Balam, and Aj Kalan K'aak'.

Of the celestial deities, Itzamna and Ixchel are responsible for questions of health and illness. Itzamna represents the principal deity. Besides his function as Creator, he is the Master of Rain, representing fertility, the sun, health, and disease. In the form of a reptile he represents the rains in the four corners of the world. He may be invoked in some rituals by his animal names Kinich Ahau Itzamná or Itzamná face of the sun. Ixchel is the goddess of the moon, the waters, births, weaving, and medicine. Bacab is an important god who divided himself into four parts so that he could watch over each of the four directions. The four bacabes or bacabob seem to have a close relation with the gods of wind, rain, and lightning. The Ritual of the Bacabes,¹⁶ written in the state of Campeche, contains psalms and orations dedicated to these gods to combat illness.

The most popular gods are the chakob, or rain gods. There is one chak for each cosmic direction. An ancient myth holds that frogs, which sing before the rain, are sons of the chak whose province is in the east—the direction of the color red, the place of the rain gods' paradise.

The gods or guardian spirits of the woods, towns, and milpas are called in Yucatec Maya Balamob, meaning "jaguars" in the common language, but taking on special significance with regard to these guardians. These deities watch over the moral and social behavior of men and women, and when it is necessary they punish them with illness and accidents.

The aluxob guard the woods, jungles, springs, and stone mounds known by earlier Maya as cuyos. According to some Mayan people, the aluxob are the leftover men of clay from the third creation¹⁷ and they remain on earth as helpers of the underworld gods. They are cold beings who live in the realm of night; by day they are like clay figures without life. As cold beings they are in charge of illnesses which produce fever. At night they guard sacred places and give warnings by throwing stones and making strange noises. Hunters offer them cigars and incense to keep them at bay. The aluxob are commonly seen and commonly heard by people who live near them; when people speak of the aluxob they speak with a certainty that signals absolute faith in their presence. Some describe them as troublemakers who, from time to time, enter houses and bother the inhabitants, like gnomes or gremlins; they are occasionally known to steal children.

The guardians of the day are the snakes, especially the itz'a k'an, the rattlesnake, and the black-tailed eek unej. They are emissaries of the Lords of the Earth who guard the hills, springs, and streams by day.

THE CHINESE GODS

Four gods ruled the four cardinal directions and the four seasons. In the east reigned a god who was the god of spring, who had given the human race fire and a net to catch fish. He had the head of a man and the body of a serpent. In the west reigned a god who looked like a bird. He was responsible for the sunset, making sure it set every night with regularity. His helper, his son, was the god of metal. The south was under the dominion of a god with the head of an ox. His charge was the summer and the summer sun, and he had by his side the god of fire. He was the god of medicine and he taught the human race how to cultivate the five grains. The ruler of the north was a god with a human face and the snout and hooves of a pig. With the help of the gods of the water, the winds, and the sea he watched over the winter months. It was this god who was chosen by Huang Di as his successor after the uprising of mortal humans.

In the mythology of ancient China the forces of nature and the stars were deified. All things depended on the gods: all life and all reproduction—human, animal or vegetable—the arrival of the rains to bring a good harvest, peace between city-states, the discord that brings war among peoples, the blessings of health, and the curse of disease.

A strong pragmatic tendency which largely did away with the gods germinated in the Zhou dynasty (1066 BC-221 BC), saw its consolidation during the Qin and Han (221 BC-220 AD) dynasties, and endures to the present day. This current found its roots in Taoism: studying the relations between nature, the cosmos, and the human spirit, and finding it essential to explain phenomena and live without metaphysical concepts in a simple, rational manner. Due to this pragmatic rationalism, the arrival of Buddhism in China encountered strong opposition that lasted more than three centuries and necessitated vast cultural transformation before the new religion could be established.

THE FOUR DIRECTIONS OF THE MAYAN UNIVERSE

The vast space of the Mayan universe is divided into five sacred regions. This division begins in the terrestrial plane and continues into the heavens. Each region is represented by specific attributes and a color: red, black, white, yellow and green.

Red is the color of the eastern horizon (laak'in). In it gather the chakob, the rain gods, and the god of agriculture Bolon Tz'a-kab, who brings prosperity. In the east it is hot, and in the orations this direction is always referred to as no'lajin, the Great East. In the east are born the sun, the moon, the stars, the clouds, and the rain. The winds (iik'o'ob) and the rains (chakob) are, for the most part, beneficial and welcome. Winds from the east are hot, and when they collide with air from the south the rain comes. Altars are oriented towards the east. The animal that lives in the east is the koj, or mountain lion.

The color white descends from the north (xaman). The north is cold, and is the birthplace of harmful winds. The wind from the north (xaman iik) blows from October to December—los nortes—and sometimes, together with the chikin iik, the west wind, brings judgment and bodes ill. It is because of this that animals must be vaccinated in the autumn.

The black direction, direction of death, is the west (chik'in), fountain of ill winds, birthplace of disgrace, region of the dead, horizon where the sun sets. The western animal is the serpent. The wind that blows from the west (chik'in iik) is the most dangerous, blowing from the end of December through January, bringing asthma and other illnesses. The west wind is born low, from the earth, and blows out to sea. This wind acts to detoxify the earth, and it is for this reason that it is so harmful.

The south (nojol) is hot and corresponds to the color yellow. The infrequent rain and winds from the south are beneficial for the planting and cultivation of crops. The arrival of the south wind (nojol iik) is seen as an

opportunity to burn land for the planting of the milpa. The animal that dwells in the south is the green bird x'kok'.

For the Maya the center of the world is green like the ceiba, tree of the beginning which unites the earth with the heavens. There is some disagreement as to whether center is gauged according to the cardinal points (east, west, north and south) or to the solstice points (the points where the sun tops the horizon on the solstices and equinoxes).

The Mayan universe consists of an inferior and superior part, four edges, and a center. The four surrounding directions, or cardinal points—laak'in, chik'in, nojol and xaman —are also referred to as "the four winds." This cosmic geometry is applied to the establishment of communities, the construction of living areas, the milpa, the altar and the human body. The word kantis, signaling the four directions or four corners of the universe, is a widely used word in the vocabulary, suggesting the importance, to the present day, of this geometric concept of cosmic and social space.

THE FOUR CARDINAL POINTS IN CHINESE CULTURE

Each cardinal direction corresponds to a color, an animal, and a host of other characteristics. The north is the direction of the color black, the turtle, and death. From the north come harmful winds. The west belongs to the tiger and the color white; the south is the province of the color red and the phoenix; the east is blue and home to the dragon which brings a beneficial rain; the center corresponds to the color yellow and to the emperor, umbilicus of the human world.

The Chinese attribute energetic properties to the four cardinal points. Early in the morning the sun rises in the east, bearing energy in the form of chi, together with the energy known as shaoyang, the energy of birth, the germination of the day. At midday the sun hangs in the south. The energy of the southern sun is known as laoyang and controls the process or development of the day. In the afternoon the sun turns to the west where the energy is known as shaoyin, an astringent power, closing the day. At night the sun rests in the north, where energy is guarded and tended; this process of preserving and conserving power is known as laoyin.

The Chinese recognize that the energy in the human body flows just as it does in the rest of the natural world, lending great importance to the four directions and the hours of the day in the process of curing and tending to disease.

THE MAYAN CALENDAR

The Mayan calendar consists of various cycles, among them a cycle of three hundred sixty five days, known as the haab—eighteen months of twenty days and one additional month of five ill-starred days. The names of the months are: pop, uo, zip, zotz, tzec, xul, yaxkin, mol, chen, yax, zac, ceh, mac, kankin, muan, pax, kayab, cumbu and uayeb. The names of the days are: ik, akbal, kan, chicchán, cimí, manik, lamat, muluk, oc, chuen, eb, ben, ix, men, cib, cabán, edznab, cauac, ahau, andimix.¹⁸

Another cycle, that which governs the ceremonial calendar, is the Tzolkin. The Tzolkin is composed of a succession of 260 days in which the twenty day names are combined with a series of thirteen numbers; for example one ik, two akbal, three kan, up to the number thirteen accompanied by a day name—ix, in the case of the list above—at which point the count begins again at one. A complete date in the Mayan calendar comprises the combination of the days and months of both cycles—for example two ik, zero pop, as the Mayan numerical system begins with zero. Each day of the month is oriented according to the four directions and is influenced by an animal, a plant, and a deity. Kan, chicchán, manik and lamat belong to the east; muluc, oc, chuen, eb and ben to the north; ix, men, cib, caban and edznab to the west; and cauac, ahau, imix, ik and akbal to the south.

Years (haab) are also oriented according to the cosmic directions and are influenced in turn by certain deities. The year muluk (water), for example, is presided over by the red bacab of the east. This year, when it comes around, falls also under the influence of Kinich Ahau, Our Lord Whose Face is the Sun, and these years witness an excess of sun showers, sparse plant growth, and an increase in cases of evil eye (mal de ojo). The year ix (white) is governed by the white bacab of the north and brings a good harvest of cotton, a poor harvest of maize, and many deaths. The year kauak (lightning or storm) is ruled by the black bacab of the west, influenced by Uakmitun Ahau, Lord of Death, and is a year of plagues, drought, and death. The year kan, presided over by the yellow bacab of the south and influenced by Bolon Tz'akab, Lord of the Nine Resurrections, is considered a good year, although moral errors committed during this year may result in the unleashing of great harm upon the people.

The days Tuesday and Friday of each week are considered special days during which one is more vulnerable to illness—but which, at the same time, are propitious days to cure certain ills and counteract witchcraft.

Previously, when a Mayan child was born, his parents would consult a priest or daykeeper to learn the child's destiny. The priest was keeper of a sacred almanac in which he would find the date and all of the pertinent information: its corresponding gods, plants, animals, objects, and the celestial direction. If the reading showed a bad or difficult destiny, the priest advised and performed rituals to ensure that the evils to come were lessened.

Similarly, when someone fell ill, it was necessary, in order to establish the roots of the illness, to know the date of birth and consult the sacred almanac. This information was essential to the diagnosis and prognosis of the disease, and facilitated treatment.

THE CHINESE CALENDAR

In correspondence with The Yellow Emperor's Classic of Medicine (The Neijing Suweri), the ancient Chinese recognized vital relations between the chi and blood energy of the human body and the flow of energy in the natural world. In ancient China the year and the day were each divided into twelve periods. There are twelve months in a year and twelve divisions in a day. Similarly, as the twelve months comprise four distinct seasons, so the twelve hours of the day are divided into four "seasons." The four seasons pass, completing the year. In summer the days are long; in winter the days are short. Spring and fall are transitional seasons.

Of the twelve sections of the day (zi, chou, yin, mao, chen, si, wu, wei, shen, you, xu, hai) each temporal unit comprises two hours. The first period, zi, runs from eleven PM to one o'clock AM. During these two hours, yin energy is exhausted and yang grows; during the period wu, in the middle of the daylight hours, yang, conversely, exhausts itself and turns to yin. During the first half of the day, from the darkness of the morning hours to the bright light of noon, atmospheric temperature rises and natural light grows. Yang increases and yin decreases.

In ancient China the day was divided further into twenty-four equal divisions along the lines of the twenty-four solar periods in the year. The first, seventh, thirteenth, and nineteenth indicate the beginnings of spring, summer, autumn, and winter, respectively. The fourth, tenth, sixteenth, and twenty-second solar periods are times when seasonal changes are at their height. Humanity moves to these cyclical rhythms. The Neijing says, "The cycles of heaven and earth reflect in the constant changes in nature," and again, "Because of the natural movement of heaven and earth and the sun and moon, we experience a change of long months and short months and go through three hundred and sixty-five days, which form one year in the Chinese calendar. The energy flow within the human body through the

channels corresponds to this." ¹⁹

THE MAYAN DUALITY: HEAT AND COLD

The Mayan cosmovision has the world divided in two—heaven and earth in which various other relations of contraries are at play. The superior half is high, hot, positive and active, while the inferior is below the earth, cold, negative, and passive. This duality finds its most common and useful expression in the notions of hot and cold. Practically everything in the Mayan world is classified according to its thermal nature. Plants are catalogued as tzig u cuch (cold) and choko cuch or kinal cuch (hot). In general, cold plants hold a lot of water, are green, and grow alongside rivers, lakes, and streams. Some Mayan campesinos say that cold plants symbolize rain because they grow near water, and are therefore plants of the chakob, the rain gods. The spirits of mountains, springs and rivers—the aluxob—are considered cold, and thus are often seen as bringers of illness.

The human being, as well, is composed of elements hot and cold, harmonized in a state of equilibrium. This equilibrium can be lost due to external or internal forces, and can be regained as well by actions, meditations, or external factors affecting the body.

The air can be cold or hot. Liquids are generally taken lukewarm so as not to cause any imbalance. Food, as well, is understood to be hot or cold (generally cold). Offerings that are used in traditional ritual are also recognized as hot or cold, and are used according to the nature of the ritual.

THE CHINESE DUALITY: YIN AND YANG

The basic duality of the Chinese world view, in accord with that of the Mayan view, is the notion of yin and yang, the principle of opposites intertwined which permeate every aspect of the Chinese medical and metaphysical system. The concept finds its roots in a meticulous vision of the dualities of natural phenomena such as day-night, heat-cold, heaven-earth, and wet-dry. The theory of yin and yang holds that all phenomena in the universe are formed by the union of opposing elements, which find themselves at once in a state of contradiction and interdependence; their interaction is the basis of the change and development of all things.

For the ancient Chinese, water and fire symbolized the basic properties of yin and yang. The fundamental characteristics of yin are those of water-cold, darkness, and the tendency to sink—while yang, like fire, tends to be hot, bright, rising, and expansive. From these characteristics others are inferred: looking at yin, we see interiors and a tendency towards the insides of things, inferiority, passivity, inhibition, slowness, substance, and femininity. Similarly, tendencies towards movement, superiority, exteriority, vitality, excitation, speed, transience, and masculinity belong to yang. Yin and yang depend upon each other; neither exists in isolation. Without day there is no night, without excitation no inhibition. The two forces exist eternally in contradiction, interdependence, and constant transformation.

These forces exist in all of the cosmos, in all of nature, and in the human body. When yin and yang are in a state of equilibrium, the body is in a state of health; when this balance is lost, disease sets in and illness takes over. This imbalance can be brought about by internal or external factors. Treatment and prevention in Chinese medicine work towards regaining lost equilibrium and conserving the harmony between yin and yang as it finds itself expressed in various forms.

MAIZE IN MAYAN CULTURE

Like all of the people of Mesoamerica, the Mayan people have at the center of their world, of their vision of the world in its terrestrial and cosmic aspects, the cultivation of maize. The Maya transform the nutrients of mountain and valley, lowland swamp and highland precipice, into maize — and so give back their own blood and heat to the corn, which in turn becomes the blood and heat of their bodies. After several years of production the soil of the milpa (the traditonal agricultural method in which corn, beans and squash are grown in an integrated system) must be left to rest so that the jungle may grow back. In the milpa grow plants which are used as medicine, including the maíz, calabaza and frijol (corn, beans and squash) that are the three sacred sisters; the milpa is the sacred space where the Mayan campesino exists in unity with the natural world. As long as the cultivation of maize persists, social and cultural relations are maintained and the survival of ethnic identity and traditional practices, including traditional medicine, are strengthened.²⁰

Mayan culture has always relied upon the development of a maize-based agriculture and to this day maize remains the economic and social base of the culture. Questions of human health and ecology revolve entirely around the cultivation of maize. To the present day the j'meen—the Maya shaman or priest whose role has persisted over the course of 500 years of Spanish Catholic domination, and who is currently best known as curandero—has as his chief occupation the practice of agricultural rituals to ensure good harvest and good relation with the dueños and spirits of the earth in general and the milpa in particular. He is responsible, in short, for the health of the land, and of the community of people who depend on the land for their survival.

The paradigm of the processes of creation in Mayan theology has its roots in the annual cycle of death and resurrection of maize.²¹ In the process of generation of maize, creation necessarily implies the sacrifice by burial of the living seed. In each cycle the plant itself dies and vanishes completely; the seed, which is buried in the earth, travels to the underworld, and then returns to be born again from the body of the earth.

Each year the seed of maize is introduced into a hole or fissure which breaks the earth's surface, and after eight days in the underworld, the fruit resurges from the depths, opening the earth a second time to allow the plant to surge into the light. The burial of the seed in the earth and its amazing rebirth in the form of the life-giving plant is a cycle which implies the rigors of sacrifice. In order that there be maize to eat in the autumn, each spring a part of the previous harvest—the seed—must be sacrificed to the earth, where it undergoes a process of decomposition and transformation that converts the buried seed into the vital plant, the fruit which forms the fundament of Mayan life. This cycle of maize implies notions of sacrifice, death, and resurrection which resonate throughout the cosmic and social understandings of the Mayan people.

The hungry earth gives and takes of vegetation as of all life; men who have died are reborn in their sons, as the stars return to light the night sky after their daily journey in the underworld, but in their transit they leave something of their brilliance, of their cosmic vitality, in the belly of the earth. Death, the periodic sacrifice of everything that lives, regularly consumes the living into the entrails of the living planet, and the buried seed gestates there to be reborn into life in the continuous and unalterable cycle.²²

As a fundamental part of the culture in the classic epoch of Mayan civilization, maize also greatly influenced notions of what constituted beauty. The shape of the ear of corn—its long body and thin, diminishing form—found itself reproduced in household objects and human statues, and was a symbol of beauty, youth, regeneration, and vitality.

RICE IN CHINESE CULTURE

Rice, the basis of the Chinese diet, is considered sacred, and holds a place in Chinese culture very similar to the place held by corn in the culture of the Mayan people. This basic grain is surrounded by a series of myths and rituals, and is the center of many cultural practices too extensive to detail here.

COSMIC INFLUENCE IN MAYAN CULTURE

The vision of the Mayan people is one in which the human being exists as an intimate part of the workings of all of nature—to the extent that the health and well-being of the individual is effected equally by daily contact with other people and objects, weather, and work, as by the gods and supernatural forces, the planets, plants, animals, and all of the movements of the cosmos. These relations give rise to a series of behaviors, attitudes, norms, and rituals that ensure the harmony of the individual with every aspect of the universe, from the most mundane to the most remote.

There exists a series of behaviors and infractions which can draw the wrath or ill-will of the "dueños de los lugares peligrosos" —the spirits of dangerous places—like the bacabob, balamob, aluxob, and yumob, who live in the milpa, in the mountains, in springs and watering holes, in the rains, in the ancestral ruins, and in all wild places. If one neglects to pray and ask permission to pass through, to cut back the forest for planting, if certain rules of the wild plants and animals are not respected, the spirits of these places and of these beings may be angered and may cause disease or suffering in the transgressor. Above all they may affect or damage the ool of the

transgressor or his family members, bringing about the loss of crops or the coming of plagues and calamities.

Among the Mayan people of the Yucatán Peninsula there still exists a strong, conscious relation with the plants and animals. It is believed that the higher animals—snakes being the "lowest" of the superior beasts—are reincarnations of people. This, of course, implies a radically di**ff**erent relationship with the animals than that in industrial Western culture, manifesting as a personification of the animals. In places where these traditions are still strong, for example, the hunter asks permission of his prey before the hunt, respecting traditional precepts that ensure harmony and future abundance. In this sense the myth oiKukulcán—the deity responsible for the agricultural cycle, who was known as Quetzalcoatl among the Toltecs and other northern peoples—is familiar to those Maya who retain a strong sense of tradition.

Similarly, one prays to plants before cutting them to ensure that they retain their nutritional or medicinal value. Before treating a person with medicinal plants, the curandero asks for the favor of the gods—now of God the Father and Jesus Christ—to ensure that the remedy is effective.

A clear example of the influence of the planets is the effect of the moon on the gender of newborn infants. If conception occurs beneath a new or waxing moon, a girl is expected; if it occurs beneath a full or waning moon, the promise is of a boy. The moon has an especially strong influence over individuals with a weak ool. The planting of the milpa is timed to coincide with the new moon. It is also generally understood that if wood for building is cut during the waxing crescent, the wood will be stronger and more resistant to rot. The sun, as the father and creator of the winds, is responsible for the weather patterns that affect the earth. The influence of the stars and their positions in the sky is very important to the agricultural cycle. For example, when the Pleiades is at its zenith it signals that it is time to harvest camote (sweet potato).

Objects in the natural world take on a mythic significance that is played out in ritual. Some brief examples include tying a newborn boy's umbilical cord high in a tree to ensure the boy's strong will and bravery, and burying a newborn girl's umbilical cord beside the family hearth to ensure that she be industrious. In a similar magical vein, a woman never leaves a scrap of burnt food stuck to the pot, because she will run the risk that, on giving birth, the placenta will not come free from the womb. If one points at an unripe fruit hanging from a tree, the fruit will fall; if a woman urinates near melons growing in the milpa, the melons will split. If a lightning bug enters the house, someone in the family will fall ill with a fever; if a dragonfly enters the house, visitors are to be expected.

Between individuals there exists, as well, a series of "magical" relations and customs that imply the interconnectedness of the individual with her family and society in general. Many small actions or behaviors exist to ensure the well-being of the society. Some examples: the family's first annual harvest from the milpa is shared equally with the closest neighbors. If a man is sweating upon finishing work in the field, he should cool down in the shade before going home so as not to bring illness to his wife and children. If a person with a condition of excess heat (menstruation, pregnancy, hunger, drunkenness) comes in contact with a malnourished child who has a weak ool, and if the former looks upon the child with affection, this can bring about " mal de ojo," the evil eye, in the child. However, if the person hugs the child and touches him affectionately, the danger of evil eye passes. All of this implies a series of rules and rites that ensure the well-being of the society and all beings. It is a conception of the human being and the world that strongly emphasizes the importance of social harmony in the harmony of all things.

One of the most popular myths in the central Yucatán is that of kuki kan, " the bird of death." Since time immemorial a giant bird with the body of a serpent has appeared in the east batting its wings and making a tremendous noise. Those who look upon kuki kan grow ill and die of a pain in the stomach. But, a long time ago, the gods enchanted and captured kuki kan, and he now lives in captivity where he can do no harm. He can still be heard, however, squawking and howling fiercely in the distance, threatening to break free when rain clouds gather and thunder rolls in the hot months of the year, from June to September. As with many traditional beliefs this one has taken on a Judeo-Christian feature over the past centuries—it is said that Saint George, the dragon slayer, is the keeper of kuki kan.

COSMIC INFLUENCE IN CHINESE CULTURE

Taoism, one of the fundamental currents of Chinese thought, and the current upon which the history of medical knowledge is based, is a philosophy of the whole in which every terrestrial action affects the energy of the entire cosmos to a greater or lesser degree. As in Mayan thought, the actions of the individual have a great effect on social and universal balance.

Throughout much of China the life of the people is strongly influenced by the adversity of drastic climate changes. In winter the cold is intense: it snows, the rivers freeze, food becomes scarce, and activities like food storage, collection of firewood, and preparation of warm clothes become crucial. The winter's dryness warps and cracks the wood of houses. The north winds blow down from Siberia, driving a cold air which cuts right through the bones. In the northern regions where the cold is most intense, a heat treatment—moxibustion—was developed to combat diseases of a cold nature. In the summer the humid heat is equally unbearable and the torrential rains come, bringing a damp that never quits.

Ancient Chinese doctors, peasants, and sages realized that these changes in climate not only affect the body from the outside in, but from the inside out as well. Each element affects the body in a different way. The wind, whose characteristic is constant movement, produces traveling ailments like headaches—as wind blows over a mountain top—and pains which move over and through the body. Cold, which tends to freeze and sink, manifests in illnesses which settle in one part of the body, or pains which remain in one spot—a stuck energy. Damp conditions are characterized by rigidity, lack of mobility in the limbs and joints, and sensations of heaviness in the body—as dampness, like water itself, tends to sink.

Traditional Chinese doctors, the ancient sages, for their strict observance of natural phenomena, believed that respecting the natural world rather than combating it, adapting to its changes rather than forcing it to adapt to the human will, was the only way to attain harmony in the human body and the human spirit. Notions of medicine involved a profound understanding of natural phenomena; the way to prevent and cure illnesses was to mimic the processes of nature herself, and to restore balance in the least disruptive manner possible. Traditional Chinese medicine maintains a very different understanding of the human body than that of Western medicine and bears a different understanding of health and illness, treatment, prevention, and cure. Rather than treating symptoms as part of an overall strategy to cure a specifically defined disease, Chinese medicine treats a series of imbalances that may exist throughout the body, or within and between the various organs and organ-networks. In the Chinese system we do not see diseases with common names and discrete, recognizable symptoms such as " rheumatism," " cirrhosis," or " insomnia;" rather we see syndromes of organ imbalances such as "deficient heart fire," "excess liver yang," or " stomach heat rising," which manifest in various symptoms that might range from poor appetite and loose bowels to excessive anger, agitation, spotty skin coloring, and headaches.

CHINESE FIVE-ELEMENT THEORY

According to Chinese five-element theory the physical world is made of wood, fire, earth, metal, and water. Water and fire make our food; wood and metal are our houses and our cities; from the earth all things are born. The theory of the five elements has been referred to since antiquity, and it constitutes the basis of Chinese materialist philosophy. The interaction of these five basic elements brings about all of the complexity of the world; the infinite subtle combinations of these substances form the fundament of all knowledge and all matter. The five elements are not merely physical elements; they exist as well on a metaphysical plane, describing the properties of all things in the realms of heaven and earth.

Corresponding with the five elements, which are born of the movements of yin and yang, are other classifications such as colors—" the five elements of the visual field" —the five flavors, the five sounds, the five virtues, the five seasons, and the five cardinal directions (taking into account the earth itself, the center).

Water descends and is salty Fire ascends and is bitter Wood is straight or crooked and is sour Metal transforms and is pungent

Earth bears fruit and is sweet

		IVE ELEMENT	CLASSIFICATI	UN	
Element	Wood	Fire	Earth	Metal	Water
Flavor	sour	bitter	sweet	pungent/spicy	salty
Color	green	red	yellow	white	black
Change	birth	growth	mutation	receptivity	retention
Climate	wind	heat	humidity	dryness	cold
Direction	east	south	center	west	north
Season	spring	summer	late summer	autumn	winter
Organ	liver	heart	spleen	lung	kidney
Tissue	gall bladder	sm. intestine	stomach	lg. intestine	bladder
Sense Organ	eyes	tongue	mouth	nose	ears
Connective Tissue	tendons	blood vessels	muscles	skin	bones
Emotion	anger	joy	sympathy	melancholy	fear
Sound	shouting	laughter	singing	weeping	moaning
Motion	grasping		hiccup	cough	shaking

The five elements are referred to when explaining human physiology, pathology, and the relations between humans and their environment. Each of the elements possesses a chain of characteristics:

Wood	Planning, communication, cleansing of toxins
Fire	Heat, spirit, ascension
Earth	Growth and nutrition
Metal	Purity and transformation
Water	Dampness and downward movement

FIVE ELEMENT CLASSIFICATION

The organs are classified as the vital centers of energy in the body, and are viewed in relation to their (internal) functions and their (external) actions. For example: as the wood element pertains to the springtime, in the spring the liver is vigorous—either in health or in disease; the characteristic of wood is communication; the wood element sweeps up from the earth and grows towards the heavens; in the spring the wind is strong and yang is ascendant; plants see their burst of growth, they reinvigorate themselves, bear new greenery, and begin the process of making fruit; this young fruit is sour, and so we see the connection of wood with the spring, the wind, the color green and the sour flavor, the process of birth, and the relation of all things that are reflected therein.

The liver has the function of harmonizing the body's elements, of ordering communication, and of cleansing toxins. The liver is responsible for making sure that the blood remains clean and free of obstacles so that it will circulate freely and bring harmony and energy to all parts of the body. Liver energy tends to rise—it is a yin organ—and it is closely related with the gall bladder. Liver energy can be seen in the eyes, and the liver is the governor of the tendons. In its pathology, the liver is very susceptible to wind—it produces nervous energy, convulsions, and tics.

The elements of each section in the previous diagram are related in a way similar to those below. The five elements of each vertical section present among themselves a relation of generation and control. The characteristics of the five elements demonstrate the functional physiology of the five organs.

Element	Characteristic
Wood	Communication, birth, the movement of blood and fluids.
Fire	Heat, ascension.
Earth	Growth and alimentation of all things.
Metal	Clarification, elimination.
Water	Keeps the body moist, governs descending energies.
Organ	Function
Liver	Harmonizes, drains excess. Governs the ascent and distribution of energy.
Heart	Heats yang.
Spleen	Moves and transforms the essence of grains and fluids. The fountain of transformation of chi and blood.
Lung	Controls respiration and descending energies.
Kidney	Governs the metabolism of fluids in the body. Brings fluids down and eliminates them.

Among the five elements we see various types of relation, the most prevalent being the cycles of creation and control. The inter-generation or breeding of the five elements signifies that each element is born out of the previous—a " mother-son" relationship.

The Creation Cycle Wood burns to create Fire Fire consumes wood creating ashes or Earth Earth compacts itself giving birth to Metal Metal in the mountains generates and enriches Water Water engenders trees which are Wood

The Control Cycle Metal dominates Wood; Wood is cut by Metal Water dominates Fire; Fire is extinguished by Water Wood dominates Earth; Earth is penetrated by Wood Fire dominates Metal; Metal is melted by Fire Earth dominates Water; Water is contained by Earth

Five Element Theory.

These relations of inter-generation and dominance maintain equilibrium. If excess or deficiency occurs, the cycle is disturbed. Excess in domination means that the mother is overbearing with her son, while the opposite would have the son dominating the mother. The cycles of Creation and Control are inseparable. If there is no birth, there is no production and growth of things; if there is no order there will be no equilibrium in the change and development of all things. Only in breeding is there order, and only in order are all things born.

WIND: QUALITIES AND ETIOLOGIES

Quality	Form of Causing Illness	Clinical Manifestation	
The wind is <i>yang</i> ; it opens and disperses, tending to move upwards and outwards.	It affects the <i>yang</i> parts, attacking the upper body, the surface, and the lungs.	Headache, dizziness, facial paralysis, sweat and aversion to wind; nasal obstruction, itchy throat, cough.	
Wind moves and changes rapidly, and undergoes variable transformations.	The site of illness is mobile, lacking a fixed center; symptoms appear and disappear; illness is sharp and leaves quickly.	Muscle and joint pain which readily changes place, measles, itching; symptoms come and go.	
Wind's principal quality is movement.	Spinning sensations, abnormal body movement.	Dizziness, tics, muscle spasm, numbness, stiff neck.	
It combines easily with other pathogenic factors.	It is the precursor and chief of many types of illness, mixing easily with all of them.	Wind-cold, wind-damp, wind-heat, wind-dryness, etcetera.	
The wind is related with the liver.	It produces excess in the liver.	Affecting the spleen and the earth element, diarrhea and abdominal distension occur.	

Wind

Wind is the principal energy of the springtime, though it maycause illness in the other seasons as well. Among the climatic pathogens it is considered the most prevalent, mixing readily with the others. There are diseases caused by internal wind and by external wind. The external wind affects primarily the surface of the body, while the internal wind affects the essential functioning of the blood, the liver, and the yin-yang balance throughout the body.

Wind is considered to be yang. Its main characteristic is that of circulating and draining. It commonly attacks the yang parts of the body due to its tendency to rise upward and outward; wind therefore often manifests as illnesses of the upper body (head, thorax), the surface (skin, pores, muscles and tendons), and the lungs.

COLD: QUALITIES AND ETIOLOGIES

Quality	Form of Causing Illness	Clinical Manifestation
Cold is a <i>yin</i> pathology.	Affects the surface <i>yang</i> ; if cold affects the interior directly, the <i>yang</i> of the spleen or spleen-kidney are weakened, affecting the circulation of fluids and the digestion, absorption and distribution of foods.	Surface cold: fever and aversion to cold. Internal cold: abdominal pain and diarrhea. If cold affects the kidney and spleen there can be fear, cold extremities, and lumbar pain.
Cold characteristics include freezing, obstructing, and stagnating energy.	<i>Chi</i> and blood stagnate, there is no communication between organs, and pain occurs.	Surface cold: headaches and body pain. Cold in the meridians: pain in the bones, joints and muscles. Internal cold: abdominal pain, and digestive weakness.
The quality of cold is to contract, to close, and to limit.	The body's energy contracts and is extinguished, pores and vessels constrict causing muscle and tendon spasms.	Lack of sweat, headache, tight pulse, numbness, and muscle tension.
Cold is related to the kidney:	b. Damp cold affects kidney and spleen. If there is deficient <i>yang</i> in the kidney, internal cold results.	Damp cold affects the kidney, resulting in edema, scanty urine, and lumbar pain.

Cold

Cold is the principal energy of winter, affecting the body's heat; thus many of the illnesses of winter are of a cold nature. Cold patterns also develop when one '- gets wet in the rain, ? sweats in the wind, or encounters similar situations.

Cold illnesses are divided into two types: external and internal. The first attacks the body in two ways—at the surface, or directly at the organs and viscera.

Internal cold is a pathological reflection of insufficient yang. Although internal and external cold often exhibit different symptomatic patterns, they are mutually influential. When a yang deficiency provokes internal cold, the
body is more susceptible to external cold factors. Similarly, if external cold persists for a long time, it can weaken the yang and develop into internal cold. The physical manifestations of cold are yin in nature, metaphorically reflecting the signs of cold—stagnating, contracting, hardening, sinking.

Quality	Form of Causing Illness	Clinical Manifestation
Summer heat is yang.	Provokes an excess of yang.	Fever, sweat, thirst, strong pulse (gong da).
Summer heat works to elevate and disperse.	Damages fluids and <i>chi</i> , pores dilate and there is excessive sweat; when the body loses fluids it becomes weak; summer heat rises to affect spirit and consciousness.	Thirst, dry tongue and lips; shallow breath, weakness, loss of consciousness, confusion, irritability.
Summer heat often combines with dampness.	Combined with dampness the affects of summer heat become more generalized.	Fever, restlessness, thirst accompanied by weakness in the limbs, thoracic pain, vomiting, strong-smelling stools.

SUMMER HEAT: QUALITIES AND ETIOLOGIES

DRYNESS: QUALITIES AND ETIOLOGIES

Quality	Form of Causing Illness	Clinical Manifestation
Dryness is rough, grating.	Causes a loss of <i>yin</i> fluids.	Symptoms of a loss of fluids are: dry mouth, nose, lips and tongue; scanty urine, flaky skin, dry stools.
Dryness damages lung and kidney.	The lungs lose fluids and are not nourished. Their function of dispersing and descending is interrupted, resulting in deficient kidney <i>yin</i> .	Dry cough with little phlegm, difficult expectoration, phlegm with blood; panting and chest pain.

DAMPNESS: QUALITIES AND ETIOLOGIES

Quality	Form of Causing Illness	Clinical Manifestation
Dampness is heavy and turbid, descending, affecting <i>yin</i> organs.	Causes pain, heaviness, exhaustion. Tends to affect the lower body.	Surface manifestations: heavy head and limbs, exhaustion. Dampness in the meridians and joints causes joint pain and heaviness.
Dampness is heavy, stagnating and extending.	Illnesses are chronic and difficult to cure, moving to different parts of the body.	Internal dampness: pus, dark urine, leucorrhea, edema.
Dampness is <i>yin,</i> easily damaging <i>yang</i> organs.	When dampness obstructs the meridians, energy becomes blocked. <i>Yang</i> of the spleen is damaged and the function of transport and assimilation is hindered.	Excema, typhoid, chronic illnesses.
Dampness is related to the spleen.	Damages spleen yang.	

PATHOGENIC FIRE: QUALITIES AND ETIOLOGIES

Quality	Form of Causing Illness	Clinical Manifestation
Fire is <i>yang</i> ; it rises and inflames.	Excitation and changes in the upper body.	Symptoms include high fever, aversion to heat, irritability and thirst, rapid pulse, red face and ears, ulcers in the mouth, inflamed gums.
Fire burning up <i>yin</i> fluids results in dry heat.	Damages <i>yin</i> fluids causing internal dryness.	Scanty, thick urine and feces, dry throat, heat in the mouth.
Fire produces wind, moves the blood, causes skin infections.	Overheats the liver meridian, burns <i>yin</i> fluids and burns off nutrition, produces wind, damages the blood, produces carbuncles and tumors.	If liver wind combines with heat: tics, tremors, stiff neck appear. When heat damages normal movement of the blood: bloody vomit, stools and urine, heavy menstruation, carbuncles, inflammation.
Fire belongs to the heart.	Affects the spirit and causes the blood to circulate more rapidly.	Restlessness and confusion, incoherent speech, palpitations, increased heart rate, rapid pulse.



Mayan Image of an ancient Deity Merkuschev Vasiliy/Shutterstock.com

Module 4: Hinduism: Ayurvedic Medicine



Herbs and spices in bowls used in ayurvedic medicine Dutourdumonde Photography/Shutterstock.com

Ayurvedic Medicine pt 1 (Lecture Notes 1)

Traditional Indian Medicine. Early Historical Evidence.

Researched and Organized by Jaya Reddy (Doctoral Program, Department of Religion, University of Florida, Gainesville)

- The written accounts of Chinese Buddhist pilgrim Fa Hsien [Faxian] [1st decade of 5th century CE] provide us with the description of a civic hospital system which may be one of the earliest anywhere in the world.
- He was impressed with the city's houses for dispensing charity and medicine. These houses provided food, medicines and comfort to the sick and destitute.

Fa Hsien's Written Accounts [1st decade of 5th c CE]

- Fa Hsien's travels had brought him to Pataliputra, the city which was the capital of emperor Ashoka, credited with supporting and spreading Buddhism on the Indian subcontinent and beyond.
- Fa Hsien's written accounts together with the description of how a hospital should be equipped in the Caraka Samhita a classical Indian medical compendium suggests that India might have been one of the earliest societies in the world to have an organized, institutional system of medical provision.

Traditional Indian Medicine Early Historical Evidence

- There were many forms of medical practices prevalent in ancient India but out of this plurality, one system of concepts and practices emerged as a unified doctrine.
- This system emerged probably around the time of Gautama Buddha [c. 450 BCE] and was eventually codified in a series of medical treatises written in Sanskrit.

- Today Sanskrit manuscripts exist that may be dated to the 5th c BCE onward. Many of these documents have been reworked according to Indian written textual traditions, which include commentaries within original written texts.
- Ayurveda is still practiced in India today and the Indian government supports the teaching and research of Ayurveda through state and national official networks.
- Modified versions of Ayurveda have been adapted and coexist with complementary forms of medicine in many countries outside India.

Ayurveda: Classical Indian Medicine

- Ayurveda literally means the knowledge/science [veda] for longevity [ayus].
- According to the Caraka Samhita, this system of medicine is called "Ayurveda" because it tells us which substances, qualities and actions are life-enhancing and which are not.
- Ayurveda encompasses both preventive and prescriptive aspects of medicine;
- The medical system also includes practical advice for all aspects of life such as cleaning teeth, exercise, morality and so on.
- This system offers specialized teaching for professional physicians such as diagnosis and therapy.

Specialized Branches of Ayurveda

The texts describe Ayurveda as having eight specialized branches:

- 1. Internal Medicine;
- 2. Treatment of diseases of organs in the neck and head;
- 3. Extraction of foreign bodies through surgery;

- 4. Management of conditions caused by natural and artificial poisons;
- 5. Treatment of mental diseases caused by demonic seizures;
- 6. Management of the child;
- 7. Administration of elixirs for the maintenance of youth and prevention of old age;
- 8. Administration of aphrodisiacs.

Foundational Medical Texts

India has had a history of powerful traditions of scholarly intellectual activity, which has passed on to the world millions of Sanskrit manuscripts. A large portion of these manuscripts deal with medicine. In addition there are hundreds of medical textbooks in Sanskrit that include ideas, diseases, remedies and diagnostic techniques. There are also numerous manuals that classify substances and list recipes and preparations. In fact so large is the written textual tradition in medicine, that the author of the Caraka Samhita states that when starting a study of Ayurveda, certain criteria should be considered for choosing texts: the text should be famous, used by scholars, it should cover many topics and be respected by qualified people, it should not be flawed by repetitiousness, and it should be derived from the tradition of the saints (CS 3.8.3.).

Traditionally the medical texts foundational to Ayurveda are the medical treatises or compendia: the Caraka Samhita [400–200 BCE] and the Sushruta Samhita [250 BCE with later additions to the text about 500 CE], together with the Ashtanga Hrdaya [The Heart of Medicine; roughly 400 CE]. Within the tradition these medical treatises are known as The Great Triad, or The Great Threesome.

Modern scholars agree that it is within the Caraka Samhita, for the first time, we see a completely developed medical system.

The next layer of important texts are called The Lesser Threesome or The Lesser Triad. They are the Sharngadhara Samhita [15th c], the Bhava Prakasha [16th c] and the Madhava Nidhanam [700 CE].

- Caraka Samhita: is written in Sanskrit metered verse and is studied and memorized by modern students of Ayurveda. In broad terms this is the theory of internal medicine and is a voluminous work, which includes theory, philosophy, diagnostics, recipes for medicines, food classifications and practical instructions for daily life.
- Sushruta Samhita: is a treatise that deals with the theory and practice of surgery. It is a work that would have been taught in conjunction with oral instruction. It is written in Sanskrit prose and verse.
- Ashtanga Hrdayam: empasizes therapies for the body and introduces the use of metals and minerals into its pharmacopoeia.
- Sharngadhara Samhita: is considered a concise version of the Ayurvedic system of medicine. It contains numerous pharmacological formulae used in treatment and is the first text to discuss pulse diagnosis.
- Bhava Prakasha: is a well organized work of the earlier compendia. In general this work deals with body therapeutics but includes a large section that details characteristics and qualities of foods, plants and minerals.
- Madhava Nidanam: presents a classification of diseases according to Ayurveda. It describes a wide range of diseases particularly related to children and women, ear/nose/throat and also discusses toxicology.

Important Principles of Ayurveda

Ayurveda is an all-encompassing system of medicine that has many historical layers and interpretations. Thus it is difficult to pick one set of concepts that may be identified as foundational.

One of the basic group of ideas in Ayurveda relate to the humors [doshas] and waste products [malas].

Tridosha Theory

- The doctrine of three "humors" are somewhat similar to the Greek humoral system of Hippocrates and Galen;
- The comparison and translation of the term and concept of dosha is rather controversial. Many practitioners and scholars insist that they are not comparable. Some modern teachers of Ayurveda refer to them as " agents of DNA," " biological functional principles," " energy complexes" among others, while continuing to use the term dosha.
- Many leading scholars in the western academy refer to the doshas as comparable to the Greek humors and translate the term accordingly.
- This is an example of the difficulty of translating Sanskrit terminology. It is also the challenge of understanding an ancient specialized system of medicine in modern terms and concepts, which naturally leads us to modern, biomedical ideas and terminology.
- Some scholars suggest that we should resist the temptation to use modern words if we are to learn anything about the history of medicine.

According to tridosha theory, there are three "humors" that are present in the body and regulate its state:

Vata: wind/air; Pitta: choler/bile;Kapha: phlegm/mucous

These doshas are the combination of the primordial elements: Earth, Water, Fire, Air and Ether, which are present proportionally in each individual, with two elements predominant: Vata - Air and Ether; Pitta - Fire and Water; Kapha is Water and Earth Each individual's combination and proportion of the doshas is determined by diet, lifestyle, emotions, and hereditary factors of the parents, among other issues at the time of conception. This combination is set at conception and is the unique, psychophysical makeup and functional behavior of a person.

The doshas interact with the seven basic constituents of the body: chyle, blood, flesh, fat, bone, marrow, and semen.

Predominant doshas can be observed by practitioners in body types. In addition to foods that are beneficial for specific doshas, the system also describes seasonal protocols, lifestyles, music/musical instruments and occupations that are conducive for healthy dosha states.

This theory is used in diagnostic methods as well, where traditional physicians in addition to palpation, observe eyes, tongue, urine, skin, and radial pulse, among other factors.

Pulse examination [nadi pariksha] is considered an intuitive art and science.

Ayurvedic Understanding of the Body

Ayurveda considers digestion to be the central process of the body. The Sanskrit terms for this process imply 'cooking.' The digestive force is called "agni" – "fire" or "fire in the belly."

Once food has been 'cooked' by the digestive process it is transformed consecutively into the "body constituents."

Food Chyle	[pulpy juice]
Chyle	Blood
Blood	Flesh
Flesh	Fat
Fat	Bone
Bone	Marrow
Marrow	Semen

Subsequently waste products mucus, sweat, urine and so on are produced.

This presents a male view of the body. Some texts suggest the equivalency between breast milk and semen. Ayurveda understands conception as the union of male semen and female blood discharged during menstruation but retained during pregnancy.

The source of the body's strength is an 'essence' which is the motivating force in the body. Called ojas in Sanskrit, this is a term that has been subject to much discourse in emic and etic spheres. For our purpose we may use the translation " energy."

Ayurveda envisions the body having a network of tubes, channels and paths that transport fluids, humors, sensations, wind and also mind.

Disease in part may be caused by the blockage of these systems.

"The term ayus stands for the combination of the body, sense organs, mind and soul, and its synonyms are dhari [the one that prevents the body from decay], jivita [which keeps alive], nityaga [which serves as a permanent substratum of this body] and anubandha [which transmigrates from one body to another]" (CS 1. 1.42).

Ayus – life represents a combination of the body, the sense organs, the mind and the soul. The body, made up of the five primordial elements, serves as an abode of enjoyments and sufferings of the soul. All these, combined with the virtue of invisible past actions [karma] are designated as life. Although this is momentary because the body is temporary, still it is considered fixed by a process of continuity, understood as a single continuum. The passage above shows two important aspects of life; its permanency in spite of the body being momentary and its transmigratory faculty.

The Åyurvedic body, ca. eighteenth century, probably of Nepalese provenance. Wellcome IC #574912i. Wellcome Library, London.



Categories of Diseases

Diseases are considered in three categories:

- Psychological
- Mainly somatic
- Psychosomatic

There is a whole realm of illness considered to be caused by demonic possession and the effects of bad karma. One text, the Susruta Samhita, briefly discusses nine 'seizers' who attack children. One of the [eight] branches of Ayurveda is devoted to these forms of illnesses caused by demonic possession.

The Causes of Disease

- According to the Caraka Samhita the causes of diseases relating to both mind and body are three-fold:
- Wrong utilization, non utilization, and excessive utilization of time, mental faculties and objects of sense organs.
- Time here is the seasons: winter, summer and rainy season.
- The objects of sense organs are sound, touch, vision, taste and smell as well as their accessories like matter [dravya], quality [guna], and action [karman] are used through the sense organs.
- Second to time, mental faculties are considered an important factor in the cause of disease. "Sinful acts" are included under the abuses of mental faculties. According to commentators, it is not time but the abuses of mental faculties that constitute the direct causes of act-born diseases.
- The natural urges and instincts [hunger, thirst, aging etc.,] may take the form of disease if they are not properly utilized at proper times.

The Importance of Time

Time is the most important factor since it is considered indispensable in nature. Prognosis and treatment are also linked to time:

Time of day

Time of season

Time in the patient's life

Objective time is identified with the seasons cycle. Every season has specific qualities that may be incompatible to others;

This gives the physician a logical scheme according to which he may provide medicines that counters or compensates adverse excess.

Each of the three seasons in India give rise to a specific trouble:

Winter – Phlegm/Mucous [kapha]

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Summer – Wind [vata]
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Rains – Bile [pitta]

The medical texts have extensive prescriptions concerning what is appropriate to time and place and devote sections that deal with the regulation of life according to the season.

The Treatment of Disease in Ayurveda

- Treatment in Ayurveda includes a wide range of therapeutics. These follow a protocol of cleansing/elimination, rejuvenation, and administration of tonics.
- The range of therapies include: diet, enemas, massage, bloodletting, leeching, ointments, douches, sweating, and surgery
- Depending on the condition/disease of the patient these therapies are categorized in the medical texts as lightening therapy, nourishing therapy, drying therapy, oleation therapy, fomentation therapy and astringent therapy.
- The medical texts list numerous protocols and types of these forms of therapies. For instance, the Caraka Samhita in one section lists and describes six hundred forms of purgatives, including the parts of plants used, their recipes, types of decoctions [grouping them] and pharmaceutical processes for preparing them.

The medical texts delineate four aspects of therapeutics: the physician, the medicine, the attendant and the patient. All these are responsible for the cure of disease. The Caraka Samhita devotes two large sections on the requirements and duties of a physician.

Since one of the main causes of disease is non- or excessive utilization of the senses, all classical medical texts emphasize moderation: in food, sleep, exercise, sex, and dosage of medicine. It is crucial to stay within the limits of reasonable measure and balance.

Some scholars suggest that this is a fundamental Buddhist ideal, embodied in Buddha's "Middle Way." This is a teaching mentioned by Vaghabhata [part of the Great Triad]. Research has demonstrated that Buddhism and Ayurveda have influenced each other considerably, though more work needs to be done in this area.

Another aspect of moderation is the suppression of natural urges [coughing, sneezing, etc.,] these must by no means be suppressed or can cause illness. The texts delineate which natural urges must be controlled and which must not.

Treatment in Ayurveda Diet & Nutrition

Ayurveda considers detrimental lifestyle, diet, bad food combining and repressed emotions as causes of dosha disturbance. These causes disturb agni – digestive fire – and undigested food turns into a toxic, sticky substance called ama. Ama is considered the root cause of many diseases. Therefore food is one of the foundational and crucial components that addresses the two-fold objective of the science of Ayurveda: the treatment of patients suffering from disease, and the maintenance of positive health.

The texts state that for proper digestion and maintenance of proper health, one should eat in proper quantity at the proper time. The quantity depends on digestion of each individual.

Ayurveda has a complex classification of nutritional substances based on the concept of rasa.

Rasa may be translated as "essence" but it must be noted that it has many profound meanings. For instance it may also be used to denote the particular emotional experience of music or drama.

For our purpose within the context of diet and nutrition, we can consider rasa to mean " taste" and we must note that " taste" here refers to potential energy, and the post-digestive quality of foods, rather than taste on the tongue.

There are six rasas [" tastes"] in Ayurveda, which are formed from the combination of the various elements.

Sweet, Sour, Salty, Pungent, Bitter, and Astringent. [VL 241]

The unique combination of the attributes of each substance [food, medicine] influence the actions within the body. For instance, sweet "taste" when used in moderation promotes the growth of blood, muscles, fat, bones, marrow and reproductive fluids. Excessive use however, can produce many disorders involving any one of the doshas.

- Foods/medicines are also classified according to their " qualities" or " universal attributes" just like the doshas [dry, hot, heavy etc.,]
- Every food has its own taste, a heating or cooling energy, and a post-digestive effect.
- The qualities in a particular person combine with the qualities inherent in all foods to determine how the body accepts and digests that food.
- Spirituality, life, religion and consciousness are all connected to the quality of agni and the quality of the food eaten.
- Digestion is considered a subtle process that transforms food into consciousness.
- The medical texts and numerous commentaries and manuals provide detailed regimen for each season and classification of foods, meats, fish, fruits, vegetables, types of water, types of milk, grains etc., and their properties and actions.
- They recommend meat of many kinds of animals and fowl as normal food. Such sections are presented without any explanation, apology or justification. It is the later commentaries that offer some form of justification for consuming meat.

Treatment in Ayurveda Body Therapies

• Body therapeutics include enemas, massage, ointments, douches, sweating, and purgation.

• Today, some of these therapies are more widely practiced than others. Though the texts include practices like bloodletting and leeching, these are not practiced in contemporary clinics.

• Sweating and massage with a wide range of herbal formulae are recommended. The texts recommend massage oils also prepared using animal fats and marrow. Generally contemporary therapies use and publicize herbal preparations for massage and other forms of treatment.

• Panchakarma, which literally means "five actions" involve some of these therapies for purification and rejuvenation.



Ayurvedic Medicine pt 2 (Lecture Notes 2)

Ayurveda and the Environment

- Underlying the seasonal prognoses and therapeutic remedies are fundamental ideas and concepts of illnesses, climates/seasons and techniques for bodily therapies.
- All these presuppose a particular conception of the relationship between a living being and its life-environment.
- In classical literary works, poets use six seasons each identified with a particular flower, a bird and a particular state of mind. This theme is an indispensable element to Hindu classical literature. Likewise the seasons are also a crucial component of Ayurvedic medicine.
- Each season is characterized by a set of signs, flavors, and qualities which require appropriate practices, observance, habits and life regulations.
- This expression of seasonal/time appropriateness [rta-satmya] while purely Ayurvedic, has its roots in ancient Hindu traditions of Vedic sacrifice, where a convergence of events and acts, adjustments of times, spaces and actions which is put into operation in sacrifice.
- A philosophical concept of time as underlying the successive changes that constitute diseases, determines both climatic description and therapeutic prescriptions.

The system of Ayurveda describes medicinal substances and their relation the "essence" or "aroma" of particular soils and their inhabitants. Jungala in Sanskrit means 'the dry lands' and connotes land that is healthful, fertile and open to cultivation.

Anupa is marshy, insalubrious land.

These categories and geographical concepts provide the classification structure for articulation of the principles of Hindu ecology and medical theory.

This taxonomy serves the purpose of understanding the dietetic and therapeutic value of the land and its inhabitants.

Thus 'bio-geography' is subject to pharmacy, which is embedded in the whole cosmic physiology: the great chain of foods in which living beings – the eaters and eaten – transmit to one another the nourishing essences of the soil.

Pharmacy leads to a superior register, physiology, which encompasses the circulation of fluids in the surrounding world, the rise of sap in plants, the aroma that is given off by cooking of different kinds of meats, and finally, the interplay of different humors within the body.

Ayurveda's pharmaceutical taxonomy produced a huge nomenclature and network of coordinates. Healers' knowledge seeks the equilibrium between the three doshas and the essence of the di**ff**erent types of soil.

For instance, in a marshy region, uncluosity and heaviness predominate and may produce disorders of phlegm, so the proper therapeutic diet consists of foods, possessing the contrary qualities of dryness and lightness.

Sickness is a being 'out-of-phase' and medicine – an art of good conjunctions – maintain and restoring in each particular person a good use of the time that is common to all. In ritual we find a fundamental need to order the articulations of time. Medicine is able to create, artificially and against the flow of time, a propitious environment.

Modern & Global Ayurveda

Though Ayurveda developed from an indigenous medical system, it has interwoven with religious, cultural and political climates. This history with the addition of new theories and practices forms a rich yet complicated social history. Ayurveda today has persisted but it has been influenced by the history of India and world movements. British colonialism, world domination of biomedicine, the pressures of modernization, and Indians in the diaspora have all played an important part in the current state of Ayurveda. Within India, the Government of India has sponsored research and development in Ayurveda. Today large organizations maintain databases and state-of-the-art laboratory facilities to study Ayurveda's materia medico and its therapies.

Many hospitals in India have integrated Ayurveda protocol in their facilities. This area of medical care is called Integrative Medicine. This practice has travelled beyond the boundaries of India. For instance the Ayurveda Klinik is a department in a German hospital, the Habichtswaldklinik in Kassel in Germany. Here modern biomedical diagnostic procedures are used in conjunction with Ayurvedic processes and patients have the opportunity to choose Ayurvedic therapies and medicines.

In the U.S. organizations such as that founded by the Maharishi Mahesh Yogi have brought Ayurveda along with other spiritual practices such as Transcendental Meditation.

Teachers and practitioners such as Deepak Chopra, an M.D. and once student of the Maharishi, presents Ayurveda in terms of Quantum Medicine in print and other media.

In the U.S. today there are many schools conducting certification programs

in Ayurveda. There are also numerous workshops held all over the country.

Ayurvedic products have been introduced into almost every aspect of provision from teas to food, soaps, shampoos and cosmetics.

Ayurvedic formulae can also be found on the shelves of local health food stores, mail order catalogues, and Ayurveda has a significant presence on the internet. Mainstream bookstores now sell scores of self-help books on Ayurveda that even include questionnaires for self-diagnosis of doshas.

Ayurveda has been successfully integrated into the corporate world and in the public domain. It also travels linked with the teaching and practice of yoga in the U.S. and in Europe. Kenneth Zysk, a leading scholar of Ayurveda, has termed this phenomenon "New Age Ayurveda."

"Folk" Healers in India

Ayurveda in India today has many complex layers in terms of its practitioners and provision. What we have discussed above is the "elite" tradition which includes the study of Sanskrit texts. There are generations of practitioners who come

from these traditional lineages and do not integrate Ayurveda with biomedicine. Alongside this [written] textual tradition, there exists a large group of healers often referred to as "folk" healers.

While they may not study the Sanskrit texts, they do come from lineages of healers proficient in oral tradition and practice. These are the healers who live in rural areas, harvesting wild herbs that grow around them. These are the healers who provide medical care for a large percent of India's rural population. While today modern clinics and the "elite" may not include religious practices in diagnosis or treatment of disease, these "folk" healers include ritual in their healing and also address demonic seizure in their diagnosis of illness.

"Folk" healers may not be full-time professional healers but may be potters, farmers, even musicians.

In India today they have formed foundations and have now been acknowledged as practitioners by state and local bodies.

These practitioners excel in many areas of treatment. Bonesetting is one of the major contributions and thriving practices of "folk" healing. Skin diseases, snake bites, childbirth [pre- and post-care] and infertility, common gastric problems and fevers are also commonly treated. Many of these ailments, including mental/emotional ailments are also treated through ritual practices which include healing rites, wearing of amulets, taking particular vows, and offering ritual sacrifice among other practices.

Exchange Between Sanskritic and "Folk" Traditions

Lord Dhanvantari emerging from the churned ocean of milk. He holds a container with divine elixir of immortality. Dhanvantari's picture or image appears in many clinics. "Folk" healers may have local or family deities who are at the center of their healing practice, whose help and presence emerge in healing.

The medical system of Ayurveda within the Sanskritic tradition presents it as having divine origins. Ayurveda [knowledge/science for longevity] came from Brahma, the creator of the universe. The sage Bharadvaja came to Indra, the king of Gods, who had received this knowledge from the Aswins, the twin healers in the Veda, who in turn got it from Prajapati – the Lord of Being, who received it from Brahma.

Some traditions suggest that Caraka – the sage to whom the Caraka Samhita is attributed to – actually counseled his students to seek plant knowledge from tribal peoples in the forests and mountains. Today, "folk" healers continue to contribute to the health of India's large rural population. Many urban clinics and practitioners seek their help in obtaining fresh plant substances for their patients.

Some scholars suggest that it is reasonable to assume that the earliest forms of medicine may have been derived from these indigenous traditions. However, we do not have the evidence to confirm this argument.

STUDENTS:

To complete this assignment,

Please Watch: "AYURVEDA: THE SCIENCE OF LIFE" by Pramod Mathur, on Youtube

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Plots planted with asparagus (Ayurvedic medicine - shatavari) in field ZIGROUP-CREATIONS/Shutterstock.com

Reading Wujastyk: Indian Medicine

Dominik Wujastyk

"Indian Medicine?" by Dominik Wujastyk, Companion Encyclopedia of the History of Medicine, Vol. 1, edited by W. F. Bynum and R. Porter. Copyright © 1993 Routledge. Reproduced by permission of Taylor & Francis Books UK.

PREHISTORY AND THE INDUS VALLEY

There is extensive archaeological evidence from all parts of the South Asian peninsula for the presence of humans from the Lower Palaeolithic Stone Age onwards. The first settled agricultural communities seem to have appeared at the end of the Pleistocene, about ten thousand years ago. A marked increase in the use of grains of cereal type is indicated in eastern Rajasthan from about 7000 BC, accompanied by the development of mud-brick architecture, and the domestication of cattle, sheep, and goats.

During the second half of the fourth and the early part of the third millennium BC, developments took place around the course of the Indus river that were to lead to the Mature Indus civilization, which flourished during the middle and late third millennium. Archaeologists have pointed to the concurrence of three factors which brought the Indus civilization to its maturity: the pre-existence in the region of many incipient urban trading communities; the rich natural environment offered by the Indus river system, a great river flowing through a desert, which inevitably reminds us of Egypt and Mesopotamia; and finally, the stimulus of contacts with other societies outside the Indus system, including those of Central Asia and Mesopotamia.¹ Excavations of the impressive Indus cities of Harappa, Mohenjo-daro, and Lothal have revealed an elaborate and refined civilization, and continuing archaeological work shows that the Indus culture stretched across a far greater area of northern India than was once realized, through a system of smaller villages and settlements that were linked to the cities by trade and

shared artefacts. The period of the Mature Indus civilization shows us an evolved urban society with clearly drawn class divisions and roles. No doubt healers of some type existed, perhaps coinciding with the religious functionaries. However, the script of this civilization remains undecipherable at present, in spite of many promising attempts using modern techniques of decipherment, and the lack of access to the surviving written records impedes interpretation of the archaeological artefacts.

One may point to the large, central water tanks or communal baths that exist in the main cities and postulate religious or secular rites of cleansing. It certainly seems that hygiene was highly regarded, since the houses in Harappa, Mohenjo-daro, and Lothal often have separate bathrooms with drainage to covered culverts that run beneath the city streets. Several statues, toy models, and images survive, representing plants, animals, and presumed deities, and in many cases it is tempting to draw parallels with later Vedic developments in the historical period. For example, there are images of what looks like a Pipal (Skt. pippala, aśvattha) leaf, which was of importance in the materia medica of later Indian medicine.² But while the Indus script remains unread, such conjectures concerning cultural continuity must remain tentative in the extreme.

During the middle of the second millennium BC, the Indus civilization declined. The cities seem to have fallen into disuse, and the populations to have migrated to outlying villages. The causes for this decline are subject to strenuous debate today by archaeologists, geologists, linguists, and historians, but they probably include environmental changes affecting the river courses and the climate,³ and perhaps the collapse of an over-rigid hieratic system of centralized government in the face of declining economic prosperity.

MEDICINE IN THE VEDIC TEXTS

During the latter part of the second millennium BC, the eastward migrations of the Indo-European peoples reached South Asia.⁴ The sacrificial liturgy of these peoples was memorized wholesale by families of hereditary priests (Skt. brāhmaṇa). By extraordinary feats of memory and tradition, these hymns have reached us today in much the same form as they existed c.1200 BC. This body of Sanskrit liturgical literature is called veda, 'the knowledge'. The subject matter of these hymns is religious and includes the praise and worship of the gods, and prayers for health, long life, and many sons. From them, we are able to deduce obliquely some information about health and healing in these early times. It must be stressed that there is no such thing as 'Vedic medicine' in any unified sense. All we can do is scour the surviving liturgical texts for insights into the healing practices of the time.⁵

The picture that emerges is – perhaps unsurprisingly, given the nature of our sources – one of a magical and religious approach to the causes of disease and to remedies. Several deities were ascribed particular healing powers, including the Aśvins, twin horsemen and divine physicians, cognate with the Roman Dioscuri. Diseases could be caused by evil spirits or by external accident, and rituals involving incantations (Skt. mantra), penances, and prayers were used to placate the suprahuman beings who brought disease upon people. Plants too were recognized for their healing powers. In general, internal diseases like yákşma (consumption) and takmán (fever, particularly associated with the onset of the monsoon) were believed to have magical and demonic causes, while broken bones, wounds, and other external afflictions were ascribed to their more obvious mundane causes. Poisons were evidently known and used.

A superficial knowledge of anatomy is revealed. The Vedic rites included animal and human sacrifice, and in this connection the ritual texts include some lists of anatomical parts.

A simple form of surgery is described, in which a reed was used as a catheter to cure urine retention.⁶ Cauterization with caustic substances and resins was used to prevent wounds from bleeding. In many places, the texts

refer to water as a potent healing substance, but it is unclear whether it was to be drunk, sprinkled on the patient, or used for bathing.

MEDICINE AMONGST THE EARLY HETERODOX ASCETICS

The religion of Vedic ritual continued to embody the orthodox religion of north India in the latter half of the first millennium BC, and it has continued to do so to some extent even today. However, a number of other religious groups sprang up in opposition to what was seen as a sterile, mechanistic religion. Generally speaking, these heterodox groups sought to internalize religious values to a greater extent than was demanded by Vedic ritual, and to live a life of ethical, rather than solely sacramental, integrity. The best known such groups was the Buddhist sangha (community), founded by Gautama Śākyamuni, but there were others such as the followers of Mahāvīra (later called the Jains), and of Makkhali Gosāla (the Ājīvikas, now extinct), as well as many independent ascetics (Skt. śramaṇa). Amongst these groups a new kind of medical practice evolved. The evidence we have comes mainly from the Buddhist canonical texts, which contain important medical information.⁷

The monastic rule governing Buddhist monks (Pāli vinaya) laid down that their few possessions should include five basic medicines: clarified butter, fresh butter, oil, honey, and molasses.⁸ As the Buddhist sangha evolved, the list of medical prerequisites grew to include numerous foods and a large pharmacopoeia. There is archaeological evidence from about the fourth century AD that some Buddhist monasteries included a sick-room, which may have evolved into a more formal hospital.⁹ Initially, the monks' healing activities were aimed at the care of their fellow monks, but by the middle of the third century BC, the monasteries were beginning to serve the lay community.

Of particular interest for the history of Indian medicine are the close similarities that exist between the Buddhist texts and the later avurvedic texts in some lists of herbs, salts, and other medicines, as well as in specific treatments. This is in contrast to the medicine of the Vedic texts, which is not generally similar to ayurveda. The evidence points to the ayurvedic texts having grown, at least partly, from the ascetic milieu.¹⁰ This seemingly simple fact has long been obscured because scholars have taken at face value the ayurvedic texts' own strenuous assertions that they are derived from the Vedic tradition. But something quite complicated seems to have happened to this tradition, and research has not cleared up all the issues yet. Recent work has discerned in the classical compendia of Caraka and Suśruta a core of world-affirming, pragmatic realism amounting to an early scientific attitude, which has been subjected to a secondary process of religious over-coding.¹¹ Texts which were originally dedicated wholly to the accurate observation and description of disease, and to healing by whatever means were effective, have been recast in the framework of a dialogue between primeval Hindu sages and gods, and a pedigree has been clumsily prefixed to the works that traces the descent of the science of medicine back to the gods themselves.

Some of these ideas are still, perhaps, somewhat speculative. But the role of the ascetic communities of the fourth century BC onwards, and in particular that of the Buddhist sangha, must now be recognized as a vital part of the early evolution of āyurveda.

ĀYURVEDIC MEDICINE

The classical system of Indian medicine is called, in Sanskrit, āyurveda: 'The knowledge (Skt. veda) for longevity (Skt. āyus)'. One ancient etymological definition of the science runs as follows: 'It is called 'āyurveda' because it tells us (vedayati) which substances, qualities, and actions are life-enhancing (āyusya), and which are not.'¹²

Āyurveda is a broad system of medical doctrines and practices, with both preventive and prescriptive aspects. It consists of a great deal of excellent practical advice concerning almost every imaginable aspect of life, from cleaning the teeth, to diet, exercise, regimen, and so on. Ayurveda's theoretical foundation is a doctrine of three bodily humours (wind, bile, and phlegm), somewhat analogous to the ancient Greek teachings of Hippocrates and Galen (AD 129-c.200/210), and seven bodily constituents (chyle, blood, flesh, fat, bone, marrow, and semen). Its medicines are mainly herbal and it teaches a broad range of therapies including enemas, massage, ointments, douches, sudation, and surgery. From the end of the first millennium AD, metallic compounds began to come into medical use, but these remained on the periphery of the ayurvedic pharmacopoeia; opium, too, was introduced, probably from Islamic sources, as an effective cure for diarrhoea. Throughout the classical texts the emphasis is on moderation: whether it be in food, sleep, exercise, sex, or the dosage of medicines, it is vital to stay within the limits of reasonable measure and balance.

SOURCE TEXTS

The textbooks of āyurveda are written in the classical Sanskrit language, although many are today available with translations into modern Indian languages (especially Hindī), and some have been translated into European languages. The earliest surviving texts date from the first centuries of the Christian era, although, as we have seen, there is evidence that a system which could be called āyurveda was developing from perhaps as early as the fourth century BC. However, extravagant claims that āyurveda dates from thousands of years BC can be firmly discounted. Such claims are frequent,

and arise from nationalism, religious fundamentalism, a partisan attachment to romantic ideas of India's spiritual heritage, and other such causes. They are not supported by scholarly historical research. Likewise, several English translations, intending to glorify India's past achievements, only make it seem ridiculous by falling into the trap of presenting ancient and medieval Indian medicine as though it foreshadowed all modern discoveries. Āyurveda's real history is impressive enough and does not benefit from proleptic scientism.

There are numerous Sanskrit texts devoted to expounding the traditional system of Indian medicine, āyurveda. The earliest of these texts, by many centuries, are the Caraka Samhitā and the Suśruta Samhitā. The Sanskrit word 'samhitā' means 'compendium', and 'Caraka' and 'Suśruta' are proper names. So these titles translate as 'Caraka's Compendium' and 'Suśruta's Compendium'. A third ancient text, the Bhela Samhitā has survived to modern times in only a single damaged manuscript,¹³ and it has yet to be critically edited and translated.

The tradition of the Caraka Samhitā is associated with north-western India, and in particular the ancient university of Taksāśilā: Chinese sources place Caraka at the court of the famed first-century Scythian king Kaniska; the Suśruta Samhitā is said to have been composed in Benares. We do not know the exact date of composition of these two works. Prior versions of them may date as far back as the time of the Buddha, that is, the early fourth century BC.¹⁴ At the end of several chapters, the texts themselves explicitly declare that they have been supplemented, edited, and partially rewritten by later authors, whose dates run up to about the eighth century AD. The published Sanskrit texts available today represent the works in the form which they had reached during the latter half of the first millennium AD. The Caraka Samhitā and the Suśruta Samhitā are both long texts: one continuous English translation of the former is over 1,000 pages long,¹⁵ and a translation of the latter is over 1,700 pages long.¹⁶ These two texts form the cornerstone of ayurveda. Although there are many other texts on ayurveda, these two provide the foundation of the system, and are constantly referred to and paraphrased in other texts.

Later texts of great importance include the Astāngahrdaya Samhitā of Vāgbhata (AD c.600), the Rugviniścaya of Mādhavakara (AD c.700), the Śārngadhara Samhitā of Śārngadhara (c. early fourteenth century), and the Bhāvaprakāśa of Bhāvamiśra (sixteenth century). Mādhava's work broke new ground in its rearrangement of medical topics according to pathological categories, and set the pattern of subject arrangement that was followed by almost all later works on general medicine. Śārngadhara is important as the first author to discuss in Sanskrit several new foreign elements, including the extensive use of metallic compounds, an idea of respiration, diagnosis and prognosis by pulse, and opium.

There is some variation between north and south India regarding the popularity of āyurvedic texts. Broadly, the Caraka Samhitā is more popular in the north, while the Astāngahrdaya Samhitā is more popular in the south. This regional variation is revealed both by the geographical distribution of surviving manuscripts, and by the location of surviving living traditions of oral medical literature, such as the tradition of the astavaidya brahmins in Kerala.¹⁷ A small medical digest called the Vaidyajīvana, written by Lolimbarāja in the late sixteenth century, became extraordinarily popular all over India, perhaps because of the beauty of the ornate classical metres in which its verses were cast: it has a dozen Sanskrit commentaries, and has been translated into many modern Indian languages. A well-known aphorism, 'a doctor by a hundred stanzas' refers jocularly to the fact that anyone can become a doctor by learning the Vaidyajīvana.¹⁸

BASIC TENETS

Both the Caraka Samhitā and the Suśruta Samhitā emanate from a single tradition of medicine: that is, their general views and doctrines are in consonance, and the theoretical basis of medicine presented in the texts is identical. The Caraka Samhitā is distinguished by its long reflective and philosophical passages: why twins are not necessarily identical (4.2),¹⁹ what evidence there is for the doctrine of reincarnation (1.10), definitions of causality (3.8), etc. The Caraka Samhitā has proved to be of great interest to historians of India's philosophical traditions, since it contains doctrines associated with the philosophical schools of sāmkhya and vaisésika, yet predates their standard texts.²⁰ The Suśruta Samhitmā contains extensive descriptions of sophisticated surgical techniques: eye operations (6.1-17), removal of foreign bodies (1.26), plastic surgery on the face (1.16), etc., which either do not appear in the Caraka Samhitā at all, or not in such detail. The Caraka Samhitā (and similarly the Suśruta Samhitā) contains a vast accumulation of medical and indeed general information, including: the merits of a measured diet and of smoking herbal mixtures (1.5, 3.2); the pharmacological characteristics of a huge range of plants and vegetables (1.27, 3.1); aetiology and characteristics of various diseases (2.1–8, 3.6–7); epidemics (3.3); methods of examination of the patient (3.4, 3.8); anatomy (3.5, 4.7); nosology (3.6-7); philosophical topics about human life and spirit (4.1, 4.5); conception, embryology, the care of the newborn, and growth (4.2-4, 4.6, 4.8); prognosis (5.1-12); stimulants and aphrodisiacs (6.1-2); description and treatment of fever, heated blood, swellings, urinary disorders, skin disorders, consumption, insanity, epilepsy, dropsy, piles, asthma, cough and hiccup, etc. (6.3-18); cupping, bloodletting and the use of leeches (6.14,29); proper use of alcohol (6.24); disorders of paralysis, lockjaw, and rheumatism (6.27–29); properties of nuts, vegetables, and other materia medica (7.1-12); and the use of enemas (8.1-7, 8.10-12). This heavily abbreviated list is intended just to give a feel for some of the topics covered.

The medicines described in the Caraka Samhitā and the Suśruta. Samhitā contain a broad array of animal, vegetable, and mineral substances. An estimate of prescribed items in the Caraka Samhitā shows 177 substances of animal origin (including snake dung, fumes of burnt snake, the milk, flesh, fat,

blood, dung, or urine of several animals such as horse, goat, elephant, camel, cow and sheep, the eggs of sparrow, pea-hen and crocodile, beeswax and honey, soup of various meats, etc.), 341 substances of plant origin (including seeds, flowers, fruit, tree-bark, leaves, etc.), and 64 items of mineral origin (including ash, various gems, silver, copper, salt, clay, tin, lead, gold, glass, orpiment, sulphur, etc.).²¹

It is worth noting in this context that several substances in these lists, such as dung and urine, are not necessarily considered shocking in the Indian rural context. To orthodox Hindus, the consumption of meat or wine (both also recommended in the texts) would be a far more horrifying prospect than the admixture of animal dung in a medical recipe. The cow, in particular, is a holy animal for Hindus, and all its products, including milk, urine, and dung, are considered auspicious and purifying. It is normal practice in Indian villages for a housewife to begin the day by smearing the floor of her home with cow dung, which is seen as having disinfectant properties.²² Cow dung is also commonly used as fuel for cooking-fires. Furthermore, in three cases out of four, animal dung is prescribed for external use (including fumigation); urine is prescribed externally about twice in every three recipes.

The Caraka Samhitā contains several passages extolling the virtues of the good doctor:

Everyone admires a twice-born [brahmin] physician who is courteous, wise, self-disciplined, and a master of his subject. He is like a guru, a master of life itself. On completing his studentship a physician is said to be born again: the title 'doctor' [Skt. vaidya] is earned, not inherited. On completing his studentship a spirit, be it divine or heroic, enters firmly into him because of his knowledge: that is why the physician is called 'twice-born.'...For someone being dragged into death's realm by savage diseases, no benefactor, either religious or worldly, can match the person who holds out life. There is no gift to compare with the gift of life. The practitioner of medicine who believes that his highest calling is the care of others achieves the

highest happiness. He fufilshimself.²³

Quacks are condemned:

Attired in doctors' outfits, they wander the streets looking for work. As soon as they hear someone is ill, they descend on him and in his hearing speak loudly of their medical expertise. If a doctor is already in attendance on him, they constantly harp on that doctor's failings. They try to ingratiate themselves with the patient's friends with jokes, confidences, and flattery. They put it about that they won't want much money ...but when they fail to avert the illness they point out that it was the patient himself who lacked equipment, helpers, and the right attitude.²⁴

Caraka also presents an 'Oath of Initiation', which has often been compared with the Hippocratic Oath. During a rite of initiation at the beginning of a pupil's tutelage in āyurveda he had to swear to live a celibate life, to speak the truth, to eat a vegetarian diet, to be free of envy, and never to carry arms; he was to subject himself to his teacher completely, except where this would bring him into conflict with higher ethical values; he was to work day and night for the relief of his patients, and was never to desert them, nor take advantage of them sexually; he was to withhold treatment from enemies of the king, wicked people generally, and from women who were unattended by their husbands or guardians; he was to visit the patient's home only in the company of a mutual acquaintance, and was to treat as totally confidential any privileged information acquired concerning the patient's household.²⁵
IN PRACTICE

The diagnostic and practical aspects of ayurveda depended on a thorough knowledge of the Sanskrit texts. The good physician (Skt. vaidya) memorized a vast amount of material, which consisted largely of medical verses giving correspondences between the three humours, wind, bile, and phlegm (Skt. vāyu, pitta, śleșman), and the different symptoms, diseases, herbs, and treatments. When confronted with a patient, the vaidya performed an examination and took into account the symptoms, and verses would spring to his mind which encapsulated the patient's condition. These verses would trigger the memory of further verses that contained the same key combinations of humoral references, and presented a prognosis and treatment.²⁶ The vaidya was operating in a rich semantic field of correspondences, offering innumerable possibilities for diagnosis and treatment. The ayurvedic schemes of substances, qualities, and actions offered the physician an excellent combination of the freedom to act and a structure within which to exercise choice. It is important to see the practice of ayurveda in the context of oral traditions, in which vast amounts of memorized textual material is 'recreated' orally in order to suit particular circumstances, while nevertheless remaining true to the fundamental meaning of the text.²⁷

Of course, āyurveda had (and has) its poor practitioners, and the texts face up to the problem of bad doctors. To be good at āyurveda required not only years of training as a youngster, but also native intelligence and sensitivity.²⁸ But in the absence of a centralized system of qualification and testing, vaidyas were judged by reputation alone, and Sanskrit literature contains sharply satirical passages about dangerously ill-qualified physicians.²⁹

SURGERY

The Suśruta Samhitā tends to be known for its extensive chapter on surgery, which retains its power to impress us even today. Caraka, too, has brief descriptions of surgical techniques, but the Suśruta Samhitā goes into much greater detail, describing how a surgeon should be trained, and exactly how

various operations should be done. There are descriptions of ophthalmic couching, cutting for stone, removal of arrows and splinters, suturing, the examination of dead human bodies for the study of anatomy, and much besides. Suśruta claims that surgery is the most ancient and most efficacious of the eight branches of medical knowledge.³⁰ It is certain that elaborate surgical techniques were practised in Suśruta's circle, but there is little evidence to show that these practises persisted beyond the time of the composition of the text. Some of them may have survived as caste skills, isolated from the mainstream of ayurvedic practice. For example, a description of the couching operation for cataract survives in the ninthcentury Kalyāņakāraka by Ugrāditya,³¹ and texts based on the Suśruta Samhitā copy out the sections on surgery along with other material. But there is no evidence from other historical sources that the sophisticated surgery described by Suśruta was actually pracised by vaidyas. Medical texts do not contain any development of surgical ideas, nor do any genuinely ancient or medieval surgical instruments survive. Surgery is not described in literary or other sources, except as science fiction. It may be that as the caste system grew in rigidity through the first millennium AD, taboos concerning physical contact became almost insurmountable and vaidyas may have

resisted therapies that involved cutting into the body. Against this it may be argued that examination of the pulse and urine gained in popularity, as did massage therapies. But whatever the reasons, the early efflorescence of sophisticated surgical knowledge seems to have been an isolated phenomenon.

There is, however, one famous historical event which is often cited as evidence that Suśruta's surgery was widely known even up to modern times. In March 1793, an operation took place in Poona which was to change the course of plastic surgery in Europe. A Maratha named Cowasjee,³² who had been a bullock-driver with the English Army in the war of 1792, was captured by the forces of Tipu Sultan, and had his nose and one hand cut off. After a year without a nose, he turned to a man of the brickmakers' caste, near Poona, to have his face repaired. Thomas Cruso and James Trindlay, British surgeons in the Bombay Presidency, witnessed this operation (or one just like it), and appear to have prepared a description of what they saw, together with a painting of the patient and diagrams of the skin-graft procedure. These details, with diagrams and an engraving from the painting, were published at third hand in London in 1794.³³ The description showed that the anonymous brickmaker had performed a magnificent skin graft and nose reconstruction, using a technique that was superior to anything the English surgeons had ever seen. The technique was taken up in Europe and is still known as the 'Hindu method' today.

This would at first sight seem to be a triumphant vindication of the historical persistence of Suśruta's surgery. But there are several puzzling elements to the story that belie this initial impression. One of the most important is that the rhinoplasty operation is not described in any detail in the Suśruta Samhitā. The Sanskrit text says:

Now I shall carefully describe how to repair a severed nose. Take the leaf of a tree, of the same measure as his nose, and append it. The same size should be cut from the side of the cheek. Now it is attached to the end of the nose. With care the physician should scratch it and then swiftly tie it up with a clean bandage. After checking that it is properly joined, he should raise it and attach two reeds. Then he should powder it with sandal wood, liquorice and collyrium. Covering it completely with white cotton he should sprinkle it several times with the oil of sesame seeds. Once his digestion is over, the man should be made to drink ghee, anointed and purged, according to the rules. That repair should become healed; if there is half of it left, it

should be cut again. If, however, it is small, one should try to stretch it, and one should even out any excess flesh.³⁴

The Sanskrit text of this passage is brief and laconic, and certainly not detailed enough to be followed without an oral commentary and practical demonstration. Also, no surviving manuscript of the text contains any illustration. In fact, there is no tradition of anatomical manuscript illustration in India at all. In other words, it would not be possible for the tradition to have persisted purely textually.

Furthermore, as a member of the brickmakers' caste, the surgeon who performed the Poona operation was not a traditional physician or vaidya, and probably knew no Sanskrit at all. He had the skill in his hands, not in his head. And the skill that he had would probably have been specific to his caste, or even family. Maybe it was indeed an extraordinary survival of a technique from Suśruta's time, but in that case it was transmitted by means wholly outside the learned practice of traditional Indian physicians.

There is also no clear evidence from any other historical sources that such operations were ever performed in medieval times. Indeed, the contrary is true. Whatever the not-inconsiderable complications that surround this case, it demonstrates the presence of a major medical practice in the late eighteenth century appearing apparently from nowhere, millennia after being invented and laconically sketched out in the ancient texts.

INOCULATION

Before the nineteenth century, inoculation – the deliberate infection of a healthy patient with a dose of smallpox – was the only means of protection from smallpox. The patient was prepared beforehand to be in the best possible health, and was kept quarantined and in a controlled environment, in the hope that the smallpox episode would be mild. If the patient survived, and many did, he or she would thereafter be immune to smallpox. The practice of inoculation first became known to European science after Lady

Mary Wortley Montague (1689–1762) observed market women practising it in Constantinople. She had the courage to have her own children inoculated, and returned to England in 1717 to preach the new technique. It was to provoke a terrific controversy, which took on political and theological overtones, and grew stronger until the discovery by Edward Jenner (1749– 1823) of vaccination in 1796 rendered inoculation obsolete. Nevertheless, for a considerable time, inoculation, with all its inherent dangers, was the only known defence against smallpox.

Inoculation was current in Turkey in the early eighteenth century; there is evidence that it may have been brought there from China. It is interesting, then, to find a detailed account by a renowned English surgeon in 1767, describing the widespread practice of inoculation in Bengal.³⁵ There is also some evidence to push the Indian practice of inoculation back further, to 1731.³⁶ Once again, there is an historical paradox here: there is not the slightest trace of this important and effective treatment in any of the Sanskrit medical treatises. Smallpox was certainly recognized in āyurvedic texts, where it is called masūrikā ('lentil' disease) and was treated after a fashion. But of inoculation there is absolutely no mention. The link between theory and practice is broken once again.

After smallpox vaccine was introduced to India in 1802, a rumour was started in 1819 by an article in the Madras Courier, a popular daily newspaper, to the effect that there existed an ancient Sanskrit text describing in detail the process of vaccination. This proved, it was argued, the superiority of ancient Indian science, and that 'there is nothing new under the sun'. Unfortunately, this rumour gained currency and was republished in books and encyclopedias across Europe all through the nineteenth century, and it even surfaces today. Careful literary research has shown, however, that no such Sanskrit text exists, and that the whole affair was almost certainly triggered by the excessive zeal of British vaccination propagandists, who composed tracts on vaccination in local languages and probably in Sanskrit too. One of these tracts appears to have been so convincing that the belief was born of an ancient Indian knowledge of the technique.³⁷

These cases, rhinoplasty and inoculation, demonstrate that in the history of Indian medicine, all is not what it seems. Techniques in the texts fell into disuse, while new discoveries were widely practised apparently without impinging on the traditional medical establishment. Perhaps this situation is not entirely unlike that of today, with the growing popular acceptance of alternative medicine which is often ignored by the medical establishment.

This is not to deny that there was a strong core of continuity throughout the tradition. A great deal of what is practised by āyurvedic physicians in Indian villages today is derived directly from the classical schools of medicine which were so creative nearly two thousand years ago, and this practice has been the basis of health care in India in all that time. Yet time affected the tradition of Indian medicine just as it affects all things.

CHANGE AND CONTINUITY

It has long been presupposed by historians of Indian medicine that the āyurvedic tradition was static, that later texts merely elaborated a unified theory already present in the earliest texts, the Caraka Samhitā and the Suśruta Samhitā. This view of āyurveda was partly due to the fact that these two texts present themselves as timeless bodies of celestial knowledge, containing no programme for development or change, and partly because it conformed to uncritical ideas of India as the home of timeless truths. The idea that āyurveda never evolved also flourished for the simple reason that the research needed to discover evidence of change in the tradition is very difficult, and very detailed. It requires that a vast body of medieval Sanskrit medical literature be read, and that detailed indexes of diseases, therapies, diagnostic techniques, etc., be compiled.

While the most famous texts of the system, mentioned above (pp. 759–60), are indeed homogeneous to a great extent, Meulenbeld's recent pioneering researches into the history of Sanskrit āyurvedic literature have revealed that many authors refused to submit to the orthodox point of view, and stuck to their own ideas.³⁸ Many new diseases were identified and described in the course of time. For example, from the sixteenth century we find syphilis (Skt.

phirangaroga, 'foreigners' disease') described in texts like Bhāvamiśra's Bhāvaprakāśa; it was treated with mercury. From the eighteenth century onwards, we find texts including descriptions of diseases clearly borrowed from Western medicine. Other diseases that were described in early texts disappear from the literature.

Developments also took place in the field of diagnostics. The detailed and systematic examination of urine (Skt. mūtraparīkṣā) is a relatively late development, dating from about the eleventh century. The examination of the pulse (Skt. nādīparīkṣā) is never found in Sanskrit texts before about the thirteenth century, but it subsequently became a diagnostic method of first resort. A diagnostic technique called 'examination of the eight bases' (Skt. aṣṭasthānaparīkṣā), which meant a routine for examining the pulse, urine, faeces, tongue, eyes, general appearance, voice, and skin of the patient, began to appear in texts from the beginning of the sixteenth century.

New prognostic methods also came into use. For example, from about the sixteenth century, a technique was developed whereby a drop of oil would be placed in the surface of a patient's urine. The remaining span of the patient's life would be read from the way the oil spread out.³⁹

In therapy, one of the most noticeable changes over the centuries was the explosive growth of standardized compound medicines (Skt. yoga). A yoga normally consists of a large number of ingredients, and is described in terms of its effect against a particular disease or ailment. Its therapeutic use speaks against the view that each patient was treated holistically, as a person in relation to his or her environment, with certain habits, disposition, etc. Although such ideas are certainly present in the early texts, the growth of the use of yogas speaks for much more standardized therapeutic methods, with generalized medicines targeted at diseases, over the heads of the patients, so to speak. This development has continued today with the growth of a large pharmaceutical industry devoted to the manufacture of standardized avurvedic medicines. Most avurvedic medicines in the twentieth century are of this type, and it is rare to find a practitioner who will prescribe and prepare a medicine specific to a particular patient, as the old texts recommend. Also noticeable is the increasing use in the tradition of astrological, alchemical, and frankly magical methods of healing.

Finally, the enormous Indian pharmacopoeia was subject to far-reaching changes. Meulenbeld has categorized these as follows:⁴⁰ the decline of knowledge with respect to the identity of medicinal substances; the change of identity of plants designated by means of a particular name; the appearance of new names and synonyms; the use of substitutes for drugs which had become rare; the introduction of new drugs. The study of this subject is beset by difficulties, but many examples of all these cases can be cited.

Indian āyurvedic medicine certainly changed over the centuries, and in nontrivial ways. The study of these changes is still nascent, but promises to be full of interest. Āyurveda is the 'great tradition' of indigenous Indian medicine, the Sanskritic, literate system that received royal patronage. There are other 'great' traditions in this sense: the Siddha system of the Tamils, and the Yūnānī system of Islam. There is also a whole range of therapies traceable in the subcontinent, from folk medicine and shamanism through astrology to faith healing. We can do no more than mention some of these.

SIDDHA MEDICINE

In south India, a system of medicine evolved in the Tamil-speaking areas that was different in certain conceptions from āyurveda. Known as Siddha medicine (Tamil cittar), this was – and is – primarily an esoteric alchemical and magical system, apparently strongly influenced by tantric thought and āyurveda, about which very little has been written.⁴¹ It is marked by a greater use of metals, in particular mercury, than is the case in āyurveda, and holds particular reverence for a substance called muppū, which is believed to hold potent powers for both physical and spiritual transformation.⁴² Taking the pulse is more prominent as a diagnostic procedure in Siddha medicine than in āyurveda, and it has been suggested that āyurvedic pulse diagnosis – which was not common before the late thirteenth century – was borrowed from Siddha medicine.⁴³ The semi-legendary founders of Siddha medicine include Bogar, who is believed to have travelled to China, teaching and learning alchemical lore. Other legends include stories of a Siddha called Rāmadevar 'who travelled to Mecca, assumed the name Yakub, and taught

the Arabians the alchemical art'.44

ASTROLOGICAL MEDICINE

From the earliest times, āyurveda treated a range of children's diseases as being due to the malign influence of celestial demons (Skt. graha, 'seizer'), who were believed to attack children and to a**ff**lict them with a range of symptoms.⁴⁵ The Sanskrit word graha was later used to mean 'planet', and although grahas are clearly described as celestial beings in the Suśruta Samhitā, the later evolution of rites for planetary propitiation are clearly aimed at the same types of influence.

The literatures of Indian astrology (Skt. jyotiḥśāstra) and religious law (Skt. dharmaśāstra) include texts for pacifying the planets, as well as prognostications regarding such matters as pregnancy, the sex of unborn children, the interpretation of dreams, sickness, and death.⁴⁶ Private booklets containing invocations for pacifying the planets, as well as prayers and rituals for safeguarding children were not uncommon.⁴⁷ As an ancient and influential treatise on law and conducts says, 'One desirous of prosperity, of removing evil or calamities, of rainfall (for crops), long life, bodily health and one desirous of performing magic rites against enemies and others should perform a sacrifice to planets.'⁴⁸

A work exemplifying the close relationship between medicine and astrology as therapeutic systems is the Vīrasimhāvaloka by Vīrasimha, composed in AD 1383, probably in Gwalior. It treats the aetiology and therapy of groups of diseases from three distinct points of view: that of astrology, that of religion,⁴⁹ and that of medicine.

Even today, Indian astrologers and physicians are expected to provide charms and prayers to ward off evil influences from the planets and elsewhere. The parts of the body are conceptually equated with the constellations and planets in a complex scheme of relationships and influences, and the astrologer 'reads' this structure of symbols in order to understand the patient's problem and to suggest such remedies as amulets, penances, and prayers, as well as herbal decoctions.⁵⁰ A breathtaking variety of omens has formed a compelling element in the daily life of Indians for millennia, and many of these have to do with health and sickness.⁵¹ General bookshops in India frequently stock numerous texts on astrology and healing for popular consumption.⁵²

It is worth noting that the Bower manuscript, one of the oldest surviving Indian codices, contains not only important examples of fifth-century medical literature, but also a text on divination by dice.⁵³ Considered as a cluster of related texts, the Bower manuscript shows us a cross-section of the concerns of a fifth-century healer, who was specially interested in medicinal uses of garlic, elixirs for eternal life, the treatment of eye diseases, herbal medicines, butter decoctions, oils, aphrodisiacs, the care of children, and spells against the bite of the cobra, as well as the aforementioned divinations.

SHAMANISTIC HEALING

Sudhir Kakar has written engagingly of a number of shamanistic and folk healers in modern India, and it is certain that such practices have been common there since earliest times.⁵⁴ In fact, there are clearly elements within āyurveda itself that stem from such folk traditions. Patients with a range of beliefs about devils and spirit possessions visit such practitioners. It is interesting to note that shamans are not opposed to recommending patients to cosmopolitan clinics if they recognise an ailment such as an ulcer or high blood pressure.⁵⁵

FOREIGN INFLUENCES

THE COMING OF ISLAMIC MEDICINE

Yūnānī tibb is the name given to the medical practice brought to India with Islam, which began to have a major impact on India starting with the Afghan

invasions of Gujarat in the early eleventh century. The word yūnānī (sometimes spelt ūnānī) is an Indian representation of the name 'Ionian'. Yūnānī medicine is the system founded on that of Galen and in particular as interpreted in the work of Avicenna (AD 980–1037), Al-Qānūn fī l-țibb. Yūnānī medicine is still very much alive in India today, and it is fascinating to consider that a fundamentally Galenic medicine is still in contemporary practice.

As might be expected, Yūnānī medicine and āyurveda have influenced each other, especially in the realm of materia medica. Although the primary languages of Yūnānī medicine are, of course, Persian and Arabic, there are even Sanskrit texts on Yūnānī. For example, the eighteenth-century work Hikmatprakāśa was written in Sanskrit by the pious Hindu Mahādevadeva.⁵⁶ Yūnānī medicine postulates four basic humours, as opposed to āyurveda's three, and Yūnānī medicine is more oriented towards the treatment of patients in hospitals. The major di**ff**erence between these systems, however, is in their clientele. Broadly, Yūnānī physicians treat Muslim patients, and āyurvedic physicians treat Hindus.

THE PORTUGUESE AND DUTCH

In the first half of the sixteenth century, the Portuguese arrived in Goa. The first medical book printed in India – and only the third book printed there – was the Coloquios dos Simples, e Drogas he Cousas Mediçinais da India ... or Colloquies on the Medical Simples and Drugs of India by Garcia d'Orta (1490–1570), printed in Goa in 1563. D'Orta gathered a mass of material from the local physicians, and learned as much as he could of their methods, even competing with them for rich clients.⁵⁷ There was a free and fertile exchange of medical ideas between the Portuguese and the Indians for much of the rest of the sixteenth century; however, despite this promising beginning, the relationship declined, and during the early decades of the seventeenth century the Portuguese introduced restrictions that effectively outlawed Hindu physicians.

The Dutch East India Company officials showed great interest in the local flora and fauna of the Malabar coast from the end of the seventeenth century onwards. Heinrich van Rheede (1637–91), who was appointed Governor of the Dutch possessions in 1667, prepared a magnificent series of twelve folio volumes, published between 1686 and 1703 in Amsterdam, which contained nearly 800 plates of Indian plants, a work much admired by Sir William Jones (1746–94). Other works of a similar scale were produced, including that of van Rheede's appointee to Ceylon, Paul Herman (1646–95), whose herbarium and Museum Zeylanicum were major sources of the 1747 publication ofLinnaeus's (1707–78), Flora Zeylanica.⁵⁸

THE BRITISH

The British arrived in India at the beginning of the seventeenth century, in the form of the East India Company. The influence of 'John Company' grew steadily over the succeeding years until a flurry of battles and political acquisitions at the start of the nineteenth century projected the company into the position of de facto government in large parts of India. In 1858, the company was dissolved, and India was placed directly under the British Crown. The history of British medicine during this period belongs to the larger context of colonial and imperial medicine and the birth of tropical medicine, but some remarks should be made here about the interaction between British and indigenous physicians.

During the seventeenth century, there were relatively few English traders in India, and like the Portuguese and the Dutch before them, they faced a completely new set of health problems there. They were keen to learn from the local vaidyas and hakīms, and local remedies and regimens were often adopted. Missionaries were particularly active in both teaching and learning from indigenous practitioners, a task made easier by their mastery of local languages. For their part, the Indians were particularly interested in British surgeons since, in spite of the early evidence of the Suśruta Samhitā, surgery had passed almost completely out of practice amongst vaidyas. The French traveller J. B. Tavernier (1605–89) reported in 1684 that once when the King of Golconda had a headache and his native physicians prescribed that blood should be let in four places under his tongue, nobody could be found to do it, 'for the Natives of the Country understand nothing of Chirurgery'.⁵⁹ Two hundred years later, Sir William Sleeman (1788–1856) observed:

The educated class, as indeed all classes, say that they do not want our physicians, but stand much in need of our surgeons. Here they feel that they are helpless, and we are strong; and they seek our aid whenever they see any chance of obtaining it.⁶⁰

A persistent factor encouraging the British physicians to adopt Indian methods was the sheer difficulty and expense of shipping medical supplies from Europe. When the British Pharmacopoeia was formalized in 1858, the idea of a formal and legally enforceable standard for drugs took hold, and caused many British physicians in India to grow increasingly critical of the crudeness of indigenous drugs. Yet in the 1860s, economic pressures forced the Medical Department of the Bengal Presidency to declare that indigenous drugs should be used wherever possible.⁶¹ In the longer term, feelings against Indian medicine hardened, in common with attitudes to all indigenous skills and sciences, and after official Government support for Indian medicine ceased in 1835, āyurvedic and Yūnānī physicians were thrown back on their own private resources for training and practice.⁶²

THE CONTEMPORARY PICTURE

In India, āyurveda had been the main system of professional health care for the bulk of the population for at least two millennia. This even continued under the British Raj, which initially encouraged the study of āyurveda alongside British medicine when medical colleges were founded in Bengal and elsewhere. But with the change of British educational policy, after Lord Bentinck's educational reforms of 1835, and the suppression of āyurvedic teaching in state-funded medical colleges, Government support for āyurvedic training ceased. However, āyurvedic physicians continued to practise, although their training was reduced to the traditional family-apprenticeship system and privately sponsored colleges. With the rise of the Indian independence movement, all indigenous traditions received strong support from nationalists. Since independence in 1947, the Indian Government has oscillated between a commitment to modern cosmopolitan medicine and the necessity of grappling with the unavoidable fact that āyurvedic medicine is widely accepted, especially in rural areas, and remains strongly identified with India nationalistic sentiments.⁶³ The Indian Government has sponsored a number of commissions and studies regarding national health-care provision, with widely varying outcomes.

The current situation is complicated, but the basic fact is that after much debate over several decades the Indian Government recognizes a place for āyurvedic medicine in its overall health policy. It has become clear, for example, that modern cosmopolitan medicine has not been very successful in penetrating the countryside, and that, by contrast, āyurvedic practitioners are more likely to work in villages. This view was encouraged by the Ramalingaswami report of 1980, which promoted several ideas along the lines of the Chinese 'barefoot doctor' schemes, and was accepted as Government policy.

In 1970, the Indian Parliament passed the Indian Medicine Central Council Act, setting up a Central Council for Āyurveda, thus recognizing and controlling āyurveda, and providing for accredited colleges and standardized qualifications. In the 1990s government-accredited colleges and universities provide professional training and qualifications in āyurveda. This training includes some basic education in Western cosmopolitan methods, family planning, and public health. Graduates of such institutions are recognized by the Government in so far as they may be employed as the third medical officer at Primary Health Centers, and as community health volunteers. Many run successful clinics in urban as well as rural settings. In 1983, there were approximately 100 officially accredited āyurvedic training colleges in India, many attached to universities.

The standard recognized āyurvedic qualifications, and the time taken to acquire them, are:

BAMS: Bachelor of Āyurvedic Medicine and Surgery. A 5½-year degree course including six month's internship. Also known as Āyurvedācārya.

MD Āyu.: Doctor of Medicine in Āyurveda. A three-year postgraduate degree course open to BAMS or equivalent degree-holders only.

Ph.D.: Doctor of Philosophy. A research degree course of two further years.

These qualifications normally involve some clinical experience. Several āyurvedic colleges are attached to hospitals and clinics, where students serve internships. Some colleges, for example the respected Gujarat Āyurveda University, offer an introductory familiarization course in āyurveda, which is typically a three-month certificate course for graduates of modern medicine and postgraduates of allied sciences.

āyurvedic practitioners However, private also prescribe modern cosmopolitan medicines and treatments, often at the insistence of their patients, and this tends to happen with varying degrees of impunity. For example, many people regard the injection to be a powerful, almost magical cure for most ailments, regardless of the substance injected. Separate vernacular tracts exist which extol the virtues of 'injection therapy',⁶⁴ and the physician is often under pressure to provide injections, even if only of water. In the course of a 1970s study of fifty-nine indigenous practitioners in Panjab and Mysore, researchers were surprised to find that 75 per cent of the drugs being used were modern cosmopolitan medicines such as antibiotics. The same study uncovered an underground system of health care providing the bulk of local medical treatment and a pervasive but previously unrecognized system of medical education.

The professors are the drug detail men from the pharmaceutical companies.... The junior faculty are the pharmacists in the cities. Each pharmacist has a continuing class of practitioners scattered throughout the neighbouring villages. The practitioner will drop into the pharmacist's shop and say, 'I am seeing a lot of conjunctivitis these days. What do you have that's good?'

The indigenous practitioners of Ludhiana District had organized an association and had monthly meetings to discuss clinical cases and new treatments.⁶⁵

Government control of indigenous medicine – where it exists at all – continues to be highly pragmatic and based on local political decisions. The idea that \bar{a} yurvedic physicians deal purely in innocuous herbs, roots, and therapeutic massage is a grossly simplified representation of what really happens in indigenous medical circles today.

CONTEMPORARY PLURALISTIC MEDICINE

Today in India, the patient, or indeed the healthy person, may take any of many available paths towards greater health. There exist physicians of cosmopolitan medicine, āyurveda, and Yūnānī, as well as others we have not mentioned such as homoeopaths, naturopaths, traditional bone-setters, yoga teachers, massage and enema therapists, faith-healers, famous gurus, traditional midwives, and the wandering specialists who remove the wax from ears. The variety is overwhelming, both as a subject of study, and as a subjective experience.

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Reading Lee: Modern Practice of Ayurveda and its Globalization

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Basic Overview

Ayurveda has been widely practiced in Southeast Asia, specifically in India and Sri Lanka, for centuries. However, the influence of Western biomedicine changed the view of many Ayurveda proponents beginning in the 1800s, as Western medicine was believed to be superior to Ayurveda. Within the past forty years, a shift back to holistic medicine brought Ayurveda onto the playing field once more and it flourishes in many countries outside India. The foundation upon which Ayurvedic medical discourse expounds is the notion of the three bodily humors, Wind, Bile, and Phlegm. These humors correspond to the tridosha in modern practice, which are Vata, Pitta, and Kapha. An understanding of tridosha is essential for diagnosis and treatment of patients. This is a brief survey of the traditional practice of Ayurveda as well as an overview of the globalization of Ayurvedic medicine.

Tridosha

The first texts to encompass the breadth of Ayurvedic medicine were the Carakasamhita and Susrutasamhita, written in the classical period. These sources focus on internal medicine and surgery, respectively. However, the two texts that emphasize tridosha are the Astangahrdaya (The Heart of Medicine) and Sarngadharasamhita. It is important to note that samhita can be translated to compendium. The name that precedes samhita is the author of the work. Therefore, Carakasamhita literally means Caraka's compendium.

Tridosha can be translated to three (tri) humors (dosha). The three humors are Wind, Bile, and Phlegm in ancient Greek practice and many other medical systems, including Tibetan medicine. Ayurvedic practice adopted Vata, Pitta, and Kapha as the three humors; they correspond to the ancient Wind, Bile, and Phlegm. Individuals possess the doshas in varying amounts. In modern practice, determining the constitution of a patient enables physicians to accurately diagnose the patient and prescribe treatments. Diagnoses and treatments are based on the patient's dominant constitution. When the tridosha are out of their natural balance, illness occurs. Although Ayurveda is thought to be originally derived from the Vedas, specifically Atharvaveda, the Vedic medical texts only briefly referred to the three bodily humors (Wujastyk, xxix and Cerulli, 267).

The tridosha are combinations of the five elements, Ether, Air, Fire, Water, and Earth. Vata represents Air and Ether; Pitta is the combination of Fire and Water; and Kapha is Water and Earth. The tridosha govern internal health, namely physical and mental health, as well as natural urges (Freudian id) and taste preferences. Ayurvedic medicine emphasizes the way in which tridosha influence diet and physical appearance. This text attempts to do the same. Vata is the energy of movement; pitta primarily governs metabolism and digestion, but is also responsible for other bodily processes and characteristics; kapha is the energy of water and structure (Lad and Joshi). Kapha represents the skeletal and circulatory systems.

Vata

Individuals with vata constitution are physically underdeveloped. They tend to be skinny, with protruding bones. These individuals have little muscle tone and dry, wrinkly skin. Their eyes and nails are also dry and dull. Vata individuals do not have a steady appetite, but enjoy sweet, sour, and salty foods; they also prefer hot drinks (Lad). An increase in vata causes emaciation, shivers, constipation, depression, and decreased body temperature, strength, and sleep. Decreased vata causes decreased digestion, excessive sleep, wheezing, and coughing (Wujastyk).

Pitta

Pitta constitution is generally characterized by moderate development. They are not as skinny as vata individuals and their bones are less prominent. These individuals have soft warm skin, moist eyes, and soft nails. However, premature hair loss is common. Pitta individuals have fast metabolism and good digestion, resulting in a steady appetite; they consume large quantities of both food and drink. They prefer sweet, bitter, and astringent foods, as well as cold drinks (Lad). An increase in pitta causes yellowing of the eyes and skin (jaundiced condition). It also causes an increase in appetite and insomnia. Decreased pitta results in slow digestion and coldness (Wujastyk).

Kapha

Kapha individuals are well-developed and tend to be heavy or overweight. Veins and bones do not protrude through the skin. These individuals have soft and oily skin with bright complexions. The whites of the eyes are pearly white and the eyes are very large. Kapha individuals have moderate appetites, but digestion is slow, causing these people to bear excess weight. They prefer pungent, bitter, and astringent foods (Lad). An increase in kapha causes reduced digestion as well as wheezing, coughing, and increased sleep. The symptoms of increased kapha are the same as those for decreased vata. Decreased kapha causes increased heart rate, dryness, and loose joints.

Tridosha Today

As the field of Western biomedicine expands, scientists are discovering breakthroughs as well as limitations. Eastern medicine has often been dismissed because of its homeopathic nature, but scientists are increasingly noticing that Eastern medicine may be able to fill in the gaps of Western biomedicine. Understanding tridosha is essential for diagnosing and treating patients. Individuals are born with certain levels of vata, pitta, and kapha and these remain constant throughout life. An imbalance in tridosha levels are caused by environmental, emotional, dietary, or social fluctuations and results in a diseased state or health disorder. Ayurvedic physicians have a set of basic physical and psychological characteristics which help them determine a patient's constitution (see Table 2). However, tridosha as a diagnostic tool has often been discredited because of a lack of empirical evidence.

In 2004, Dr. Rajani Joshi published proof that tridosha has an empirical basis and can be used to establish Ayurveda within the realm of Western medicine. The study showed five tridosha combinations to be significant. These were vata-pitta, pitta-vata, pitta-kapha, kapha-pitta, and vata-kapha. In this case, as in the common notation, two constitutions are depicted together, the first being the most dominant and the second as the secondary constitution. A team of physicians and researchers formulated a comprehensive questionnaire, which could be answered by patients to give the physician a better understanding of the patient. Ayurvedic physicians commonly draw conclusions based on observation, measurement of pulse, and conversation rather than a direct questionnaire. The questionnaire provided the information used for a quantitative analysis of the patient's constitution combinations.

SEE Figures: Figure 1 (Diagram 1), Table 1 (Chart 2), Table 2 (Table 2) total 3-4 pages (Lad)

Pancha Karma

Pancha karma can be translated to pancha (five) karma (actions). Pancha karma represents five types of Ayurvedic treatment used for physical cleansing of the body. Ayurvedic physical treatments were first described in length by the Sarngadharasamhita. It lists thirteen treatments as being relevant. These are oiling, sweating, vomiting, purges, oil enemas, enemas with herbal decoctions, upper enemas, errhines, smoking, gargles, lotions,

bloodletting, and eye treatments. Pancha karma considers therapeutic vomiting (vaman), purgatives (virechan), enemas (basti), nasal administration or errhines (nasya), and bloodletting (rakta moksha) as therapeutic techniques. It is important to note that pancha karma is not the only Ayurvedic treatment available, but it is the most commonly practiced. Ayurvedic medicine emphasizes both physical and emotional treatment. Emotions should be stabilized before proceeding to physical treatment.

Vaman

Increased kapha and decreased vata both cause an increase in phlegm and mucus, which is represented by kapha. Vaman is the suggested therapy for elimination of mucus and congestion. On the night before vaman treatment, the patient receives an oil massage and fomentation. To properly prepare for treatment, the patient is advised to drink a cup of oil three times a day one to three days before treatment to make the stool oily. The patient should also eat a kapha diet. Vaman is usually performed in the morning. The patient drinks three to four glasses of licorice and honey or calamus root tea. Vomiting is induced by nibbing the tongue. Vaman treatment is also recommended for skin disease, diabetes, chronic indigestion, and epilepsy.

Virechan

Increased pitta causes jaundice and may also be responsible for acne or chronic fever. Virechan therapy is suggested for cleansing blood toxins. Since virechan eliminates toxins through the lower passageways, it can also be used for abdominal tumors and worms. Preparation for therapy involves an oil massage and fomentation, like vaman. Patients consume a laxative tea, such as senna leaf tea for kapha individuals. Pitta and vata individuals should milk hot with ghee at bedtime. Unlike consume vaman dietary recommendations, patients undergoing virechan are not advised to consume foods that aggravate their predominant humor.

Basti

Basti is recommended for all diseases caused by an increase in vata. The three types of enemas depicted in the Sarngadharasamhita are represented by basti. These are oil, nutrition, and decoction enemas. Vata is responsible for elimination of feces and urine, as well as sexual secretions. There are restrictions when applying enemas depending on and symptoms of the patient. For example, medicated the condition enemas should not be administered if the patient is experiencing anal bleeding or diarrhea. Basti is useful for the alleviation of constipation, chronic fever, sexual disorders, kidney stones, and heart pain to list a few symptoms. Oil enemas are generally sesame oil and are used for chronic constipation. Decoction enemas usually contain a licorice decoction as the base. This is made by mixing one part licorice powder with eight parts of water and boiling the mixture until it reduces to onefourth of the original liquid. The licorice decoction is mixed with a half cup of sesame oil for the decoction enema. Nutritional enemas are warm milk, meat broth, or bone marrow soup.

Nasya

Nasya is the most common treatment for upper body congestion, headaches, and nasal dryness. There are six types of nasya therapy. These are powder or herbal (virechana), nutritional, sedative, decoction, oil, and massage nasyas. Powder nasyas are inhaled through a tube. These are generally used for kapha disorders. Nutritional nasyas utilize ghee, oils, and salts. Sedative nasyas are only used for pitta disorders. These nasyas are generally aloe juice, warm milk, asparagus root juice, and gotu kola juice. Decoctions and oils can be used for diseases linked to any of the three doshas. Nasal massages are used to improve breathing through the nose. In this therapy, the inner walls of the nose are massaged with ghee. Fingers are inserted as deeply into the nasal passageways as possible.

Rakta Moksha

Bloodletting is used for the same symptoms as virechan, those symptoms which are characteristic of pitta disorders. Extracting a small amount of

blood from a patient's vein can clear symptoms of pitta disorders. Rakta moksha also boosts immunity by stimulating antibodies. Some teas, such as burdock root, calamus root, and sandalwood tea, act as blood-purifiers. It is recommended that the patient undergo virechan as well.

Pancha Karma Practiced Today

Pancha Karma is widely practiced today in many Ayurvedic clinics and Indian hospitals. While many believe that the therapy is effective, others still question the reliability and outcomes of the practice. A study published in 2011 by Dr. Sanjeev Rastogi sought to collect patient opinions about pancha karma treatment. The research group questioned patients in the pancha karma unit of State Ayurvedic College and Hospital, located in Lucknow, Uttar Pradesh, India. The results of the study showed that over 80 percent of the patients found the therapy to be high to moderately effective. 80 percent experienced alleviation of symptoms in 1-9 days post-treatment.

Diet

Ayurvedic medicine views health as a daily goal. Diet plays a major role in an individual's health. Ayurveda acknowledges that some foods can aggravate a particular dosha, while stabilizing another dosha. Therefore, there are certain dietary guidelines that people should follow after determining their particular constitution.

Globalization of Ayurveda

The concept of Eastern medicine and the trend toward "New Age" remedies came to the United States in the 1980s. Dr. Deepak Chopra aided in the spread of Ayurvedic medicine in America. Although it is accepted by many physicians and practitioners worldwide, Ayurveda is in direct competition with Western biomedicine. There are many points at which

Ayurveda diverges from biomedical theory and practice. A main difference is the emphasis of both body and mind in Ayurveda. Body and mind are believed to be connected, not separate entities. Ayurveda teaches that illness of the mind will affect the body, causing physical disease. A major dilemma that Ayurvedic medicine faces in the West is the issue of authenticity. Western practitioners of Ayurveda want to retain its Vedic form as practiced in India. However, they are finding that Ayurveda must copy some aspects of Western medicine to be marketable. Many Westerners do not trust the Vedic form of Ayurveda (Warrier).

Ayurveda has also spread to the "Global South". Argentina accepts and promotes the practice throughout Latin America through the Fundacion Salud de Ayurved Prema Argentina (Prema Ayurveda Health Foundation). The Foundation collaborates with Gujarat Ayurveda University in India to provide post-graduate courses to two universities in Argentina, University of Buenos Aires School of Medicine and National University of Cordoba's School of Medicine. The Foundation also conducts lectures and workshops on Ayurveda in many Latin American countries including Mexico, El Salvador, Honduras, Nicaragua, Costa Rica, Panama, Colombia, Venezuela, Ecuador, Peru, Brazil, Paraguay, and Chile. Currently, Ayurvedic medicines from India are registered in Venezuela, Costa Rica, Nicaragua, and Honduras. In the remaining Latin American countries, there is extensive use of local plant remedies (Berra andMolho).

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* denotes suggested readings

Ayurveda Food Chart

	Celery Eggplant Leafy Greens* Lettuce* Mushrooms Onions (raw) Parsley* Peas Peppers Potatoes (white) Spinach* Sprouts* Tomatoes	Cucumber Garlic Green Beans Okra (cooked) Onion (cooked) Potato (sweet) Radishes Zucchini	Garlic Onions Peppers (hot) Radishes Spinach Tomatoes	Cabbage Cucumber Cauliflower Celery Green Beans Leafy Greens Lettuce Mushrooms Okra Peas Parsley Peppers (green) Potatoes	Zucchini	Brussels Sprouts Cabbage Carrots Cauliflower Celery Eggplant Garlic Leafy Greens Lettuce Mushrooms Okra Onions Parsley
	*These Vegetables are OI	K in moderation, with oil dre	ssing.	Sprouts Zucchini		Peas Peppers Potatoes (white) Radishes Spinach Sprouts
GRAINS	Barley Buckwheat Corn Millet Oats (dry) Rye	Oats (cooked) Rice Wheat	Buckwheat Corn Millet Oats (dry) Rice (brown) Rye	Barley Oats (cooked) Rice (basmati) Rice (white) Wheat	Oats (cooked) Rice (brown Rice (white) Wheat	Barley Corn Millet Oats (dry) Rice (basmati, small amount) Rye
ANIMAL FOODS	Lamb Pork Rabbit Venison	Beef Chicken or Turkey (white meat) Eggs (fried or scrambled)	Beef Eggs (yolk) I amb Pork Seafood	Chicken or Turkey (white meat) Eggs (white) Rabbit	Beef Lamb Pork Seafood	Chicken or Turkey (dark meat) Eggs (not fried scrambled) Rabbit

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Chart 2 Functions of Tri-dosha

VATA (Air + Space) Movement Breathing Natural Urges Transformation of Tissues Motor Functions Sensory Functions Secretions Secretions Excretions Fear Emptiness Anxiety

(Fire & Water) Body Heat Temperature Digestion Perception Understanding Hunger Thirst Intelligence Anger Hate Jealousy

PITTA

KAPHA (Water + Earth) Stability Energy Lubrication Unctuousness Forgiveness Greed Attachment Accumulation

Possessiveness

Holding

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Table 2 The Human Constitution (Prakruti)

ASPECT OF CONSTITUTION	VATA	PITTA	КАРНА
OFrame	Thin	Moderate	Thick
OBody Weight	Low	Moderate	Overweight
Skin	Dry, Rough Cool, Brown, Black	Soft, Oily Warm, Fair, Red, Yellowish	Thick, Oily Cool, Pale, White
OHair	Black, Dry, Kinky	Soft, Oily, Yellow, Early Gray, Red	Thick, Oily, Wavy, Dark or Light
OTeeth	Protruded, Big and Crooked, Gums Emaciated	Moderate in Size, Soft Gums, Yellowish	Strong, White
OEyes	Small, Dull, Dry, Brown, Black	Sharp, Penetrating, Green, Gray, Yellow	Big, Attractive, Blue, Thick Eyelashes

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OAppetite Variable, Scanty		Good, Excessive, Unbearable	Slow but Steady
OTaste	Sweet, Sour, Saline	Sweet, Bitter, Astringent	Pungent, Bitter, Astringent
OThirst	Variable	Excessive	Scanty
O Elimination	Dry, Hard, Constipated	Soft, Oily, Loose	Thick, Oily, Heavy, Slow
OPhysical Activity	Very Active	Moderate	Lethargic
Mind	Restless, Active	Aggressive, Intelligent	Calm, Slow
O Emotional Temperament	Fearful, Insecure, Unpredictable	Aggressive, Irritable, Jealous	Calm, Greedy, Attached
OFaith	Changeable	Fanatic	Steady
OMemory	Recent Memory Good, Remote Memory Poor	Sharp	Slow but Prolonged
ODreams	Fearful, Flying Jumping, Running	Fiery, Anger, Violence, War	Watery, River, Ocean, Lake, Swimming, Romant
Sleep	Scanty, Interrupted	Little but Sound	Heavy, Prolongeo
Speech	Fast	Sharp and Cutting	Slow, Monotonou
OFinancial Status	Poor. Spends Money Quickly on Trifles	Moderate. Spends on Luxuries	Rich. Moneysaver, Speno on Food
Pulse	Thready, Feeble, Moves Like a Snake	Moderate, Jumping Like a Frog	Broad, Slow, Moves Like a Swan

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Note: Circles have been provided next to the aspects for those who wish to determine a general id of individual constitutional make-up. Mark V for Vata,

P for Pitta, or K for Kapha in each cir according to the description best fitting each aspect.

To experience characteristics different from one's respective doshe might indicate derangement of that doshe.

Bananas, melons, coconut, dates, papayas, pineapples and dairy products increase kapha. However, dry fruits, pomegranates, cranberries, basmati rice, sprouts and chicken are beneficial for people of kapha constitution

During summer, when the temperature is high, people tend to perspire excessively. Pitta predominates at that time of year. It is not good to eat hot. spicy or pungent foods then because they will aggravate pitta. During autumn, when the wind is high and dry. more vata is present in the atmosphere. At this time, one should avoid dry fruits, high protein foods and other foods that increase vata. Winter is the season of kapha: it brings cold and snow. During this period one should avoid cold drinks. ice cream, cheese and yogurt. Such foods will increase kapha.

When considering diet, the quality and freshness of food are important factors. There also are certain foods that are incompatible when eaten together, such as fish and milk, meat and milk, yogurt and beef, and sour fruits and milk. In addition, most melons should be eaten alone. In combination with other foods, they create clogging and may prevent absorption by the intestines. These effects could cause an imbalance in the tridosha. Toxins result when these incompatible foods are ingested together. The intake of food should be regulated by the condition of the agni, the digestive fire in the body. Do not eat unless you feel hungry and do not drink unless you are thirsty. Do not eat when you feel thirsty and do not drink when you feel hungry. If you feel hungry, it means your digestive fire is enkindled. If you drink at this time, the liquid will dissolve the digestive enzymes and the agni will be reduced.

It is food that nourishes the body, mind and consciousness. How you eat is very important. While eating, one should sit straight and avoid distractions such as television, conversation or reading. Focus your mind upon and be aware of the taste of the food. Chew with love and compassion and you will clearly experience the taste.

Taste does not originate in food, it originates in the experience of the one who eats.

Table 5 Food Guidelines for Basic Constitutional Types

NOTE: Guidelines provided in this table are general. Specific adjustments for individual requirements may need to be made. e.g. food allergies, strength of agni, season of the year, and degree of dosha predominance or aggravation.
A Aggravates Dosha V		VATA.	P	PITTA		КАРНА	
FRUITS	NO A Dried Fruits Apples Cranberries Pears Persimmon Pomegranate Watermelon	YES Y Sweet Fruits Apricots Avocado Bananas Berries Cherries Coconut Figs (fresh) Grapefruit Grapes Lemons Mango Melons (sweet) Oranges Papaya Peaches Pineapples	NO Å Sour Fruits Apricots Berries Bananas Cherries Cranberries Grapefruit Grapes (green) Lemons Oranges (sour) Papaya Peaches Pineapples (sour) Persimmon Plums (sour)	YES Y Sweet Fruits Apples Avocado Coconut Figs Grapes (dark) Mango Melons Oranges (sweet) Péars Pineapples (sweet) Plumes (sweet) Pomegranate Prunes Raisins	NO A Sweet & Sour Fruits Avocado Bananas Coconut Figs (fresh) Grapes Lemons Melons Oranges Papaya Pineapples Plums	YES V Apples Apricots Berries Cranberries Figs (dry) Mango Peaches Pears Persimmon Pomegranate Prunes Raisins	
VEGETABLES	Raw Vegetables Broccoli Brussels Sprouts Cabbage Cauliflower	Plums Cooked Vegetables Asparagus Beets Carrots	Pungent Vegetables Beets Carrots Eggplant	Sweet & Bitter Vegetables Asparagus Broccoli Brussels Sprouts	Sweet & Juicy Vegetables Cucumber Potatoes (sweet) Tomatoes	Pungent & Bitter Vegetables Asparagus Beets Broccoli	
	Cele Eggp Legtu Mushr Onions Parsis Parsis Pea Pep Potatoes Spina Sprot Tomai	ery Cucumb lant Garlic reens* Green Bei ce* Okra (cooi ooms Onion (coo (raw) Potato (sw ey* Radishe is Zucchin ers (white) ch* us* toes afels are OK in moderation, w	er Garlic Onions ans Peppers (hot) ked) Radishes ked) Spinach eet) Tomatoes is ii	Cabbage Cucumber Cauliflower Celery Green Beans Leafy Greens Lettuce Mushrooms Okra Peas Parsley Peppers (green) Potatoes Sprouts Zucchini	Zucchini I	Brussels Sprouts Cabbage Carrots Cauliflower Celery Eggplant Garlic Leafy Greens Lettuce Mushrooms Okra Onions Parsley Peas Peppers Potatoes (white) Radishes Spinach	
GR	AINS Barl Buckw Cor Mill Oats (Ry	ey Oats (coo) rheat Rice rn Wheat let dry) e	ked) Buckwheat Corn Millet Oats (dry) Rice (brown) Rye	Barley Oats (cooked) Rice (basmati) Rice (white) Wheat	Oats (cooked) Rice (brown Rice (white) Wheat	Barley Corn Millet Oats (dry) Rice (basmati, small amount) Rye	
AN FO	IMAL Lam ODS Poi Rab Venis	nb Beef rk Chicken or 1 bit (white me son Eggs (fried scramble	Beef (urkey Eggs (yolk) eat) Lamb d or Pork ed) Seafood	Chicken or Turkey (white meat) Eggs (white) Rabbit	Beef C Lamb Pork Seafood	Chicken or Turkey (dark meat) Eggs (not fried scrambled) Rabbit	

			Venison	
LEGUMES	No Legumes except Mung Beans. Tofu. Black & Red Lentils	All Legumes OK except Lentiis		All Legumes are Good except Kidney Beans. Soy-Beans. Black Lentils & Mung Beans
NUTS	All Nuts are OK in Small Quantities	No Nuts except Coconut		No Nuts at All
SEEDS	All Seeds are OK No Seeds except Sunflower & Pumpkin (in moderation)		No Seeds except Sunflower & Pumpkin	
SWEETENERS	All Sweeteners are OK except White Sugar	All Sweeteners are OK except Molasses & Honey		No Sweeteners except Raw Honey
CONDIMENTS	All Spices are Good	No Spices except Coriander. Cinnamon. Cardamom. Fennel. Turmeric & a Small Amount of Black Pepper.		All Spices are Good Except Salt
		NO A	YES Y	
DAIRY	All Dairy Products are OK (in moderation)	Buttermilk Cheese Sour Cream Yogurt	Butter (unsalted) Cottage Cheese Ghee Milk	No Dairy except Ghee & Goatmilk
OILS	All Oils are Good	Almond Corn Safflower Sesame	Coconut Olive Sunflower Soy	No Oils except Almond. Corn or Sunflower in Small Amounts

Module 5: Tibetan Buddhism



Medicine Buddha - Tibetan medicine is based on traditional buddhist texts - (sanskrit and tibetan language) caricatura/Shutterstock.com

http://www.tibetanmedicineedu.org/images/stories/pdf/TibetanMedicineD1.pdf



Bhaisajyagur (tib. Sanje Menla) - Medicine Buddha and his mantra carved in stone, popular souvenir from Nepal. Pawel Kowalxzyk/Shutterstock.com

SELECTIONS FROM: TIBETAN MEDICINE RINPOCHE Specifically the 4 Tantras that became known as the Gyu-rdzhi

Dreams

Dreams. with the dead, or wearing red clothes and a red flower necklace, this kind of dream signifies death. If persons of good health have such a dream, it is a bad omen.

Dreams to be taken into consideration are those that are dreamt early in the morning, when they arc fresh on one's mind.

It is good to dream of: Images, gods, priests and holy people, kings and famous men, a big fire, people in white attire, religious objects, climbing on high hills, riding on horses or elephants, crossing oceans or big rivers, escaping from dark places or prison, overcoming enemies, being praised by parents. To have such dreams is a sign of prosperity, longevity and wealth.

Signs of death that can he noticed in a healthy person. Such persons for no reason will speak ill about others, about their own Doctor and priest. At times such persons look well in appearance, become very pleasant, suddenly acquire wealth; at other times they look ugly in appearance, their mind gets disturbed easily and for no reason, and they make friends with those who were considered enemies before; when they have a bath, the water poured on their body dries up quicker near the area of the heart than other parts. Such persons, no matter how they try to improve their health by taking nourishing food, deteriorate instead of improving; their nature and character change suddenly; when looking into a mirror they sometimes fail to see their reflection, or see their features distorted.

Sometimes bad dreams are dreamt due to illness; should bad dreams continue even after the illness it over, then this is a bad sign: a sign of death, but not immediate. Signs of immediate death can be, among others, forgetfulness, odd noises heard while belching, new parting in hair or eyebrows, sweat forming in the shape of the moon on the forehead and lips, breathing out heavily; the five elements merge together, finally resulting in death. When the earth element merges with water, the sign is that one is unable to see the various forms, e.g. houses etc. When water merges with fire, the symptom is that the nine orifices, of the body, i.e. eyes, nose, ears, and so on, start to shrink and shrivel up.

NUTRITION AND THE ELEMENTS

There are certain combinations of food of two or more types which, taken together, sometimes have a poisonous effect, such as: curd taken with wine; fish with milk; milk with walnuts; peaches with other fruit; with fish; peas with curd together with molasses; honey with oil; mushrooms fried in white and black mustard oil.

Over-eating and an unregulated diet are harmful to the body.

Grain and meat of animals of the hills and dry land are light and produce length and warmth; such food can be taken to one's full satisfaction. Heavy or cool food must be taken in small quantities, so as to assist easy digestion. To facilitate digestion and to strengthen the digestive fire, food should be taken in reasonable quantities; many diseases affecting the stomach arise from indigestion. But on the other hand if the required quantity of food is taken, health is affected causing loss of strength and colour, weakness diseases of the bile, air and phlegm.

Indigestion causes blockage in the passage of the air called Mc-mnyam-rluń (equalizing air or digestive fire), thus stopping heat from spreading over the body. Persons whose digestive fire is not very strong should have a little wine after meals. For those suffering from swelling due to indigestion, water, taken hot, is recommended.

XVI DIETARY RULES

One must refrain from having certain types of food such as poisonous food, and food that is harmful to the body.

Poison may be classified into three types:

- (a) Poison applied prepared as a mixture.
- (b) Substances that have been converted into poison.
- (c) Natural poison.

Food containing poison can be detected through taste and colour; the taste of such food and its colour are different from normal. If poisoned food is burnt on fire, the smoke is of rainbow colour, being more on the bluish side. The flame tends to bend on one side instead of being upright. The sparks from the fire travel far. Poisoned food is pleasing to the eyes of peacocks and crows. If given to dogs, it is usually vomited out.

Meat, raw or cooked, will not stick to a red-hot iron if it is poisoned. Such meat, boiled in alcohol, produces a steam that causes a burning sensation in the eyes.

Poisoned food must be done away with either by burning or burying deep under the earth.

Medicinal plants and herbs originate from the five elements of earth, water, fire, air and sky.

- (a) The earth forms the base of the plants and herbs.
- (b) Water moistens them.
- (c) Fire generates heat and causes growth.
- (d) Air causes movement, thus assisting growth.

(e) The sky allows sufficient space for growth.

Although all herbs and plants follow the same system in their growth, having the nature of the five elements, their individual tastes and effectiveness differ, owing to the differences between the seeds, and to the effctiveness and strength of the respective elements in each case.

Herbs and plants growing where the elements of water and earth are stronger than the other elements taste sweet; where fire and earth are strongest, they taste sour; where water and fire are strongest, they taste salty: where water and air predominate, they taste bitter; where fire and air are strongest, their taste is acrid and where earth and air, it is astringent.

Earth. Herbs and plants having the nature of the element earth are in quality heavy, strong, smooth, pungent and firm; they produce energy and combat air diseases.

Water. Herbs and plants having the nature of the element water are in quality cool, heavy, smooth, oily, soft and moist, and have no pungent smell. They help to unite the atoms* of the body; they oil, moisten and, smoothe the system and combat bile disease.

Fire. Herbs and plants having the nature of the element fire are in quality sharp, hot, light, rough and oily. Their smell is not pungent and their taste is indefinite. They produce warmth in the body, strengthen the seven constituents, enrich the complexion and combat phlegm diseases.

Air. Herbs and plants having the nature of the element air are in quality light, unstable, cold, rough, strong in texture, whitish in colour. They give strength to the body, facilitate bodily movement and the distribution of the nutritious portion of food throughout the body. They combat diseases of phlegm combined with bile.

Sky. Herbs and plants having the nature of any of the elements listed above also have in them the nature of the element sky. But there are also plants and herbs whose nature is chiefly that of the element sky: they are usually hollow, and combat diseases of bile, phlegm and air. Medicines which have a tendency to travel upwards when consumed possess more of the nature of the elements fire and air, because these elements, being light, have this tendency.

VI I THE CAUSES OF DISEASES

The causes of diseases may be divided into two kinds, immediate causes and long-term causes. The long-term cause is ignorance. Ignorance gives rise to anger, desire and mental darkness. Anger, desire and mental darkness are the three poisons of the mind according to Buddhist Philosophy, and are the causes for increase of Pile. Air and Phlegm in the constitution.

The origin of Air, Bile and Phlegm according to the Vedas is as Follows:

Air According to the Vedas, there was a God of Air, named Rdo-rje-fhbarba, who went to the ocean to bathe. The goddess of Air, Nor-bu-|ndzim-pa, beautifully adorned, happened to be near the ocean. They met and made love. While they were disporting themselves, the leather bag containing Air was left on one side by the God of Air. In the meantime a little Air escaped from the bag, and ever since that time the diseases due to unbalanced Air in the constitution came into existence.

Bile. According to the manuscript 'Bdud-rtsi-mchhog-gi-lung' (Tanjur). Brahma invited Mahesvara to attend an offering ceremony. In the seating arrangement, Mahesvara was given the last seat, with the result that he became very annoyed. In his anger he refused to accept the offering made by Brahma and instead he destroyed it, and from the eye in the centre of his forehead he sent out many diseases caused by unbalanced Bile in the constitution.

Phlegm. Many years ago, there lived a King by the name of Gyal-ba'imin-chan and his Queen. Ramaya. The Queen had an a**ff**air with one of the King's Ministers. The King, learning about this, grew very angry and cast them both to drown. The Queen and the Minister prayed a great deal and put a curse upon the King, that he might suffer from diseases due to unbalanced phlegm. The King in his anger threw a handful of dirt at them; some particles of this fell in between the feathers of an eagle. The eagle was in due course caught and eaten by some men, with the result that diseases of phlegm spread all over the kingdom.

XX ACTION OF MEDICINES

Medicines can be classified by quality into heavy, smooth, cool, soft, light, rough, warm and sharp.

Medicines which are smooth and heavy combat air diseases; cool and soft medicines combat bile diseases and light, rough, acrid and sharp medicines combat diseases of phlegm.

Light, rough and cool medicines increase air; bile is increased by warm, sharp and smooth medicines; phlegm is increased by heavy, smooth, cool and soft medicines.

VARIETIES OR TYPES OF MEDICINE

- 1. Metallic and organic drugs.
- 2. Mineral medicines.
- 3. Medicinal stones.
- 4. Medicinal trees.
- 5. Medicinal oils (Tse-sman).
- 6. Decoctions (Than-sman) from medicinal fruit and flowers.
- 7. Vegetable medicines, specially the leaves of medicinal plants.
- 8. Animal medicines.

1. Metallic and organic drugs Their ingredients are:

(a) red and yellow gold. The red-coloured gold is found in the sands of the ocean. Bells made out of this gold produce excellent sound. Yellow gold is also to be found in the ocean sands. Gold can also be reddish-yellow or whitish-yellow. The taste of all types of gold is bitter. Medicines containing gold should be taken in cases of poisoning, as they prevent poison from affecting the organs of the body by causing it to slide down like water poured on flower petals does.

(b) Silver, of which there are many varieties. Silver obtained from copper and lead ores is of poor quality. Silver obtained from earth and trees has a taste and effect like those of gold. Medicine containing silver dries and stops the flow of pus and blood.

- (c) Copper, the best being natural copper. Other varieties are copper obtained from melted ore, which is reddish in colour, and soft red copper. Medicines containing copper taste sweet and have a cooling effect. They dry pus and cure fever in the lungs and liver.
- (d) Iron, the varieties of which are magnet, iron obtained from animals, and white and black iron. Medicines with an iron content taste sour and have a cooling effect. They extract poison from the liver, cure eye diseases, dropsy, swelling of the body and stomach.
- (e) Turquoise, which is either reddish-blue or whitish-blue in colour. Medicines containing turquoise cure fever of the lungs and liver.

(.....)

8. Animal medicines

Their ingredients and qualities are:

(a) Horns, claws and shell.

(b) Bones.

- (c) Flesh.
- (d) Skin.
- (c) Blood.
- (f) Fat.

(a) Horns. The horn of rhinoceros dries pus and purifies the blood; antelope's horn is used in medicines that stop diarrhoea; wild yak's horn cures tumours and gives warmth to the body; the horn of argali (Asiatic wild sheep) protects against contagious diseases; wild sheep's and Saigo antelope's horn assist easy birth. Crocodile's claws cure bone fever. Snail's shell cures dropsy and stomach diseases.

(b) Bones. Human skull dries pus and matter; human bone powder cures chronic fever; human spine cures ulcers and cancer.

3. Medicinal stones

(a) Load-stone, which comes in two varieties. The superior quality is found in China and attracts ten needles at a time; the dull blackish-coloured load-stone is of inferior quality. Medicines containing load-stone help to extract bullets from the body, cure vein and brain diseases and help to put together dislocated joints.

(b) Haematite of ore (a kind of stone on which silver is tested). This is of a dullish colour on the outside and silver-coloured inside. On melting it, silver is extracted. Medicines made from this stone dry pus.

5. Bedside manner

Doctors must have a pleasant nature and be understanding and able to give encouragement and confidence to patients. They must be well versed in medicine and able to diagnose diseases without difficulty. A doctor should be familiar with the customs and usages of the common man, know how to talk and behave, and have some knowledge of religion. He should not be selfish and should have pity for the poor. He should look after a patient well until the patient has fully recovered.

A doctor who has all the above qualities will attain fame, prosperity, etc. A good doctor is like a protector and deliverer of those who are helpless; he is like a representative of the Medicine Buddha and of the lineage of the Teachers of medicine.

6. Criteria of a good doctor

A doctor must be of noble birth, or else he will not be respected by people.

A doctor not having a thorough knowledge of the books of medicine will not be able to diagnose diseases, as a blind man cannot recognize gold.

A doctor lacking practical experience is like one taking an unknown road, not knowing where it will take him.

A doctor is no doctor if he does not know how to test urine, veins, etc. to detect diseases.

A doctor who is unable to instruct, advise and communicate with his patient is like a ruler who is unable to make a speech.

A doctor unable to prepare medicines and lacking the required medical instruments is like a soldier going to war without any weapons.

A doctor lacking the necessary qualities of a good doctor is like a demon, in that he takes away life.

XXXI REQUIRED QUALITIES AND DUTIES OF A DOCTOR

I. Intelligence

One wishing to become a good doctor must be intelligent, having a deep comprehension, quick understanding and good memory. He must be able to read and write in order to learn all about medicine and is able to explain everything, not hiding any knowledge from the student; an understanding and kind-hearted person and generally knowledgeable in every field. The student should obey and be patient with his teacher, and coordinate with his fellow-students to help one another in their studies and not be lazy.

II. Compassion

One wishing to become a good doctor must always think of being helpful to all beings. He must have a sympathetic mind and must not be partial, but treat all alike. He should wish happiness for all and have the desire to obtain enlightenment. One with such a good mind will have no trouble in his medical practice.

Vows

The eleven vows a doctor must take are:

(i)	A person undergoing medical training must have great regard for his Teacher, considering him like a God.
(ii)	He must believe in whatever his Teacher teaches him and have no doubt whatsoever in his teachings.
(iii)	He must have great respect for the books on medicine.
(iv)	He must keep good, friendly relations with classmates, having regard and respect for each other.

(v)	He must have sympathy towards patients.
(vi)	Secretions of patients he should not regard as filth.
(vii)	He must regard the Medicine Buddha and other medical experts as the guardians of medicine.
(viii)	He must regard medical instruments as holy objects and keep them properly.
(ix)	He must regard medicine as something very precious, something that fulfill all wishes.
(x)	He must regard medicine as a deathless nectar.
(xi)	He must regard medicine as an offering to the Medicine Buddha and all the other medicine deities.

" AS AN INTEGRATED SYSTEM OF HEALTH CARE,

TIBETAN MEDICINE CAN OFFER ALLOPATHIC MEDICINE A DIFFERENT PERSPECTIVE ON HEALTH. HOWEVER, LIKE OTHER SCIENTIFIC SYSTEMS, IT MUST BE UNDERSTOOD IN ITS OWN TERMS, AS WELL AS IN THE CONTEXT OF OBJECTIVE INVESTIGATION. IN PRACTICE IT CAN ALSO OFFER WESTERN PEOPLE ANOTHER APPROACH TO ACHIEVING HAPPINESS THROUGH HEALTH AND BALANCE."

HIS HOLINESS THE DALAI LAMA MAY 16, 1997

(Taken from the invitation to the First International Congress for Tibetan Medicine in Washington, 1998)



Buddhist Monastery at Nepal Pablo Rogat/Shutterstock.com

Reading Salick: Tibetan Medicine Plurality

JAN SALICK, ANJA BYG, ANTHONY AMEND, BEE GUNN, WAYNE LAW, AND HEIDI SCHMIDT

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Salick, Jan (Curator of Ethnobotany, Missouri Botanical Garden, P.O. Box 299, St. Louis, MO 63166; e-mail: jan.salick@mobot.org), Anja Byg (Post-doctoral Fellow, Missouri Botanical Garden), Anthony Amend (Senior Herbarium Assistant, Missouri Botanical Garden; present address: Department of Botany, University of Hawaii at Manoa; e-mail: amend@hawaii.edu), Bee Gunn (Research Specialist, Missouri Botanical Garden; e-mail: bee.gunn@mobot.org), Wayne Law (Ph.D. candidate, Missouri Botanical Garden; e-mail: anthony.amend@mobot.org), and Heidi Schmidt (Senior Herbarium Assistant, Missouri Botanical Garden; e-mail: heidi.schmidt@mobot.org). TIBETAN MEDICINE PLURALITY. Economic Botany 60(3):227-253, 2006. Tibetan medicine historically has had multiple medical lineages, despite ancient, shared literary medical canons. However, since the second half of the 20th century in Tibet, increasing state control and commoditization has lead to centralization and standardization of Tibetan medicine. Here we investigate how much variation in the use of medicinal plants remains in contemporary Tibetan medicine. Medicinal plants used and/or sold by fifteen Tibetan medical institutions, markets, and doctors, as well as two additional non-Tibetan markets, are inventoried and vouchered (where allowed). The data are ordered by Non-metric Multidimensional Scaling. Four distinct groups are defined: (1) government recognized Tibetan medical institutions and their disciples both in Lhasa and elsewhere, (2) local herbal doctors near Mt. Khawa Karpo, eastern Himalayas, (3) Tibetan medicinal markets in Lhasa and near Mt. Khawa Karpo, and (4) non-Tibetan medicinal markets near Dali and Kunming, Yunnan. This clearly documents the plurality of Tibetan medical traditions—official, local, and market -while differentiating these from non-Tibetan markets.

Key Words: Tibetan medicine, markets, cultural variation, medicinal plants.

Recent literature extols Tibetan medicine and its plants (Kletter and Kriechbaum 2001; Dash 1994), often giving the impression that there is one centralized practice. Like Chinese and Ayurvedic medical systems, Tibetan medicine has a central core of historic literary reference works, called " the four Tantras" (rgyud bzhi) which define and describe the Tibetan medical system. This core of literary texts (written in their present form in the 12th

century) together with later commentaries (such as the 17th century "Blue Beryl treatise") are still commonly accepted as the scholarly foundation of Tibetan medicine. However, the existence of such a commonly accepted literary basis does not imply a static or uniform system of knowledge and practice. Ghimire, McKey, and Aumeeruddy-Thomas (2005) have broken ground in appreciating variation within Tibetan medical traditions in Nepal. The fact that similar variation has existed for many centuries is evidenced by Tibetan texts from the 16th century that bear witness to conflicting views of the "proper" way of learning and practicing Tibetan medicine (Schaeffer 2003). The origin of Tibetan medicine is in itself diverse and from the beginning has been characterized by the existence of different lineages or schools. Not only have there been strong influences from Indian and Chinese medical systems, but also from pre-Buddhist Bön, Middle and Greek medical systems, and from local herbal practices Eastern. (Beckwith 1979).

Through the first half of the 20th century, Tibetan medicine retained a diversity of schools and practitioners, including not only Buddhist monks, but also professional secular medical practitioners (with their own schools) and local healers, who often incorporated pre-Buddhist shamanistic practices in their treatments (Cantwell 1995; Janes 1995). During the Cultural Revolution. Tibetan medicine stigmatized was as feudalistic and superstitious. Many monasteries and medical institutions closed, medical texts destroyed. and medical were practitioners sent to labor camps and prevented from practicing (Janes 1995; Cantwell 1995). Reforms in the 1980s rehabilitated Tibetan medicine, which is now seen as a cheap and efficient way to provide health care in rural areas.

This development is similar to what has happened in other Asian countries where traditional medical systems have been incorporated into national health care systems (Holliday 2003). The incorporation of traditional medicinal has been recommended systems by the World Health Organization (WHO 2002) as a means to improve health care access for the rural poor. Along with governmental recognition of medicine, WHO traditional promotes national and international regulation and control of treatment and practitioners. This route has been followed in Tibet, where increasing official acceptance of Tibetan medicine has entailed increasing

state control. The teaching of Tibetan medicine has been centralized and secularized around the Mentsikhang school of medicine in Lhasa (Janes 1995). Only graduates of the Mentsikhang school are officially allowed to practice in state supported Tibetan clinics and hospitals. As a result, much of the variation in Tibetan medicine in the form of different medical lines or schools has been lost (Janes 1995).

In addition to increasing state regulation, Tibetan medicine has, like many other traditional medical systems, experienced an increasing commoditization beginning in the 1990s (Janes 1999). The reasons are twofold (Janes 1999; Fischer 2005). First, reforms in the health care system required hospitals and clinics to finance a larger share of their budget themselves, introducing consultation fees and higher prices for medicines. Second, external demand (from non-Tibetan China, as well as India, Nepal, and western countries) for Tibetan medicine has been skyrocketing. The health care sector was thus one of the few areas in Tibet experiencing inflation at the end of the 1990s, while all other sectors experienced stagnating prices. Since Tibetan areas are among the most impoverished in China, this medicinal economic sector was promoted to alleviate poverty.

The number of people participating in Tibetan medicinal markets has escalated dramatically, from the herbal collectors to investors in medicinal production plants. Unfortunately, aside from the field collectors and factory laborers, the Tibetan medicinal industry tends to be controlled by non-Tibetans (Fischer 2005). The commoditization has led to increasing demands for standardized products and services, which can be subjected to quality control, adding further impetus to the state's efforts at formalizing Tibetan medicine. Commoditization has therefore contributed further to the homogenization of Tibetan medicine. Both commoditization and state policies have had their strongest impacts in Lhasa and other urban centers (Cantwell 1995; Janes 1995, 1999). Meanwhile, rural areas mainly have been affected by a general decrease in the availability of health care from the end of the 1990s (Janes 1999; Fischer 2005). Here we investigate how state interjection, commoditization, and local traditions affect Tibetan medicine in Lhasa and a distant eastern Tibetan realm, known traditionally as the Menri or Medicine Mountains. To this end we compare the medicinal plant species used by different sectors of the medical system—formal Tibetan hospitals and clinics, Tibetan medicinal markets, and local herbalist healers—in these two localities. In addition, we compare these elements with nearby eastern outgroups—medicinal markets in Dali (ethnically Bai) and Kunming (ethnically Han), Yunnan, China—which gives a sense of where Tibetan medicine fits within a larger context.

STUDY SITES

Mount Khawa Karpo, (Fig. 1; 6,740m, 28°26'20" N latitude, 98°41'05" E longitude) is situated on the border in the extreme northwest of Yunnan and southeast of Tibet. It is the highest peak of the Menri (" Medicine Mountains" in Tibetan, transliterated to Meili in Chinese), which are part of the Hengduan Mountains of the eastern Himalayas, the most biologically diverse temperate ecosystems on earth (Mittermeier et al. 1998). Mount Khawa Karpo is one of the eight sacred mountains in Tibetan Buddhism and is circumambulated by thousands of pilgrims from all over Tibet each year. Locally, the area is predominantly Kham Tibetan, with traditional village livelihoods based on agriculture, herding, forestry, and gathering (Salick, Yang, and Amend 2005). In the Menri there is a rich tradition of herbalism, with doctors trained locally (Law and Salick n.d.), and thriving medicinal markets, as well as a state-supported Tibetan clinic in the town of Dechen (pinyin: Deqin, formerly Atunze). The Medicine Mountains, as their name implies, are a traditional area for collecting Tibetan medicinal plants.

Lhasa (3,650m, 29°41.76'N 91°9.54'E) is located on the southern edge of the Tibetan plateau. Nearby mountains reach altitudes of up to 5,500m. Ethnically, Lhasa is originally central Tibetan. Nowadays, migrants from other regions of Tibet, as well as Han Chinese, make up a large proportion of the city's population of around 200,000.

METHODS

Tibetan medicinal plants used near Khawa Karpo by local doctors of various training, by the formal clinic, and in markets are compared to those used in Lhasa, Tibet, and in Dali and Kunming, Yunnan. In Lhasa we inventoried medicinal plants at the Mentsikhang (Tibetan Hospital), the main Tibetan Medicine Factory, the Tibetan Pharmacy in the Barkhor market (near central Lhasa monastery, Jokhang), and the official, government licensed Tibetan Medicine Market. Near Dali, Yunnan, we sampled the central warehouse of Bai medicinal plant merchants. In Kunming, Yunnan, we sampled the central Han Chinese medicinal market.

SAMPLING

Sampling varied by necessity; however, prior informed consent was uniformly received with stipulations observed as follows. Optimally, for the Kunming, Dali, Dechen, Sinong (near Khawa Karpo), and Lhasa markets, as well as the Barkhor Pharmacy in Lhasa and Tibetan Medical Clinic in Dechen, vouchered plant samples with scientific names are deposited at the Missouri Botanical Garden. Less ideally, where we were not allowed to take samples, highly trained Tibetan doctors identified Tibetan medicinal plants used at the Mentsikhang and the Tibetan Medicine Factory. With these doctors, we double-checked scientific names against two standard Tibetan medicine manuals (Gawai Dorje 1995; Chinese Academy of Science 1996). Local herbalists near Khawa Karpo were interviewed (see Law and Salick n.d.), and for each, a list of their 20 most useful medicinal plants was recorded for which we ascribed scientific names with reference to a Tibetan medicine guide specific to Dechen (Yang 1987–89). Finally, to provide the most recent nomenclature, all these scientific names are referenced against the International Plant Names Index (IPNI, www.ipni.org) and the Flora of China (mobot.org/W3T/Search/foc.html). See Appendix.

ANALYSES

Since there are many congeneric species differences over the geographic range of our study, since specific epithets are not uniformly attributed and vouchers were not always available, and since many congeneric species are used for the same general purposes in Tibetan medicine, we chose to analyze the data at the generic level.

To differentiate and group Tibetan medical traditions, Non-metric Multidimensional Scaling with the Jaccard Distance Measure is performed with PC–Ord 4 (McCune and Mefford 1999). The binary presence-absence matrix is appended including both genus and species.

RESULTS

Tibetan medical institutions and doctors clearly group by the plants that are used (Fig. 2). The tightest group is the formal Tibetan medicine establishment of Lhasa including the Mentsikhang Tibetan Hospital, the Barkhor pharmacy, the Tibetan Medicine Factory, as well as the Dechen Tibetan Medical Clinic (sanctioned and supplied by Lhasa) and the one monk practicing in the Khawa Karpo area who has Lhasa training in Tibetan medicine. These institutions/people represent the official Tibetan medicinal system, as it is taught and practiced in state-approved institutions.

Similar but distinct are the local doctor who practice herbal medicine near Khawa Karpo and were mostly trained by a local medicinal "grand master." As a group, these doctors are more dispersed in the ordination than the Lhasa group, indicating that their local uses of medicinal plants are less uniform and more individualistic. A third group, more distant and more dispersed, includes the markets in Lhasa, Dechen, and Sinong and two self-taught local herbalists who began their career by collecting for the market. Finally, the two out-groups—the Kunming Medicinal Market and the Dali central warehouse of Bai medicinal plant merchants—are ordered separately and not particularly close to each other, but clearly distinct from the Tibetan medical traditions.

DISCUSSION

Despite the ancient, shared literary canons and recent government centralization and marketing, Tibetan medicine is still by no means a single entity (see also Ghimire, McKey, and Aumeeruddy-Thomas 2005). Plants medicine—as used in government-sponsored Tibetan taught and manufactured in Lhasa and practiced throughout Tibet and China-are distinct from those used in Tibetan medicine as practiced by herbalists near sacred Mt Khawa Karpo, which is again distinct from those which appear in Tibetan medicinal markets, be they in Lhasa or Khawa Karpo or elsewhere. The government-sponsored medical institutions are the most homogeneous in their plant use. In Lhasa, the influence of state policies has been strongest: it is there that the main state-approved medical institutions (school, clinics, hospitals, and factories) are located, but approved state institutions outside of Lhasa are also comparable. This homogeneity seems to have arisen after the Revolution with the state centralization and increasing Cultural commoditization of Tibetan medicine. Although little documentation remains today, there were reportedly several distinct medical lineages in Lhasa until the middle of the 20th century (Janes 1995).

In more rural areas, homogenizing forces have been less influential and local Tibetan medical traditions coexist (although without state support or subsidy) with the officially state-sanctioned version of Tibetan medicine as taught in the Mentsikhang school. Consequently, more variation in the plant use of medical practitioners remains in rural areas. Nonetheless, the plants used by local medical practitioners of the Khawa Karpo region are clearly distinct from those used in Lhasa, those in the government Tibetan medical clinic near Khawa Karpo, and those of the one Lhasa-trained doctor in the Khawa Karpo area. These differences can be ascribed partly to locally differentiated traditions (with different medical lineages dominating in different parts of Tibet), partly to environmental variation of locally available plant species, and potentially to variation in the most prevalent types of afflictions in different areas. There is ample evidence that local flora shapes local medicine; for example, the species of Lagotis that is used medicinally

very much depends on location with L. alutacea dominating in Dechen, while in Lhasa several other species of Lagotis are used.

As shown elsewhere (Olsen 2005), commoditization of Tibetan medicine has reduced the materia medica and made it relatively uniform between both Lhasa and Khawa Karpo. Interestingly, two self-trained herbalists who started as commercial medicinal collectors clearly show evidence of their shared background in the medicinal plants they use—typical market fare.

Lhasa Tibetan medicine and commoditized Tibetan medicine support an extensive international trade with Persian (e.g., saffron), Indian (e.g., Terminalia bellerica and T. chebula), and other tropical medicinal plants (e.g., Cinnamomum spp., Elettaria sp. (actually imported from cultivated stock in Guatemala!), and Zingiber spp. Local doctors in the Khawa Karpo area rely more on local plants that they collect themselves, many of which are threatened (Law and Salick n.d.). However, local Tibetan doctors pose little apparent threat to medicinal plants because they use very little of any one plant species, carefully guarding the plant populations that they do use. Tibetan medicine markets in Lhasa as well as Dechen also support an extensive trade in several threatened medicinals (e.g., Fritillaria spp., Panax spp., Saussurea spp.). In contrast to local doctors, market collectors often do not comply with traditional customs or constraints (e.g., sacred sites; see Anderson et al. 2005 and Salick et al. 2006), especially where global demand has lead to increase in prices and required quantities (Olsen and Larsen 2003; Xu and Wilkes 2004; Olsen and Bhattarai 2005).

This commercial collection is of great concern because rampant collectors harvest and export already limited and stressed populations of valuable medicinal herbs (Xu and Wilkes 2004; Kala 2005). There are no exact figures for the harvest and trade of medicinal plants available from Tibet. In the Tibetan Autonomous Prefecture in NW Yunnan, estimates of income from non-timber forest products ranges between 25% and 80% of earned income (Xu and Wilkes 2004; Zhang, Wang, and Geng 2000) with the most lucrative being Matsutake, a medicinal/culinary mushroom (He 2003; Yeh 2000; Yun, Hall, and Evans 1997). In Nepal an estimated 7,000–27,000 tons of medicinal plants are harvested per year involving around 323,000

households or 10% of rural households (Olsen 2005). Most of the harvest in Nepal is concentrated on a small number of high value species, which make up ca. 50 % of the total value and ca. 40% of the total amounts collected. Many programs are being developed around the world to cultivate medicinal herbs both for their conservation in natural habitats and for sustainable development (e.g., Long et al. 2003 in the eastern Himalayas; Silori and Badola 2000 in the western Himalayas). However, many of these threatened Tibetan medicinal species are very difficult if not impossible to cultivate, while others take many years to mature and so are not profitable. In situ conservation and management of these threatened species is of highest priority.

Tibetan medicine, in all its plurality, is distinct from Bai traditional medicine in Dali and from Han (Chinese) traditional medicine in Kunming. Although trade and exchange of specific medicinal plants are both historic and current between Tibetan and other areas (Li et al. 2000), medical traditions remain distinct. Analogous to biodiversity, diversity of traditional medicine obviously exists at many levels: within traditions, among traditions, and on larger scales.

Unfortunately, the Chinese government only recognizes and allows Tibetan clinics to be established by practitioners of Tibetan medicine formally trained in Lhasa. (Pelto and Pelto 1975). A strength of traditional medicinal systems is their ability to attend to the physical and psychological needs of people in ways that are culturally meaningful (Janes 1995, 1999). While incorporation into national health care may afford traditional medical systems greater recognition, it will also tend to increase regulation, standardization, and the demand for testing according to biomedical standards. This may lead to the discarding of more spiritual and local elements of traditional medical systems (Janes 1995; Holliday 2003). Rigid institutionalization may inhibit the ability of traditional institutions to meet the changing and locally differing needs of people (Janes 1995, 1999). Even though incorporation of traditional medical systems into national health care has been promoted by the World Health Organization as a means of ensuring greater access to health care for all, this may not necessarily be the result, especially when it is coupled with greater commoditization.

This is the case in Tibet, where increased national as well as foreign demand for Tibetan medical treatment and medicines has resulted in increasing prices (Janes 1999; Fischer 2005). Consequently, the inequity in health care access has increased during the last decade, both because of government control and because of markets. The most impoverished Tibetans, who have no access to government-supported Tibetan clinics and/or who cannot afford the increasing costs of treatment and manufactured Tibetan medicines, are served only by traditional Tibetan herbal doctors who collect their own medicines in places like the Medicine Mountains. However, these highly knowledgeable and respected professionals are or recompense for their knowledge, dedication, or labor Nonetheless, they carry on their ancient tradition with boddhieitta.

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Module 6: Healing in Judaism and in Christianity

Healing in Judaism - Lecture Notes:



Topics for Lecture:

- 1. Health care in ancient Judaism
- a. Physicians as shamans or "magicians"
- b. "Magical Healing in Biblical times: recent scholarship
- c. Healing in the Rabbinic Literature
- d. To the present
- 2. What is Healing in the Jewish Tradition?
- a. Healing by Faith and Prayer
- b. Amulets and Incantations
- c. Preservation of Human Life
- d. Forestalling Danger to Life
- e. Concern for Animals
- 3. Illness and Death
- a. Relief of pain
- b. Visiting the sick
- c. Treatment of the opposite sex
- d. Treatment of the Insane
- e. Preparation for death
- f. Treatment of the dying
- g. Euthanasia
- h. Dealing with a dead person
- 4. Contemporary Issues

Artificial Insemination by Donor (AID) Abortion

Charismatic Catholics + Pentecostals (Lecture Notes)



Painting Pentecost scene from cathedral on September 5, 2013 in Antwerp, Belgium Renata Sedmakova/Shutterstock.com

INTRODUCE THEORIES OF THE BODY:

Many theories of the body have been discussed over the last few decades. Studies of the body and ritual have been far fewer.

A number of theoretical camps are contributing to analysis of ritual practice:

Gender analysis: Judith Butler

Sociologists: Bryan S. Turner: body and society

Anthropological attention to the body: V. Turner, Mary Douglas, Pierre Bourdieu, Tomas Csordas, Terrence Turner, and a series of others; embodiment provides a new theoretical paradigm for anthropology.

Cognitive approaches: George Lako**ff** and Mark Johnson: Philosophy in the flesh, have developed a model of cognition fully rooted in the body.

Scholars of religion: address the body by investigating the cosmologies of thought that are embodied through religious practice. An important influence on understanding of body comes from writers attempting to describe the body in pain, the medicalized body.

[Examples: how is the body considered in Western societies ? What are some of the dominant metaphors through which we understand di**ff**erent kinds of bodies ? What qualities in bodies do we highlight in our culture, and how has that changed over time ? How is the body expected to perform in moments of pain, in moments of exclusion, in a hospital or infirmary ? How do Charismatics and Pentecostalists use the body to express and alleviate their pain ?]

Michel Foucault: the shift that Foucault brought to the study of the body: body is an effect of the deeper structural arrangements of power and knowledge. Foucault has a complex influence on ritual studies. He thinks that modern discourse on sexuality and the sense of self is related to medieval rituals of confession and penance.

Two approaches of social constructionism to ritual studies: how ritual shaped the body; how the body shaped ritual.

The limitations of both approaches and how they might give rise to a more complex theory of social constructionism, which emphasizes a constructed priority granted to either ritual or the body.

This stance is called a performative approach and can be seen in some theorists' works: Bourdieu's notion of Habitus; Foucault, Judith Butler's bodies that matter. The goal of theories of ritual performance has been to describe a complex and mutual constructionism of bodies, practices, communities and power. However, the study of rituals remain marginal in theories of constructionism: like Butler, ritual is simply a matter of repeatable social conventions.

These tools provided by critical theory have been unable to see the construction of cosmos, self and power in rituals, which are important aspects of the modern world.

Rites with and without bodies

Ordinary ritual routines become visible with a focus on body. Several forms of ritualization:

1) tending practices: tending rituals can contribute to the construction of a self. If so, these rituals may go to the very heart of the ritualization as the bodily construction of a social self. "TENDING" = to the Holy. To the soul. To creation. All are forms of growth.

2) Physical exercise: such as meditative exercises. These exercises are said to be simply good for one's heath. These physical exercise for the health of the body may function to construct a social self.

Some recent events have raised the question of rites and bodies: body plays key roles in funeral rites. A rite without a body must create a type of body that can be mourned. In conclusion, as modern selfhood comes to be more dependent on the material and corporeal, rites will become more about bodies.

PERFORMATIVE APPROACH AND EMBODIMENT

• In their "Introduction" to The Performance of Healing, Laderman and Roseman suggest that the "healing effects of performance are, on one level, caused by the catharsis that can occur when a patient's unresolved emotional distress is reawakened and confronted in a dramatic context" (1996:7), yet it is the 'embodiment' of healing that is required for real effect.

• In his essay, "Imaginal Performance and Memory in Ritual Healing," Thomas Csordas (1996) takes a phenomenological perspective to discuss how healing performances work. He critiques the 'placebo effect' argument that relies on an 'interpretive leap' from trance, placebo, suggestion, or catharsis to efficacy as insufficient.

TRANCE, ECSTASY AND ENCOUNTERS WITH DIVINE

Sometimes an ecstatic experience takes place in occasion of contact with something or somebody perceived as extremely beautiful or holy. It may also happen without any known reason. The particular technique that an individual uses to induce ecstasy is usually one that is associated with that individual's particular religious and cultural traditions. As a result, an ecstatic experience is usually interpreted within the context of a particular individual's religious and cultural traditions. These interpretations often include statements about contact with supernatural or spiritual beings, about receiving new information as a revelation, also religion-related explanations of subsequent change of values, attitudes and behavior (e.g. in case of religious conversion).

CRITIQUE OF THE 'PLACEBO EFFECT'

- What western science calls the 'placebo effect' plays a significant role in 'etic' constructions of efficacy cross-culturally. Somatic responses to psychological states induced by the administration of a 'cure' by a healer are effected in the performance of healing. Even if no specific substance is administered, any sensory stimulation or deprivation can be effective in a healing performance event.
- At the physiological level, endorphins can be triggered for release having similar effects to the biochemical administration of morphine, librium, or valium (Laderman & Roseman 1996:8). These biochemical changes in the brain make possible trance states that are useful to effecting healing through performance. Yet, without the accompanying ritual drama, and the guidance of the healer, the biochemical changes may have no effect on healing the patient.

"CONVERSION DISORDER"- OLD TERM FOR PSYCHOSOMATIC DISORDER

A conversion disorder causes patients to suffer from neurological symptoms, such as numbress, blindness, paralysis, or fits without a definable organic cause. It is thought that symptoms arise in response to stressful situations affecting a patient's mental health. Conversion disorder is considered a
psychiatric disorder in the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5).[1] Formerly known as "hysteria", the disorder has arguably been known for millennia, though it came to greatest prominence at the end of the 19th century, when the neurologist Jean-Martin Charcot, physician and personality theorist Sigmund Freud and psychiatrist Pierre Janet focused their studies on the subject. Before Freud's studies on hysteria, people who suffered from physical disabilities that were not caused by any physical impairments, known as hysterical patients, were believed to suffering from weak nerves, or just be malingering. suffering from meaningless disturbances. The term "conversion" has its origins in Freud's doctrine that anxiety is "converted" into physical symptoms. Though previously thought to have vanished from the west in the 20th century, some research has suggested it is as common as ever.

Thomas Csordas did ethnographic fieldwork with the Charismatic Catholics in the USA. Among his most important publications are an essay in 1990, "Embodiment as a Paradigm for anthropology" available in pdf format on the web, and his book, The Sacred Self, is a full scale analysis of embodiment as applied to the Charismatic Roman Catholics, the Catholic Pentecostals. This unit of study and the following unit on the Sufi tradition of Qawalli contrast and compare the two devotional traditions in terms of their capacities for healing, and what type of healing ?

In the first case, the power of the word, in the form of a narrative of experiences, is a healing experience. Not merely as a catharsis, but rather as a way of going deeper into one's Self in order to experience a transformative moment. So, what is the Self ? Csordas asks. He was looking for a theory that would be as valid for the psychonauts and psychotherapists, as it is for shamanism. Both of which allow for the presence of the Sacred in the midst of the therapeutic process.

In the second case, of the Sufi healing tradition of Qawalli, it is The "Unseen Power"; according to the article (in Readings) by James Newell:

Central in importance to the aesthetics of performance is the ability of the

performer to evoke in the participant this longing for a profound experience of communion with the divine. Another way to understand the evocation of this longing is as the activation of memory. Most Sufi orders practice some form of ritualized remembrance of God through the repetition of divine names and formulas, known as dhikr (literally, remembering). When the Qawwālī performance is understood as an extension and elaboration of dhikr, it can be seen as an explicitly proactive form of remembrance. In addition, the Qawwālī performance can be understood as a process of social identity creation through the activation of the socio-cultural memory of the spiritual lineage of the shrine. Although this activation of memory is a looking back in order to establish present time identity, it is also a vision of the future made present by bridging the phenomenal world through entering into the possibility of imminent communion with the Divine Beloved.

• THE HEALING OF MEMORIES

- In "Imaginal Performance and Memory in Ritual Healing", Csordas elaborates the notion of "imaginal performances," that is, images that appear in patients' and healers' minds' eyes and are embodied during the performance of healing. He finds these images closely associated with memory, and thus calls the process of Catholic Charismatic Renewal healing that he is investigating the "healing of memories" (Csordas 1996:95).
- In his discussion of imagination and memory, Csordas suggests that the experience of healing is actually a manifestation of genuine intimacy with a primordial aspect of the self—its otherness or alterity.

• THE SACRED SELF

- This otherness is the possibility of experiencing oneself as 'other' or alien to oneself, but it is also the possibility for recognizing the existence of other people with whom one can have a relationship. The otherness of the self originates in three features of our bodily existence:
- 1) the limitations of our physical being that leave us with a sense of

inescapable contingency,

- 2) the autonomic functioning of our bodies that insistently goes on without us but which implicates us in anything that happens to our bodies,
- 3) and the possibility of seeing ourselves as objects from the perspective of another. [1996:104]

The Self: Embodiment, World and Situation

- Self is an indeterminate capacity to engage or become oriented in the World, characterized by effort and reflexivity. A conjunction of pre-re-flective bodily experiences, culturally constituted world or milieu, and situational specificity or habitus.
- Self processes are orientational processes in which aspects of the world are thematized, With the result that the self is objectified, most often as a person with a cultural Identity or set of identities.
- Hallowell was first anthropologist to propose reflective relation to self, objects, space and time, motivation and norms. This is orientation in the world. Perception is a key concept in his definition of self as self-awareness, the recognition of oneself as an 'object in a world of objects.'
- But we have to ground the Self in embodiment, our essential existential condition. The way Self processes grounded in embodiment take up or engage fundamental psychocultural issues in the experience of ritual healing. (Csordas)
- This explanation of efficacy, based on embodiment theory allows us to consider efficacy from the native's point of view. In Csordas' construction, imagination and memory interact in the patient's mind and body, guided by the healer's invocation of divine authority, that is the experience of the otherness of the self as both divine, and 'always already there.' Csordas' words are worth quoting :

"It is thus no accident that the divine embrace is the privileged and recurrent act of transforming traumatic autobiographical memory. Because the embrace is imaginal, it encapsulates the pure possibility of intimacy; because the imagery is embodied, it is convincing because it partakes of the existential ground of all causality, force, and ef icacy; and because it is enacted by a divine figure [...], its meaning and intent are beyond question." [1996:108]

From this perspective, the researcher must find out what is going on in the patient's mind and body, to identify what images of memory and imagination are being 'performed'; that is, it requires 'after the fact' conversations with patients and healers that invoke the performance itself as a memory in a new situation of coeval dialogue. The researcher is challenged to listen with great care when the subject explains the particularities of individual cases of healing.



Stethoscope and Bible Albanili/Shutterstock.com

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Module 7: Islamic Sufi Healing



Arabic classical ornament block23/Shutterstock.com

Chishti Sufism Qawalli Tradition 1 (Lecture Notes 1)



What is Sufism?



"The symbol of the International Sufi Order is a heart with wings. It explains that the heart is between soul and body, a medium between spirit and matter. When the soul is covered by its love for matter, it is naturally attracted to matter. This is the law of gravitation in abstract form. As it is said in the Bible, 'Where your treasure is, there will your heart be also.' When man treasures the things of the earth, his heart is drawn to the earth. But the heart is subject not only to gravitation, but also to attraction from on high, and as in the Egyptian symbology, wings are the symbol of spiritual progress, so the heart with wings expresses that the heart reaches upward towards heaven. The crescent in the heart suggests the responsiveness of the heart. The crescent represents the responsiveness of the crescent moon to the light of the sun, for naturally it receives the light which develops it until it becomes the full moon. "The principal teaching of Sufism is that of learning to become a pupil, for it is the pupil who has a chance of becoming a teacher, and once a person considers that he is a teacher, his responsiveness is gone. The greatest teachers of the world have been the greatest pupils. It is this principle which is represented by the crescent: the crescent in the heart signifies that the heart which is responsive to the light of God is illuminated. It is the divine light which is represented by the five-pointed star, and the star is reflected in the heart which is responsive to the divine light. The heart which by its response has received the divine light is liberated, as the wings show. In brief, the meaning of the symbol is that the heart responsive to the light of God is liberated." —Hazrat Inayat Khan

Although the numerous definitions of Sufism which occur in Arabic and Persian books on the subject are historically interesting, their chief importance lies in showing that Sufism is undefinable. Jalaluddin Rumi in his Masnavi tells a story about an elephant which some Hindus were exhibiting in a dark room. Many people gathered to see it, but, as the place was too dark to permit them to see the elephant, they all felt it with their hands, to gain an idea of what it was like. One felt its trunk, and said that the animal resembled a water-pipe; another felt its ear, and said it must be a large fan; another its leg, and thought it must be a pillar; another felt its back, and declared that the beast must be like an immense throne. So it is with those who define Sufism: they can only attempt to express what they themselves have felt, and there is no conceivable formula that will comprise every shade of personal and intimate religious feeling. Since, however, these definitions illustrate with convenient brevity certain aspects and characteristics of Sufism, a few examples may be given. Sufism or taşawwuf الصوفية) is defined by some adherents as the inner, mystical dimension of Islam, others contend that it is a perennial philosophy of existence that pre-dates religion, the expression of which flowered within Islam. Its essence has also been expressed via other religions and meta-religious phenomena. A practitioner of this tradition is generally known as a sūfī مُوفِيَ). They belong to different turuq or "orders" —congregations formed around a master—which meet for spiritual sessions (majalis), in meeting places known as zawiyahs, khanqahs, or tekke. Sufi turuq/orders may trace many of their original precepts from the Islamic Prophet Muhammad through his cousin and son-in-law 'AIī, with the notable exception of the Naqshbandi who trace their origins through the first Caliph, Abu Bakr. Prominent orders include Ba 'Alawiyya, Chishti, Rifa'i, Khalwati, Mevlevi, Naqshbandi, Nimatullahi, Oveyssi, Qadiria Boutshishia, Qadiriyyah, Qalandariyya, Sarwari Qadiri, Shadhiliyya and Suhrawardiyya.

Sufi Prayers of Hazrat Inayat Khan

http://sufipaths.net/wepray.htm

Hazrat Inayat Khan brought Chishti Sufism to the west, through its teachings and through his Music. Founder of the Sufi Order in the West. He traced his spiritual lineage through a long line of Sufi pirs (masters), but his teaching was free from any religious bias or attempt to proselytize. His teaching

HISTORICAL ROOTS

The roots of Qawwali can be traced back to 8th century Persia (today's Iran and Afghanistan). During the first major migration from Persia, in the 11th century, the musical tradition of Sama migrated to South Asia, Turkey and Uzbekistan.

Amir Khusro Dehelvi of the Chisti order of Sufis is credited with fusing the Persian and Indian musical traditions to create Qawwali as we know it today, in the late 13th century in India.

The word Sama is often still used in Central Asia and Turkey to refer to forms very similar to Qawwali, and in India, Pakistan and Bangladesh, the formal name used for a session of Qawwali is Mehfil-e-Sama. Qaul (Arabic: is an "utterance (of the prophet)", Qawwāl is someone who often repeats (sings) a Qaul, Qawwāli is what a Qawwāl sings.

Notes from: "Unseen Power. Aesthetic Dimensions of Symbolic Healing in Qawalli", by James Newell

While individual Muslim thinkers draw differing conclusions regarding the place of music in Islam, virtually all writers on music in Islam regard music as a powerful force which has the potential to impact human behavior, either for good or ill.

Qawalli is, according to Newell, an

"element of an everyday aesthetic that informs and contributes to the symbolic healing experienced by worshippers at Tajbagh and in other dargahs across South Asia. This symbolic healing, of which the performance of Qawwālī is one element, is an affirmation of collective memory which asserts for the worshipper the importance of their Islamic heritage, Sufi ideology, and belief in the unseen, as it contributes to the individual's formation of a symbolic cultural self. I suggest this analysis as neither reductive nor essentialist, but, rather, as a heuristic approach to understanding one aspect of the significance of the coextensive nature of music and religion cross-culturally, and, specifically, in the practice of Qawwālī in South Asia.

"Dow's¹ articulation of the idea of symbolic healing expands the concept to include religious behavior in general, not simply religious or spiritual healing. Dow suggests that a common, universal structure can be discerned cross-culturally in religious healing, shamanism, and Western psychotherapy. What he refers to as symbolic healing might well be discussed through the lens of psychological theory. Dow's anthropological approach is preferable, however, to psychological theory because the concept of symbolic healing works well within cross-cultural applications and avoids much of the jargon commonly found in psychological theory, while at the same time retaining the sense of individual transformation effected through specific healing practices. Essentially, this approach suggests that healing occurs when a symbolic narrative of illness or suffering is persuasively rewritten in a way that positively affects and transforms the individual's experience of suffering into constructive, life affirming expressions thought and behavior

"Jacob Pandian's² ideas regarding the symbolic cultural self and its role in establishing religious and social identity. In addition, I apply Robert Dejarlais'³ understanding of what he calls the aesthetic of everyday life as the basis for approaching the contextual influences within which Qawwālī performance takes place, and use this concept to contextualize the role of Qawwālī in symbolic healing at Tajbagh. I identify three key values that I see as being important themes in the aesthetics of everyday life at Tajbagh. These are: performance, memory, and belief in the unseen.

Symbolic Healing

The idea of Qawwālī having a healing aspect is not a new concept in Sufi music studies. In his study of Qawwālī, Adam Nayyar⁴ observes that Qawwālī has long been understood by participants and observers as contributing to psychological well-being.

The therapeutic effects of Qawwālī were always generally known and indigenous doctors often told mentally disturbed individuals to attend Qawwālī sessions. Spiritual leaders even today often take their mentally disturbed followers to a Qawwālī session with the object of exposing them to the harmony and therapeutic powers of the music and words.

In Qawwālī, religion and music become coextensive. In Qawwālī, we reach the nodal point where it becomes impossible to separate music from religion, religion from music. As such, we find that we have encountered a third phenomenon, a phenomenon which is neither music nor religion alone, but inextricably both simultaneously.

Aware of this effect of Qawwālī and himself deeply interested in it, an eminent Pakistani psychiatrist is using 'Qawwālī therapy' on some of his patients with marked success. While still in an experimental stage, this powerful medium can surely provide an effective indigenization of occidental therapeutic techniques (14).

RELIGION, MUSIC AND HEALING

Newell argues that we may understand symbolic healing as one way of approaching an understanding of the coextensive nature of music and religion in Qawwālī performance.

James Dow, "Universal Aspects of Symbolic Healing: A Theoretical Synthesis", American Anthropologist (1986), 88 (1), 56-69.

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- 2. Robert Desjarlais, Body and Emotion: The Aesthetics of Illness and Healing in the Nepal Himalayas, (Philadelphia: The University of Pennsylvania Press, 1992).
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- 6. Mary Ann Steekler, "The Effects of Music on Healing," Journal of Long-Term Health Care (1998), 17 (1), 42–48.
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HEALING STRUCTURE

In Dow's words, "The structure proposed is as follows" :

- 1. The experience of healers and healed are generalized with culture- specific symbols in cultural myth.
- 2. A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of the myth.
- 3. The healer attaches the patient's emotions to transactional symbols particularized from the general myth.
- 4. The healer manipulates the transactional symbols to help the patient transact his or her own emotions.¹²

Pandian sees religious behaviors in relation to culturally formulated concepts of identity and self. According to Pandian, an individual attempts to formulate a symbolic cultural self through the integration of sacred beings and powers. pandian builds upon the concepts of symbolic interactionist theory.

As he puts it, "Symbolic interactionist theory posits that one's own self is a symbolic representation an, object in relation to the selves (objects) of others, and in this manner the self is created and re-created in the processes of human interaction."¹³

Religion does not eliminate suffering or death, but it eliminates the contradictions between cultural formulations of suffering, death, and the symbolic self by constituting and maintaining the symbolic self as sacred, rendering the symbolic self into a coherent, meaningful system of action despite the existence of 'natural' inconsistencies and problems.¹⁴

Symbols of the self (the symbolic self) signify the characteristics and meanings of what it is to be human. Symbols of the sacred other signify the existence and characteristics of supernatural beings, entities, and powers; linkages between the symbolic self and the sacred other occur in different ways in different domains.¹⁵

While there is no one explicitly assigned the role of healer in a Qawwālī program, it is possible to interpret the sheikh, the saint, anyone associated with the lineage of the shrine, or even Allah as healer, the worshipper understood as the one seeking to be healed. The ailment, in this case, is consciousness of separateness from the beloved, from the lineage of the shrine, from Islam, from God. When understood in Pandian's terms as symbols of the sacred other, these figures represent sacred values, characteristics, and ways of being in the world, the integration of which heals the subjective experience of separation from God and community and creates a coherent social identity for the individual through the formulation of a symbolic cultural self.

Chishti Sufism Qawalli Tradition 2 (Lecture Notes 2)

PART 2

A MUSICAL VIEW OF HEALTH AND HEALING: CHISHTI SUFISM AND THE QAWALLI TRADITIONS

Review of Last Class / Outline of this Class:

- What is Sufism?
- What are the features of Sufi thought?
- What is the Chishti Order of Sufis? The Musicians
- What are Qawalli ancient healing tradition, a devotional practice
- Theories of performance, aesthetics of experience, the sacred self
- What is being accomplished in the Qawalli healing?

Today's lecture:

- Csordas' theory of performance and healing;
- An esthetics of the Religious Experience of Qawalli; The elements important to the actual healing in Tajbagh: the local saint
- The memory of the Saint;
- The ideas of healing by Hazrat Inayat Khan;
- Nusrat Fateh: a documentary of his life and career as the best Qawalli singer of all times.

Thomas Csordas¹⁸ identifies four main streams of performance theory and relates them to the performance of healing rituals. The first stream sees performance as a specific event, the second sees performance as taking place within certain genres, the third sees performance as specific performative acts, and the fourth sees performance as an articulation of a certain rhetoric

which persuades the participant to adapt in some way to a different point of view. This last point corresponds directly to Csordas' view that the "... effectivity of ritual healing is constituted by distinctly definable rhetorical devices that 'persuade' the patient to attend to his intrapsychic and interpersonal environment in a new and coherent way."¹⁹ This corresponds to Dow's assertion that "a suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of a myth,"

The shrine. Simply visiting the dargah is in itself a performative act which brings the devotee into the aura of the saint's baraka, or spiritual power. This sense is demonstrably acted out by the participants, who invariably approach the tomb of the saint in some explicitly reverential way: kissing the threshold, bowing the head, covering the head, touching the tomb and then the area of the heart repeatedly, making an o**ff**ering of flowers, etc.

Meditation and Energy Healing in Contemporary Sufism

http://nurmuhammad.com/Dwnlds/harvardhealinglecture.pdf http://nurmuhammad.com/Meditation/EnergyHealing/harvardhealinglecture.

From Hazrat Inayat Khan:

The Science Of Spiritual Healing

• The spiritual healing process rejuvenates the body's life force and strengthens it through several focal points throughout the body. The spiritual technique produces a neuro-psychological effect which leads the central nervous system to produce a carefully orchestrated endocrine response which relieves pain, heals the disease of the affected areas, and balances the entire body.

Pain is the driving belt in the body's own self-defense mechanism that alerts us to correct a situation.

• Pain is like a warning bell in our system which brings our attention to the fact that something is wrong and forces us to do something about it. Pain says, "You are not listening to your whole self." Pain teaches us to ask for help and healing and is, therefore, a key to the education of the soul and to the function of the spirit and the body's energy.

A comprehensive approach to pain relief and health in general which includes spiritual healing will greatly help the progress of modern medicine. While volumes can and have been written on Islamic spiritual healing, it is hoped that this brief introduction will help bring this subject to the attention of the medical community and foster greater appreciation and understanding of this rich tradition and science.

Illness is an inharmony, either physical inharmony or mental inharmony, the one acts upon the other. What causes inharmony? The lack of tone and rhythm. How can it be interpreted in physical terminology? Prana, or life, or energy is the tone; circulation, regularity is the rhythm, regularity in the beatings of the head, of the pulse and the circulation of the blood through the veins. In physical terms the lack of circulation means congestion; and the lack of Prana, or life, or energy means weakness. These two conditions attract illness and are the cause of illness. In mental terms the rhythm is the action of the mind, whether the mind is active in harmonious thoughts or in inharmonious thoughts, whether the mind is strong, firm, and steady, or whether it is weak.

If one continues to think harmonious thoughts it is just like regular beating of the pulse and proper circulation of the blood; if the harmony of thought is broken, then the mind becomes congested. Then a person loses memory; depression comes as the result, and what one sees is nothing but darkness. Doubt, suspicion, distrust, and all manner of distress and despair come when the mind is congested in this way. The Prana of the mind is maintained when the mind can be steady in thoughts of harmony; then the mind can balance its thoughts, then it cannot be easily shaken, then doubt and confusion cannot easily overpower it. Whether it is nervous illness, whether it is mental disorder, whether it is physical illness, at the root of all these different aspects of illness there is one cause, and that cause is ill harmony

Disorder of the tone and irregularity in the rhythm are the principal causes of every illness. The explanation of this disorder of the tone is that there is a certain tone which the breath vibrates throughout the body, through every channel of the body; and this tone is a particular tone, continually vibrating, in every person. And when the mystics have said that every person has his note, it is not necessarily the note of the piano, it is the note which' is going on as a tone, as a breath. Now, if a person does not take care of himself and allows himself to be influenced by every wind that blows, he, like the water in the sea, goes up and down disturbed by the air. The normal condition is to be able to stand firm through fear, joy, and anxiety; not to let every wind blow one hither and thither like a scrap of paper, but to endure it all and to stand firm and steady through all such influences.

Too much despair or too much joy, everything that is too much should be avoided, although there are natures who always seek extremes; they must have so much joy and amusement that they get tired of it, and then they have a collapse with sorrow and despair. It is among these people that you will find continual illness. If an instrument is not kept in proper tune, if it is knocked about by everyone who comes and handled by everyone, then it gets out of order. The body is an instrument, the most sacred instrument, an instrument which God Himself has made for His divine purpose. If it is kept in tune and the strings are not allowed to become loose, then this instrument becomes the means of that harmony for which God created man:

By carefulness in diet, by sobriety, and by breathing properly and correctly; because it is not only water and earth that are used for cleansing, the best means of cleansing is the air and the property that is in the air, the property that we breathe in; and if we knew how by the help of breathing to keep these channels clean, then we should know how to secure health. It is this which maintains the tone, the proper note of each person, without being disturbed. When a person is vibrating his own note which is according to his particular evolution, then he is himself, then he is tuned to the pitch for which he is made, the pitch in which he ought to be and in which he naturally feels comfortable.

And now we come to the rhythm: there is a rhythm of pulsation, the beating of the pulse in the head and in the heart; and whenever the rhythm of this beating is disturbed it causes illness became it disturbs the whole mechanism which is going on, the order of which depends upon the regularity of rhythm. If a person suddenly hears of something causing fear the rhythm is broken, the pulsation changes. Every shock given to a person breaks his rhythm. We very often notice that, however successful an operation, it leaves a mark, even for the rest of one's life. Once the rhythm is broken, it is most difficult to get it right.

If the rhythm has been lost, it must be brought back with great wisdom, because a sudden effort to regain the rhythm may make one lose it still more. If the rhythm has gone too slow or too fast, by trying to bring it to its regular speed one may break the rhythm, and by breaking the rhythm one may break oneself. This should be a gradual process; it must be wisely done. If the rhythm has gone too fast, it must be brought gradually to its proper condition; if it is too slow, it must be gradually made quicker. It requires patience and strength to do it. For instance, someone who tunes the violin wisely does not at once move the peg and bring it to the proper tone, became in the first place it is impossible, and then he always risks breaking the string. However minute may be the difference in the tone, one can bring it to its proper place by gradual timing; in this way effort is spared and the thing is accomplished."

Qawwali Devotional Worship

Nusrat Fateh Ali Khan (Punjabi: 13 October 1948–16 August 1997), an internationally acclaimed Pakistani musician, was primarily a singer of Qawwali, the devotional music of the Sufis. Considered one of the greatest voices ever recorded he possessed an extraordinary range of vocal abilities and could perform at a high level of intensity for several hours. Extending the 600-year old Qawwali tradition of his family, Khan is widely credited with introducing Qawwali music to international audiences. He is

popularly known as "Shahenshah-e-Qawwali", meaning "The King of Kings of Qawwali".

Born in Faisalabad, Pakistan, Khan had his first public performance at age of 16, at his father's chelum. He became the head of the family qawwali party in 1971. He was signed by Oriental Star Agencies, Birmingham, England, in the early 1980s. Khan went on to release movie scores and albums in Europe, India, Japan, Pakistan, and the U.S.A. He engaged in collaborations and experiments with Western artists, becoming a wellknown world music artist. He toured extensively, performing in over 40 countries.

His version of the Qawwali song "Allah Huu" is famously known for its effect on the heart and mind of its listeners, specially when it is sung traditionally in the presence of the great saints at their shrines. Qawwali of this nature has a certain quality that often brings spiritual rupture. The psycho-spiritual effect these sufi qawwalis bring are unparalleled. This particular Qawwali often throws people into ecstasy and can be even witnessed in present days at any Qawwali gatherings.



Tomb of Sultan Mehmud bagad built during 15th century A.D. Ahmedabad, Gujarat, India. Pranav Gandhi/Shutterstock.com

Reading Newell: Unseen Power: Aesthetic Dimensions of Symbolic Healing in Qawwālī

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" Unseen Power: Aesthjetic Dimensions of Symbolic Healing in Qawwuālī" by James R. Newell, The Muslim World. Copyright © 2007, John Wiley and Sons. Reprinted by permission.

Thursday evenings at Tajbagh, the tomb shrine, or dargah of Tajuddin Baba (d. AH 1344/1925) of Nagpur, India, are punctuated by milling crowds of worshippers, the sweet smell of burning incense, and the sounds of Qawwālī music. What is it that draws these men and women, old and young, rich and poor, to enter into this impoverished neighborhood with their families, contend with the persistent beggars and other inconveniences, simply for the privilege of paying their respects at the tomb of a man who died over eighty years ago? What role, if any, does Qawwālī play in drawing them here? This article approaches Qawwālī from the disciplines of ethnomusicology and the history of religions. My primary interest is in the coextensive nature of music and religion, exploring different understandings of their nearly universal appearance together in human culture. Due to the historically controversial place of music in Islam, I find Qawwālī a particularly interesting topic in this regard. While individual Muslim thinkers draw differing conclusions regarding the place of music in Islam, virtually all writers on music in Islam regard music as a powerful force which has the potential to impact human behavior, either for good or ill.

In this article I consider Qawwālī as a case study in the broader issue of music and religion cross-culturally. I make the claim that Qawwālī is one element of an everyday aesthetic that informs and contributes to the symbolic healing experienced by worshippers at Tajbagh and in other dargahs across South Asia. This symbolic healing, of which the performance of Qawwālī is one element, is an affirmation of collective memory which

asserts for the worshipper the importance of their Islamic heritage, Sufi ideology, and belief in the unseen, as it contributes to the individual's formation of a symbolic cultural self. I suggest this analysis as neither reductive nor essentialist, but, rather, as a heuristic approach to understanding one aspect of the significance of the coextensive nature of music and religion cross-culturally, and, specifically, in the practice of Qawwālī in South Asia.

I begin with a case study describing a Qawwālī performance at Tajbagh, the dargah, or tomb-shrine, of Tajuddin Baba of Nagpur, India. In support of my argument I draw on anthropological theory, employing elements of James Dow's¹ articulation of the idea of symbolic healing, expanding the concept to include religious behavior in general, not simply religious or spiritual healing. Dow suggests that a common, universal structure can be discerned cross-culturally in religious healing, shamanism, and Western psychotherapy. What he refers to as symbolic healing might well be discussed though the lens of psychological theory. Dow's anthropological approach is preferable, however, to psychological theory because the concept of symbolic healing works well within cross-cultural applications and avoids much of the jargon commonly found in psychological theory, while at the same time retaining the sense of individual transformation effected through specific healing practices. Essentially, this approach suggests that healing occurs when a symbolic narrative of illness or suffering is persuasively rewritten in a way that positively affects and transforms the individual's experience of suffering into constructive, life affirming expressions of thought and behavior. In order to adapt Dow's ideas on symbolic healing to my analysis of Qawwālī, I incorporate anthropologist Jacob Pandian's² ideas regarding the symbolic cultural self and its role in establishing religious and social identity. In addition, I apply Robert Dejarlais³ understanding of what he calls the aesthetic of everyday life as the basis for approaching the contextual influences within which Qawwālī performance takes place, and use this concept to contextualize the role of Qawwālī in symbolic healing at Tajbagh. I identify three key values that I see as being important themes in the aesthetics of everyday life at Tajbagh. These are: performance, memory, and belief in the unseen. I elaborate on my understanding of how these values relate to the role of Qawwālī in symbolic

healing at Tajbagh, and close with a discussion of my conclusions.

Tajbagh: The Dargah of Tajuddin Baba

Tajbagh is situated on the outskirts of the city of Nagpur, which is located in the northeastern corner of the state of Maharashtra, India. The dargah is approximately fifteen kilometers from the city center (Figure 1). Tajbagh is the name given to both the dargah of Tajuddin Baba, and to as to the general vicinity of the dargah. The surrounding area is quite poor and underdeveloped, with a series of small shops lining the final kilometer or so stretch of the approach road to leading to the shrine.

Although I had already visited the dargah several times previously, this was to be my first visit at night. As I bumped along the road in a hired black and yellow scooter-rickshaw, the gathering darkness obscured some of the worst squalor and dilapidation of the hutments and shops surrounding the main compound of the dargah. The night air carried a variety of competing scents, which were punctuated by a sooty mixture of smoke and diesel exhaust. The colorful lights hanging from countless stalls selling chadars (tomb cloths or shrouds), prasad (sweets), flowers, pictures of Tajuddin Baba, and a host of other devotional knick-knacks that the visiting pilgrim might find appealing provided the eye with a welcoming array of color.

The population of visitors on this evening was very different from the smaller crowds of mainly lower income pilgrims that I had seen on my earlier visits. Although there may have been just as many beggars and poor people there now as there had been previously, their numbers seemed less significant now, as I looked out upon the milling Thursday night throngs of middle and upper class Muslims who had come to observe the traditional Thursday evening festivities in remembrance of the dead. My visit on this evening was in the hope of making recordings of some of the local musicians. Such festivities at a dargah usually include the presence of Qawwāls, and the performance of Qawwālī, and I had been assured that, as usual, Qawwālī music would be performed on this occasion.

As I entered the large marble tiled verandah, I saw a much larger crowd there than I had seen on any of my previous visits, several hundred people at least. The entire atmosphere was more like that of a carnival than anything else, multiple layers of social interaction taking place, not all of it religious in nature, yet, at the same time, the powerful presence of the saint and the proximity of religious and institutional symbols were ever present in the background. It seemed that for many of the attendees this was primarily a social occasion, in the same way that taking in a sermon at church on Sunday morning might be as much a social occasion as a religious one. There were families with children, older people, and people from all walks of life mingling, shouting greetings, laughing, kissing and comforting a crying child, other children running and laughing among those who were simply seated on the verandah and drinking in the powerful presence of the saint. Small cliques of three or four same-gender teenagers could be seen from time to time, milling about and talking in much the same way teenagers in shopping malls in the US can be seen on weekend evenings. All of these activities, however, have very different social structures governing their enactment. The spiritual presence of the saint on the one hand, and the institutional presence of Islamic religious observance on the other, provide both an implicit and an explicit sub-text to the proceedings, ensuring that all behaviors fall within certain acceptable guidelines. Amid the many social activities there were individuals who obviously regarded the occasion with more seriousness, some seated or kneeling in prayer or quiet meditation, others crowding into the inner confines of the tomb itself in order to make a flower offering to the saint, place a chadar or other offering on the tomb, say a prayer, and receive the blessings of the saint.

Before long I encountered a friend from an earlier visit, and he introduced me to a young man named Niyaz Rangeel. Niyaz is a resident of the nearby low-income section of Tajbagh. He was the singer scheduled to lead the Qawwālī program on this evening. Niyaz and I chatted for awhile, I took his photograph and received his permission to record his performance. Before long he rushed o**ff** to make preparations for the program.

After some time had passed, one of my friends said, "Look, it is beginning! If you want to record him you'd better come quickly!" I was then nearly dragged to the front of the verandah, near the doorway of the tomb, and instructed to sit almost immediately adjacent to Niyaz, who sat facing the doorway of the tomb, so that he would in effect be singing directly to the saint. This I did gladly, and as Niyaz began to sing and the crowd became focused on his performance, I turned on my tape recorder and began recording his performance, occasionally taking photographs of the singer and his small Qawwālī party (Figure 2).

Symbolic Healing

The idea of Qawwālī having a healing aspect is not a new concept in Sufi music studies. In his study of Qawwālī, Adam Nayyar⁴ observes that Qawwālī has long been understood by participants and observers as contributing to psychological well-being.

The therapeutic effects of Qawwālī were always generally known and indigenous doctors often told mentally disturbed individuals to attend Qawwālī sessions. Spiritual leaders even today often take their mentally disturbed followers to a Qawwālī session with the object of exposing them to the harmony and therapeutic powers of the music and words.

Aware of this effect of Qawwālī and himself deeply interested in it, an eminent Pakistani psychiatrist is using 'Qawwālī therapy' on some of his patients with marked success. While still in an experimental stage, this powerful medium can surely provide an effective indigenization of occidental therapeutic techniques (14).

Not just Qawwālī, but music itself is often understood to have therapeutic qualities. Moreno,⁵ Steekler,⁶ Cook,⁷ Winkelman,⁸ and many others have spoken to the positive effects of music on both psychological and physiological health, and Rouget⁹ has explored the use of music cross-culturally in healing practices involving trance states. These studies, however, do not speak to the element of religious narrative combined with music. Benjamin Koen,¹⁰ in his study of devotional music and healing in Tajikistan, moves closer to the element of religious narrative in healing practices, proposing the term "music-prayer dynamics" for cross-cultural explorations of the relationship between prayer, meditation, and music. While Qawwālī can and often does include prayer and meditation, it is also much more. Qawwālī itself is a religious practice, and while, due to the controversial status of music in Islam, the musical element is often said to be secondary to the sung texts, in Qawwālī, religion and music become coextensive. In Qawwālī, we reach the nodal point where it becomes

impossible to separate music from religion, religion from music. As such, we find that we have encountered a third phenomenon, a phenomenon which is neither music nor religion alone, but inextricably both simultaneously. No single theory of music or of religion, then, can fully describe nor account for the popularity nor the perceived benefits of Qawwālī in South Asian Islamic religious practice. I suggest symbolic healing as one way of approaching an understanding of the coextensive nature of music and religion in Qawwālī performance.

James Dow borrows the term "symbolic healing" from Daniel Moerman.¹¹ Dow suggests that a common, universal structure can be discerned cross-culturally in religious healing, shamanism, and Western psychotherapy. In Dow's words, "The structure proposed is as follows" :

- 1. The experience of healers and healed are generalized with culturespecific symbols in cultural myth.
- 2. A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of the myth.
- 3. The healer attaches the patient's emotions to transactional symbols particularized from the general myth.
- 4. The healer manipulates the transactional symbols to help the patient transact his or her own emotions.¹²

I suggest that, with some adaptation, Dow's proposed universal structure for symbolic healing can be a useful way to understand patterns in religious behavior in general, not just healing practices. In taking this position, I am adapting Dow's model beyond his original intention. Even in its more formal maḥfil-i-samā^c (assembly for listening) form, Qawwālī performance does not precisely parallel Dow's proposed universal structure for symbolic healing. In order to make a better fit, I incorporate some of the ideas of Jacob Pandian.

Pandian sees religious behaviors in relation to culturally formulated concepts of identity and self. According to Pandian, an individual attempts to formulate a symbolic cultural self through the integration of sacred beings

and powers. Pandian bulids upon the concepts of symbolic interactionist theory. As he puts it, "Symbolic interactionist theory posits that one's own self is a symbolic representation, an object in relation to the selves (objects) of others, and in this manner the self is created and re-created in the processes of human interaction."¹³ When the symbolic self interacts with the sacred self, the individual incorporates new ways of coping with a threatening world. As Pandian says,

Religion does not eliminate suffering or death, but it eliminates the contradictions between cultural formulations of suffering, death, and the symbolic self by constituting and maintaining the symbolic self as sacred, rendering the symbolic self into a coherent, meaningful system of action despite the existence of 'natural' inconsistencies and problems.¹⁴

Symbols of the self (the symbolic self) signify the characteristics and meanings of what it is to be human. Symbols of the sacred other signify the existence and characteristics of supernatural beings, entities, and powers; linkages between the symbolic self and the sacred other occur in different ways in different domains.¹⁵

While there is no one explicitly assigned the role of healer in a Qawwālī program, it is possible to interpret the sheikh, the saint anyone associated with the lineage of the shrine, or even Allah as healer the worshipper understood as the one seeking to be healed. The ailment, in this case, is consciousness of separateness from the beloved, from the lineage of the shrine, from Islam, from God. When understood in Pandian's terms as symbols of the sacred other, these figures represent sacred values, characteristics, and ways of being in the world, the integration of which heals the subjective experience of separation from God and community and creates a coherent social identity for the individual through the formulation of a symbolic cultural self.

Aesthetics of Everyday Life

Anthropologist Robert Desjarlais¹⁶ sees concepts of well being as flowing from local cultural understandings of everyday values and social tastes. In Dejarlais' view, the specifics of what constitutes health or illness are culturally determined by what he calls "an aesthetics of everyday life." He

states,

Loss, darkness, and a downhill descent: in my estimation, the way in which Mingma evaluated his pain, the way in which he gave form and meaning to his malaise and experienced the healing process, was patterned by an implicit, politically driven 'aesthetics' of everyday life ...I use the term 'aesthetics' in a slightly irregular fashion, not to define any overt artistry or performative genres — art, music, poetry — but rather to grasp (and tie together) the tacit leitmotivs that shape cultural constructions of bodily and social interactions. I see such aesthetic forms....as embodied through the visceral experience of cultural actors rather than articulated through concrete artistic or philosophic tenets. With the term 'aesthetics of experience,' then, I refer to the tacit cultural forms, values, and sensibilities—local ways of being and doing — that lend specific styles, configurations, and felt qualities to local experiences.¹⁷

In applying Dejarlais' approach to my approach to understanding the role of Qawwālī in symbolic healing at Tajbagh, I use the concept of "the aesthetics of everyday life" as a way to contextualize Qawwālī performance locally, and in the broader context of Islam. To do this I identify some of the "... the tacit leitmotivs that shape cultural constructions of bodily and social interactions ..." and the "... tacit cultural forms, values, and sensibilities — local ways of being and doing — that lend specific styles, configurations, and felt qualities to local experiences ..." at Tajbagh. There ways to quantify these leitmotivs. Dejarlais lists and are countless elaborates upon a series of broad cultural values that his field experience suggested to him were key in understanding the healing practices of the Yolmo people of Nepal. For this article I have chosen a less ambitious list of three key values which I see as useful in understanding the role of Qawwālī performance in symbolic healing at Tajbagh. The values I have chosen are performance, memory, and belief in the unseen.

Performance

The subject of performance and aesthetics is broad. Before discussing the specifics of the importance of performance at Tajbagh, it will be helpful to look at performance issues in general. Thomas Csordas¹⁸ identifies four main streams of performance theory and relates them to the performance of healing rituals. The first stream sees performance as a specific event, the

second sees performance as taking place within certain genres, the third sees performance as specific performative acts, and the fourth sees performance as an articulation of a certain rhetoric which persuades the participant to adapt in some way to a different point of view. This last point corresponds directly to Csordas' view that the "... effectivity of ritual healing is constituted by distinctly definable rhetorical devices that 'persuade' the patient to attend to his intrapsychic and interpersonal environment in a new and coherent way." ¹⁹ This corresponds to Dow's assertion that "A suffering patient comes to a healer who persuades the patient that the problem can be defined in terms of a myth," cited earlier.

Csordas sees performance events as large public healing services, analogous to the Thursday night gatherings at Tajbagh. He sees the genres of performance relating to the three levels of healing body, mind and spirit. In this sense one can see the kind of worship experience at Tajbagh which I am describing as symbolic healing as most closely related to healing of mind and spirit. Csordas sees performative acts in healing as relating to "... discrete gestures or verbal formulae construed primarily as acts of empowerment, protection, revelation, and deliverance."²⁰ In the context of Tajbagh, such acts can be understood both as acts performed by worship participants, or as acts performed by the Qawwals in their performance duties, or acts performed by any number of other institutional figures operating in some official capacity at the shrine. Simply visiting the dargah is in itself a performative act which brings the devotee into the aura of the saint's baraka, or spiritual power. This sense is demonstrably acted out by the participants, who invariably approach the tomb of the saint in some explicitly reverential way: kissing the threshold, bowing the head, covering the head, touching the tomb and then the area of the heart repeatedly, making an offering of flowers, etc. For Csordas the rhetoric of performance is represented by the doctrinal specifics articulated in the verbal formulae. The sung Qawwālī texts themselves represent verbal formulae that explicitly empower the individual worshipper to participate in the traditions of Sufism and Islam, and specifically the traditions of the saint, and to grow nearer and nearer in proximity to Allah. All of these activities imply the tacit protection offered by the baraka of the saint, and of Allah.

In addition to the performative actions and rhetorical functions already

discussed, the Qawwals provide an aural sub-text to the entire proceedings, enlivening the atmosphere and moving the hearts and minds of the participants on many levels, not just through the communication of religious ideology and doctrine. This is the juncture where music and religion become coextensive. The insistent emotionality of the singer's delivery, the repetitive rhythm of the dholak (hand drum), and the response of the accompanying vocalists communicate the immediacy of the present moment experience of worship and the proximity and accessibility of the baraka of the saint. Ethnomusicologist John Blacking observes that "As a metaphor of feeling, [music] can both reflect and generate a special kind of social experience."²¹ This is true of the Qawwālī performance, which articulates a religious feeling that is often lost when one attempts to clothe it in words. Serious religious feeling, however, is not the only emotion communicated through Qawwālī performance. Donald Brenneis²² describes the importance of playfulness in the performance of bhajan kavvali in Indian Fiji communities. This lighthearted attitude can often be seen in performance of South Asian Qawwālī and helps to balance the supremely serious topics that are expressed in the Qawwālī texts, which so often emphasize the pain of separation and longing. Some of these texts parallel very closely what Marina Roseman²³ describes as "the aesthetics of longing" among the Temiar people of the Malaysian rain forests. In the Qawwālī texts the longing is not for a healing spirit guide, but for God as the divine beloved. Such texts articulate the individual's subjective experience of separation from the sacred other, as well as affirming the immediacy of the accessibility of the sacred other. Through the combination of music and text, the worshipper experiences a subjective sense of symbolic healing through the linkage of the symbolic cultural self with the sacred other.

Memory

Central in importance to the aesthetics of performance is the ability of the performer to evoke in the participant this longing for a profound experience of communion with the divine. Another way to understand the evocation of this longing is as the activation of memory. Most Sufi orders practice some form of ritualized remembrance of God through the repetition of divine names and formulas, known as dhikr (literally, remembering). When the Qawwālī performance is understood as an extension and elaboration of dhikr, it can be seen as an explicitly proactive form of remembrance. In addition, the Qawwālī performance can be understood as a process of social identity creation through the activation of the socio-cultural memory of the spiritual lineage of the shrine. Although this activation of memory is a looking back in order to establish present time identity, it is also a vision of the future made present by bridging the phenomenal world through entering into the possibility of imminent communion with the Divine Beloved. Thus, by remembering the deceased saint, the Qawwālī performance invokes the memory of the entire lineage of spiritual leaders back to the founder of Islam, and beyond. The performance of memory enacted in the Qawwali ritual, then, establishes a social identity that is supported by both the immediate community, and that community's spiritual ancestors. The fulfillment of this vision is expressed by the medieval Chishti poet Amir Khusro (d. AH 725/1325), often considered to be the founding father of Qawwali, and composer of some of the most famous Qawwālī texts; the following Persian poem is called nimi danam koja raftam ("I do not know where I vanished"):

I know not in what state and in what wondrous place I found myself last night. Victims of love ecstatic danced all around me where I found myself last night, God himself was Lord of this assembly — O Khusro, partaker of the infinite Muhammad was the Beloved illuminating that wondrous place where I found myself last night.²⁴

Although the presence of Qawwals at Tajbagh is a reminder to the worshipper of the general accessibility of the lineage of Islamic holy men and women back to the Prophet, and to Allah, it is specifically a reminder of the presence of the saint, Tajuddin Baba. Although the only accounts that we have of Tajuddin Baba's life are hagiographic, the story that emerges is an interesting one and is well known to all of those pilgrims who have more than just a passing interest in the shrine. For us, his story is an essential element in understanding the every day aesthetics of Tajbagh.

Tajuddin is associated with two Sufi sheikhs, the Quadiri sheikh Hazrat Abdulla Shah (late 19th century) of Nagpur and Hazrat Daood Chishti (late 19th centnry) of Sagar. His first contact with a Sufi pir was at the tender age of six, when the local saint Hazrat Abdulla Shah visited Tajuddin's school in

Nagpur. One account reports that the saint,

...gazed at Tajuddin, took out a piece of sweetmeat from his bag, chewed a bit of it and thrust the rest into Tajuddin's mouth. He then told one of the teachers standing by: 'What can you teach him? He is already well taught in his previous life.' And, addressing the young Tajuddin, he said: Eat little, Sleep little, and Talk little. While reading Qur'ān, read as though the holy Prophet Mohammed has descended upon you.'

This strange incident effected a profound change in Tajuddin. Tears flowed from his eyes continuously for three days and he lost all interest in play and childish pranks. He sought solitude and was always found reading the works of great Sufi Saints and reflecting upon their profound significance.²⁵

Later in life, in his late teens, Tajuddin began visiting Hazrat Daood Chishti in Sagar and began following his instructions. He soon fell into a state of majdhubyat (intense attraction to God) and was taken for a madman by most who encountered him. Taunted by cildren, rejeced by his family and friends, he was eventually committed for life to the Nagpur insane asylum by British officials who had been offended by his bizarre behavior. Some time prior to being committed, however, he had already begun to attract a following of local people who understood his condition very differently from the way the British authorities understood it.

The idea of the individual who is so absorbed with thoughts of God that he or she does not function well in the physical world is not uncommon in Islam. As Carl Ernst points out, "Collections of Sufi biographies sometimes contain appendices giving the lives of intoxicated saints, who have been attracted (majdhub) to God with such force that their intellects have been overpowered."²⁶ Michael Dols has compiled study a of attitudes towards madness and sanctity in medieval Islam, surveying the history of Islamic medicine and its response to mental illness, with interesting sections on the idea of the "holy fool" and the majdhub. In this work he summarizes one writer's understanding of the majdhub.

...the mystical call of the Sufi or dervish may be so sudden and the person may follow it so quickly that he is believed to have become mentally deranged. In fact, this state, being majdhub, was believed to be the normal beginning in the careers of many dervishes. The majdhub forgets all earthly things and follows only the internal call, living — so to speak — with his Caller. Being completely absorbed by his inner life, his outer existence is characterized by disconnected speech, repeating one and the same sentence, and roaming aimlessly in the streets or fields ...²⁷

The preceding paragraph captures nicely the way in which many of the local people of Nagpur understood the state of Tajuddin Baba. As time went on, miraculous powers were attributed to the saint, and soon literally thousands of people were coming to visit him in the mental hospital. Eventually, a new gate had to be built on the grounds in order to accommodate the throngs. It is reported that the head of the hospital himself eventually became a devotee, and frequently went to his patient for advice. He would have preferred to release his patient but British authorities refused to allow it (Figure 3).

It is the memory of this man, his historical relationship with the British authorities, and the general local understanding of his spiritual status, that is called to mind by the pilgrims to Tajbagh. The understanding is that Taj Baba, as he is affectionately known, spent much of his life in a state of divine absorption, in communion with the divine, that he was a wali (friend) of Allah. As a friend of God, the saint is understood to have the 'ear' of God, and, much like the Virgin Mother in Christianity, has the ability to intercede for the devotee and bring him or her into the kind of close communion with God that Taj Baba himself enjoyed. The texts that are sung during the Qawwālī programs are often chosen with the intention of affirming this understanding. To deliberately align oneself with these ideas and values serves to assist the worshipper in developing an internalized sense of the symbolic cultural self discussed earlier. This alignment facilitates a healing of the separation between the individual's symbolic cultural self and the sacred other.

Belief in the Unseen

Belief in the unseen is an implicit element of virtually all religious practice. Rarely, however, is it so explicitly stated as in the following verses of the Qur'ān.

- This is the Book; in it is guidance sure, without doubt, to those who fear Allah.
- Who believe in the Unseen, are steadfast in prayer, and spend out of what We have provided for them;

And who believe in the Revelation sent to thee, and sent before thy time, and (in their hearts) have the assurance of the Hereafter — Sura 2:3– $4.^{28}$

This passage explicitly promises divine guidance to those who "believe in the Unseen." Such belief is an important sub-text to all of the activities at Tajbagh, and undergirds and informs the Qawwālī performance, the message of the sung texts, and the activation of collective memory. Although by no means an exclusively Islamic or Sufi belief, it is precisely this imperative to believe in the unseen that makes the deliberate acts of remembrance essential.

In Sufi poetry and ideology, a common way to represent the unseen is through the idea of the 'two worlds,' this world, and the 'other world,' the unseen world. It is in the other world that communion with God takes place. This is the realm towards which Tajuddin Baba's consciousness was drawn, which absorbed his concentration so much that he appeared to be mad to the uninformed observer. This is the world which is symbolized by the dargah and the presence of the saint. One gains access to this world through communion with the wali, the friend of God, and through the wali one gains access to communion with Allah. Thus, the dargah itself, and the activities that take place there, take place, as it were, in both worlds. Each action in this world, bowing to the tomb, placing a flower, performing or listening to Qawwālī, etc., has its parallel activity reflected in the other world, and it is through the activities in this world that one participates in the reality of the other world. It is precisely because the other world is unseen that one must engage in specific activities of remembrance, activities that remind one of the supreme reality and of the importance of the other world. This other world, then, is the world of the sacred other. Linkage of the individual's symbolic cultural self with the sacred other provides the worshipper with a subjective sense of a cohesive cultural identity, as well as with a sense of continuity between the phenomenal world of suffering and death, and the world of the symbolic sacred other.

Ethnomusicologist John Blacking defines music as "humanly organized sound." ²⁹ Elsewhere he has observed that:

Man makes music as a patterned event in a system of social interaction, as a part of a process of conscious decision making; but there is also a sense in which music makes man, releasing

creative energy, expanding consciousness and influencing subsequent decision-making and cultural invention. 30

Something very similar might be said of religious practice, that religious practice is "humanly organized" interaction with the sacred other, perhaps, or that religious practice "makes man," that it releases creative energy, expands consciousness and influences "subsequent decision-making and cultural invention." There are many parallels between music and religion as cultural artifacts. Both music and religion go against the grain of rational, linear thought. Both have survived the enlightenment and the modern era, and both appear poised to survive the post-modern era, and whatever may come next. There appears to be something unstoppable about music and religion. One would be hard pressed to find a society on earth today in which one segment or the other does not use some form of music (or "humanly organized sound") in religious practice. Why should this be so?

Blacking concludes that " The value of music lies in its power to restore and develop man's sense of being and to close the gap that the acquisition of culture has made between the inner and outer man." ³¹ He sees music as an evolutionary adaptation which functions to compensate for the demands of culture on the developing individual. One might conclude, then, that as modern culture develops more and more, humankind will require music more and more, not less. Jacob Pandian suggests that

...the roots of religion are in symbolizing human identity as having 'super-natural' characteristics, that is, in having qualities that are not confined to the physical/natural world ... Symbols of the self (the symbolic self) signify the characteristics and meanings of what it is to be human. Symbols of the sacred other signify the existence and characteristics of supernatural beings, entities, and powers, and they connote the linkages between the symbolic self and the sacred

other.32

This linkage between the symbolic self and the sacred other, which Pandian sees as being at the "root" of religion, has its parallel in Blacking's articulation of music functioning to restore the link between the inner and outer man, thus healing the gap between them that has been created by the acquisition of culture. When music and religion are coextensive, as in Qawwālī, these two linkages accomplish the symbolic healing described by Dow. According to Dow

...symbolic healing exists, in part, because humans developed their capacity to communicate with each other from an earlier capacity to communicate with themselves through emotions. Awareness of personal biological survival at the level of emotional thinking is primarily adaptive; as culture and language have developed, the capacity to communicate has been extended to symbols within social systems. Symbolic healing exists, therefore, because of the way in which social communication has drawn with it the structure of emotional communication.³³

As cited earlier, Blacking sees music as metaphor for feeling, thus making music an ideal complement for the transaction of emotions Dow sees occurring in symbolic healing. In Pandian's terms, music helps to dramatize communication between the symbols of the self and symbols of the sacred other in ritual practice. This is one of the things that I see happening in Qawwālī which, with some adjustment to Dow's proposal, I am suggesting can be understood as an aspect of symbolic healing. As I have already stated, I do not suggest this analysis as a reductive, or essentialist claim, but rather as a heuristic approach to understanding one aspect of the significance of the coextensive nature of music and religion cross-culturally, and, specifically, in the practice of Qawwālī in South Asia.

One of Desjarlais' points in articulating an aesthetic of everyday life is to correct a tendency on the part of some writers to attempt to evaluate performance by a set of aesthetic values that are removed from the cultural context of the given performance. He emphasizes that the aesthetics of performance flow from cultural values, not the other way around, and that even what constitutes health or illness flows from these values. In this sense, and according to my analysis, a worshiper at Tajbagh can be said to have been restored to health, i.e., to have regained a strong sense of a symbolic cultural self, when he or she has performed certain actions which activate the collective memory of a symbolic, unseen reality. The activation of such memories empowers the individual to feel confident in their connection to and communion with these unseen forces, which grounds them in a sense of connection to and identification with a symbolic cultural self. In this regard, Qawwālī at Tajbagh plays an important role in the activation of collective memory, and in the restoration of a sense of physical, emotional and spiritual well being in the worshipper. This sense of a restoration of well being will be a reflection of the degree to which the individual has identified with the cultural and religious narrative as represented by the song texts, the daily life

of the dargah, the life of the saint, and the lineage of the shrine.

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Module 8: Naturopathy



Reproduction of antique pharmacy with officinal herbs, spices and venomous substance medicinal plants on canvas sacks for alternative medicine. © 2014, ermess, Shutterstock, Inc.

Naturopathy—Healing from Plants (Lecture Notes 1)

Homeopaths do not treat physical, emotional and mental symptoms separately but take the view that they are all interconnected as facets of the patient's suffering. This is what makes homeopathy a truly holistic and refined art.

Alternative Medical Systems is the name of an NCCAM classification for those forms of alternative medicine that are built upon a "complete system of ideas and practice". It can include:

Ayurveda Chiropractic Homeopathy Naturopathy Osteopathy Traditional Chinese medicine

The Biomedical model of health is a conceptual model of illness that excludes psychological and social factors and includes only biological factors in an attempt to understand a person's illness. According to this model, health constitutes the freedom from disease, pain, or defect, thus making the normal human condition health. The model's focus on the physical processes, such as the pathology, the biochemistry and the physiology of a disease, does not take into account the role of social factors or individual subjectivity. The model also overlooks the fact that the diagnosis (that will affect treatment of the patient) is a result of negotiation between doctor and patient. Body work is any therapeutic, healing, or personal development work that involves some form of touching, energetic work, or the physical manipulation of a practically oriented physical and somatic understanding of the body.[Wiki] Naturopathy, or Naturopathic Medicine, is a controversial form of alternative medicine based on a belief in vitalism, which posits that a special energy called vital energy or vital force guides bodily processes such metabolism, reproduction, growth, and adaptation. Naturopathic as philosophy favors a holistic approach and seeks to find the least invasive measures necessary for symptom improvement or resolution. thus minimal use of surgery and drugs. According to the encouraging Association of Accredited Naturopathic Medical Colleges, "Naturopathic medicine is defined by principles rather than by methods or modalities. Above all, it honors the body's innate wisdom to heal."

The term "naturopathy" is derived from Greek and Latin, and literally translates as "nature disease". Modern naturopathy grew out of the Natural Cure movement of Europe. The term was coined in 1895 by John Scheel and popularized by Benedict Lust, the "father of U.S. naturopathy". Beginning in the 1970s, there was a revival of interest in the United States and Canada in conjunction with the holistic health movement.

Naturopathic practitioners are split into two groups, traditional naturopaths and naturopathic physicians. Naturopathic physicians employ the principles of naturopathy within the context of conventional medical practices. Naturopathy comprises many different treatment modalities of varying degrees of acceptance by the conventional medical community; these treatments range from standard evidence-based treatments, to homeopathy and other practices sometimes characterized as pseudoscience.

HISTORY OF NATUROPATHIC MEDICINE

The modern practice of naturopathy has its roots in the Nature Cure movement of Europe during the 19th century. In Scotland, Thomas Allinson started advocating his "Hygienic Medicine" in the 1880s, promoting a natural diet and exercise with avoidance of tobacco and overwork. The term sanipractor has sometimes been used to refer to naturopaths, particularly in the Pacific Northwest region of the United States. Allinson's philosophy aimed at tying human beings in with the cosmos, through a way of spiritual understanding called " vitalism". What that states is there is a real life force that interconnects all life into a web of being and becoming. Thus, the body must keep in balance with this web; there must be balance in social relationships, that sustain harmony, health and well-being. All of that can be easily disrupted by excesses of all kinds: abuses of power, of drugs, of all kinds.

As Allinson's ideas were elaborated, naturopathy was redefined as a broad discipline rather than a particular method, and included such techniques as hydrotherapy, herbal medicine, and homeopathy, as well as eliminating overeating, tea, coffee, and alcohol. He described the body in spiritual and vitalistic terms with "absolute reliance upon the cosmic forces of man's nature."

PRINCIPLES OF NATUROPATHY

1. First, do no harm; provide the most effective health care available with the least risk to patients at all times.

2. Recognize, respect and promote the self-healing power of nature inherent in each individual human being. (medicatrix naturae, a form of vitalism). Identify and remove the causes of illness, rather than eliminate or suppress symptoms.

4. Educate, inspire rational hope and encourage self-responsibility for health (Doctor as Teacher).

5. Treat each person by considering all individual health factors and influences. (Treat the Whole Person).

6. Emphasize the condition of health to promote well-being and to prevent diseases for the individual, each community and our world. (Health Promotion, the Best Prevention)

Naturopathic ideology focuses on naturally-occurring substances, minimallyinvasive methods, and encouragement of natural healing. Naturopaths generally favor an intuitive and vitalistic conception of the body, and complete rejection of biomedicine and modern science is common. Prevention through stress reduction and a healthy diet and lifestyle is emphasized. Pharmaceutical drugs, ionizing radiation, surgery are generally minimized. The philosophy of naturopathic practice is described by six core values. Multiple versions exist in the form of the naturopathic doctor's oath, various mission statements published by schools or professional associations, and ethical conduct guidelines published by regulatory bodies. The following are some examples: the first is from the www.rainbowsofhealing.com group who have an interesting profile naturopathic website:

Naturopathy is a well recognised form of complementary medicine and is becoming increasingly more popular and widely accepted. Naturopathy uses the healing power of nature to restore and maintain health and prevent disease.

A Naturopath recognises the body's inherent ability to heal itself and believes that addressing and treating the underlying cause is paramount. They also understand that the underlying cause of disease can sometimes be intricate and multifaced, and can range from a number of imbalances in areas such as:

- emotional/psychological;
- lifestyle;
- environmental;
- spiritual;
- genetic predispositions; and
- nutritional deficiencies;

Naturopathy is not used solely for the treatment of disease, but also focuses on prevention and provides lifelong management plans to ensure a state of optimal health.

A Naturopath works in a gentle, non-invasive manner, aiming to restore vitality through supporting and stimulating the body's own healing mechanisms. A variety of treatment options may be used.

Herbal medicine	A complementary therapy that uses plant or plant extracts to help treat illness	
	Study of the relationship between food and the well-being of the body. It is the science of nutrients and how they are digested,	
nutrition	absorbed, transported, metabolised, stored, and utilised by the body.	
	nutrition is extremely important in preventing disease and achieving optimal health.	
Dietary & Lifestyle advice	Lifestyle factors such as physical activity, smoking and alcohol have a major impact on our health and wellbeing	
Homeopathy	A gentle, holistic system of healing, suitable for everyone, young and old. Homeopathy focuses on you as an individual, concentrating on treating your specific physical and emotional symptoms, to give long lasting benefits.	
Flower essences	Natural remedies, produced from various types of flowers and plants that address negative emotional states, physical ailments, and help to bring about a more positive mind-set and enhance one's wellbeing.	
Iridology	A non-invasive practice in which characteristics of the iris are examined for information about a person's health. It can reveal inherent strengths and weaknesses, and highlight systems and organs in the body that are overactive, inflamed or distressed.	

Naturopathy is indicated for treatment of the following conditions:

- Weight loss
- Detox
- Natural fertility
- Boost energy levels
- Reduce stress/anxiety
- Depression
- Acne
- Eczema
- Asthma
- Establishing good eating habits
- Food allergies/sensitivities
- Food intolerances
- Nutritional deficiencies
- Gastrointestinal/Digestive disturbances

- Menstrual irregularities
- Infertility
- Sleep disturbances
- Headaches
- Colds/Flu
- High cholesterol
- High blood pressure



Naturopathy, ampules fotoknips/Shutterstock.com

Healing Power of Nature : Doctrine of Naturopathic Healing:

There are powerful, natural healing mechanisms in the body and mind that maintain and restore health; treatment seeks to support and restore these inherent and powerful healing systems, using methods, natural medicines and techniques that are in harmony with natural processes

- 1) "First Do No Harm—Naturopathic practitioners prefer non-invasive treatments which minimize the risks of side effects; maximize your energy and strengthen your immune function.
- 2) Find the Cause—Naturopaths can often identify the underlying cause of disease in aspects of diet, lifestyle, environment, or habits. This approach can help eliminate the actual cause of disease instead of merely treating the symptoms.
- 3) A Person as a Whole—When the whole person is addressed, not just the symptoms, true healing can occur. Health comes from a complex interaction of the physical, emotional, mental, and spiritual self. These include dietary, environmental, lifestyle and relationship factors.
- 4) A Naturopath is a Teacher—whose role is to educate and empower to take actions that improve the quality of life and health.
- 5) Preventive Approach—The Naturopathic approach to health is prevention."

Source http://www.naturopathy-uk.com/home/home-what-is-naturopathy

What is Traditional Naturopathy?

• "Naturopathy is a philosophy which encompasses a view of life a model for living a full life. The word naturopathy is a Latin-Greek hybrid which can be defined as 'being close to or benefiting from nature." —Stewart Mitchell, Naturopathy: Understanding the Healing Power of Nature

A traditional naturopath specializes in wellness, "teaching clients how an application of a natural lifestyle can act to facilitate the body's own natural healing and health building potential. The traditional naturopath does not undertake to "diagnose" or "treat diseases," but rather recognizes that the majority of sub-health conditions are cumulative lifestyle effects, and that the underlying cause of what we call "disease" (or, "dis-ease") is improper diet, unhealthy habits, and external environmental factors which cause biological imbalances leading to a weakening of the bodies' natural defenses and subsequent breakdown in health."

- There have always been people who understood that healing occurs naturally in the human body, if it is given what it truly needs proper diet, pure water, fresh air, sunlight, exercise, and rest. For these people, the emphasis has not been on finding a disease and killing it, but rather on helping the body establish its own state of good health. Today, these people are known as Traditional Naturopaths
- Traditional Naturopaths recognize that allopathic health care is, at times, necessary. They also know that many people can maintain good health through the use of naturopathy.
- What does a Traditional Naturopath not do? A Traditional naturopath avoids procedures common to medical care. Among them are: diagnosing disease, treating disease, prescribing drugs and pharmaceuticals, and performing invasive procedures. In determining the root cause of a client's problems, Traditional Naturopaths do not

diagnose or treat disease, but instead focus on health and education. They teach clients how to create an internal and an external environment that is conducive to good health, enabling the clients to make their own choices.

- Traditional naturopathy is not considered a [bio-]medical practice. Major and minor surgery, prescribing drugs and pharmaceuticals, giving injections and drawing blood should be limited to medical doctors only and not performed within the scope of naturopathy.
- Naturopathy, or naturopathic medicine, is a form of alternative medicine based on a belief in Vitalism, which posits that vital energy or vital force guides bodily processes such as metabolism, reproduction, growth, and adaptation. Naturopathy favors a holistic approach with non-invasive treatment and encourages minimal use of surgery and drugs (" allopathic" medicine).
- Naturopathic treatments include: acupuncture, applied kinesiology, botanical medicine, brainwave entrainment, colonic enemas, color therapy, cranial osteopathy, hair analysis, homeopathy, iridology, live blood analysis, nature cures—i.e. a range of therapies based upon exposure to natural elements such as sunshine, fresh air, heat, or cold, nutrition (vegetarian and wholefood diet, fasting, and abstention from alcohol and sugar), ozone therapy, physical medicine (e.g., osseous and soft tissue manipulative therapy, sports medicine, exercise, and hydrotherapy), psychological counseling, meditation, relaxation, and other methods of stress management, public health measures and hygiene, reflexology, rolfing, and traditional Chinesemedicine.
- Source:

http://rainbowsofhealing.com/naturopathic/#sthash.35fX3FUf.dpuf

Summary of Important Points:

1. Right Nutrition is of Vital Importance for the Health and Well-Being of any Community of Living Beings;

2. The Ideal Balance in the Cosmos and the Person's Connections with the

Cosmos;

3. Based on a Systemic Model of Inter-Relations Amongst Environment and the Person;

4. In Combatting Sicknesses that have to do with Excesses, for Example, Over-Eating and Overweight, or its Often Complementary Condition of Diabetes.

Alternative Medicines and Therapy

Crystals and precious stones identified with high energy points of the body (the crown of the head), the heart and navel are also frequently used in shamanic practices. Like the crystals, these are imbued with sacred power and agency.

Crystal Journeying through the Chakras: A 7-part Meditative Intensive; Reiki Level 1 Training; Reiki Level 3 Advanced Practitioner Training Class; Bhakti Dance; Crystal Journeying through the Chakras: A 7-part Meditative Intensive; - See more at:

http://rainbowsofhealing.com/naturopathic/#sthash.35fX3FUf.2x7HtSj

Homeopaths do not treat physical, emotional and mental symptoms separately but take the view that they are all interconnected as facets of the patient's suffering. This is what makes homeopathy a truly holistic and refined art. It is based on utilization of non-allopathic remedies to treat ailments that are believed to have both emotional and physical causes.

Iridology is the study of the colored part of the eye (called the iris) to determine potential health problems. Iridologists believe that changing patterns and markings in the iris can be used to reveal emerging conditions in every part of the body and to identify inherited weaknesses that may lead to physical and emotional disorders.

REAMS testing is called "Biological Ionization" by Dr. A.F. Beddoe, and "Health by the Numbers" by Dr. Wendell W. Whitman. "RTBI - Reams Theory of Biological Ionization" or simply, "REAMS testing" after the founder of pH testing, Dr. Cary Reams. Dr. Reams dedicated his life to finding the perfect pH numbers for the human body. Without maintaining these numbers, it is believed the human body can not assimilate various minerals. Dr. Reams discovered what he believed were the perfect pH balances by analyzing all the fluids of the human body. Throughout his research, Dr. Reams discovered that only two bodily fluids were needed to ascertain these body chemistry levels - saliva and urine. Therefore, practitioners believe that if a person can keep their numbers in the "Perfect Health" or "Healing Range" – then they will maintain health. If the human body is not kept in the "Perfect Health" or in the "Healing Range" - it is believed the body becomes diseased.

Enzymes are essential for maintaining optimal health. They are the energy catalysts which support everyday life-sustaining functions from the digestive system and immune systems to making energy available to the entire body. By breaking down the various types of food into smaller compounds which can be readily absorbed by the body, enzymes help eliminate problems which can occur with fermented toxins in the digestive tract, such as gas, bloating, fatigue, headaches, constipation, heartburn, and other digestive

disturbances.

Parasites are often described as occupying the third great environment, aquatic, -terrestrial -parasitic, the body of another organism. The term parasitism may be defined as a two-species association in which one species, the parasite, lives on, or in, a second species, the host, for a significant period of its life and obtains nourishment from it. Parasitology seeks to find, define, and remedy ill effects caused by parasites in a non-invasive fashion using nutritional therapies.

Bach Flowers refers to the study of the work of Edwin Bach, M.D., and his research into flower remedies. Bach believed that there was an emotional component to most disease processes. His non-invasive approach discovered in the 20th century has many adherents around the world. Dr. Bach believed that the body would respond with healing by correcting the emotion component of disease. His research led him to codify certain substances that would facilitate this process.

Traditional Chinese Medicine (TCM) is a system of health care based on the late-twentieth-century standardization of medical practices that originated in China some 2500 years ago. Two classic medical texts, the Nei Jing (compiled from 100 B.C. to 100 A.D.) and the Nan Jing (written circa 100 to 200 A.D.) were important early documents that presented the core concepts of TCM, and they have informed generations of scholars and practitioners ever since. These core concepts suggest that disease is the result of imbalances in the flow of the body's vital energy, or qi (pronounced "chee"), and that the human body is a microcosm of the basic natural forces at work in the universe.

Herbalism: "...the thirty-eight herbs heal gently and surely, and as there are no poisonous plants amongst them there is no fear of ill effects from overdoses or incorrect prescriptions."

Source: Nora Weeks, The Medical Discoveries of Edward Bach, Physician

- One case study by Bach and how he treated it:

Ten-year-old boy

This is a case I like to mention when giving talks on the remedies, since it illustrates the physical effects of being out of balance so clearly. It is the case of a ten year old boy who could not get out of his home without having a bad bout of diarrhoea. This condition had started a little after his father had an almost fatal car accident and had to spend a couple of months in hospital.

I gave him Star of Bethlehem for the shock, and Aspen for his general state of apprehension and dread. Chicory was his type remedy, shown by the fact that he wanted his father all to himself, and was always seeking attention and bossing his brother around. I also gave him Larch to help him regain his confidence.

Within a very short time he started to feel better and was soon living a normal life again.

Applied Kinesiology (AK) was developed in 1964 by Dr. George Goodhart. AK utilizes Muscle Testing, also called Muscle Response Testing (MRT), to evaluate the well being of a client. Responses to gentle pressure applied to an arm, or other extremity, is noted while touching specific body meridians. The muscle response noted when touching each meridian aids in the practitioner's determinations regarding possible nutritional recommendations or therapies.

Herbalism. An "herb" is defined as organic life of seed plants which do not develop woody tissue as trees & shrubs, which are used for foods, medicines, scents, spices, and flavors. An "herbalist" is one who gathers and dispenses herbs for health giving, life enhancing, and life purifying properties. Many herbalists also, however, use the barks and fruits of trees as therapeutic agents as well. For thousands of years medicinal plants have been at the core of alleviating human suffering and promoting health and well-being through the use of common herbaceous plants. The essence of this accumulated knowledge on medicinal plants is practiced in Europe under the name of Phytotherapy. No subject, perhaps, has produced larger, more curious, or more splendidly illustrated, literature than the world of plants. Greek medical men, Roman encyclopedists, Chinese herbalists, and medieval doctors compiled and recompiled herbals, generally taking special interest in those plants that were of medicinal and culinary value.

Sclerology is the study of the red lines in the white of the eyes (the sclera) and how they relate to stress-patterns in a person's health. The practitioner learns to interpret these lines, and believes that this information is the key to understanding how the body is struggling or adapting to maintain balance; and thus know how to apply natural therapies to prevent problems from occurring or help the body correct problems already occurring.

Aromatherapy is the use of essential oils, extracted from plants, trees, and herbs, for therapeutic purposes. Although aromatic plant oils have been used to treat various conditions for thousands of years, the term aromatherapy wasn't coined until 1928, when Rene-Maurice Gattefosse, a French chemist, first used it. Gattefosse had earlier witnessed what he believed to be the curative capabilities of essential oils when he used them to treat wounds during World War I. After the war, he continued to experiment with various oils, and eventually classified them according to their "healing" properties: antitoxic, antiseptic, tonifying, stimulating, calming, and so on. In 1937, he published Aromatherapie, which remains a classic book on the subject (it is also available in English).

Orthomolecular is a synthetic term made up of ortho, which is Greek for "correct" or "right" and molecule which is the simplest structure that displays the characteristics of a compound. So it literally means the "right molecule." Dr. Linus Pauling coined the term in 1968 to help him express his belief that disease could be eradicated by giving the body the "right molecules" of nutrients through good nutrition. Beneficial vitamins and supplements are used to reinforce the body and stimulate health, such as heart rate, blood pressure, skin temperature, and muscle tension, in order to improve their health and well-being.

Ayurveda is an ancient Indian medical practice that encompasses a range of treatments including medicinal herbs, changes in diet, meditation, massage, and yoga to maintain or restore health. Ayurveda is rooted in the belief that health results from harmony between mind, body, and spirit. Ayurvedic practitioners in India receive state-recognized training on par with that of Western medical specialists.

Dry Blood Cell Analysis involves the study of human blood and the various drying patterns which may be evidence of nutritional or organ weakness. It is believed that one drop of blood can supply information useful to a health practitioner in confirming suspected health risk and enable a proper referral. Otherwise, the blood analysis, although not supplying information obtained in a hospital blood test, can reveal bodily conditions which can be corrected with nutrition.

Color is another component of naturopathy, which is applied to relieve stressinduced physical and psychological disorders. Colors, among many other things, influence our moods and behavior. Every color is said to have a specific emotional effect on people. For example, the blue color is said to have soothing and calming effect on our nerves. And the yellow color stimulates our intellect. Therapists use these color aspects to restore our mind-spirit balance and to stimulate the healing processes in body. Color with acupuncture is used as the method of color puncture for clearing emotional and energy (chi/Qi/life force) blockages restoring healthy energy in stressed out mind-body.

SOURCE: http://rainbowsofhealing.com/

POTENT ANTI-DIABETIC & ANTI-OBESITY PROPERTIES OF MANGOSTEEN

Long prized in traditional Ayurvedic medicine for their weight loss-inducing properties, scientists confirmed that extracts from Sphaeranthus indicus (S. indicus) and the mangosteen fruit (Garcinia mangostana) exert an antidiabetic effect in humans. S. indicus has been used for centuries to combat diabetic symptoms, protect the liver, quell inflammation, boost mood, and aid in digestion.

The mangosteen is an edible fruit that grows throughout South Asia. Like S. indicus, parts of the fruit and its juice have been used for centuries to combat diabetes and obesity. Extracts also inhibit enzymes involved in synthesizing fat molecules. It is this combination of blocking sugar uptake and blocking fat production that accounts in part for its weight loss—inducing properties. Mangosteen extracts have an additional benefit. They have been shown to effectively limit the inflammation that typically accompanies fat cell accumulation. This inflammation contributes directly to insulin resistance. In one compelling study, " levels of the inflammatory marker C-reactive protein declined significantly in obese individuals consuming mangosteen juice after only 8 weeks."

Traditional Naturopathic Remedies Dr Bill Bailey, Ph.D., MH, ND, CNHP, CTN

- 1. Aloe vera for burns
- 2. Black cohosh for menopause
- 3. Boswellia for arthritis and joint injuries
- 4. Chaste tree for PMS
- 5. Cranberry for urinary tract infections (UTIs)
- 6. Evening primrose oil for eczema.
- 7. Feverfew for migraine prevention
- 8. Garlic as an antibiotic and for cancer prevention
- 9. Ginger for nausea and vomiting.
- 10. Ginkgo for Alzheimer's and antidepressant-induced sex problem
- 11. Ginseng for immune enhancement and diabetes.
- 12. Goldenseal for digestive-tract
- 13. Lemon balm for anxiety and herpes
- 14. Milk thistle for liver health Silymarin in milk thistle seeds
- 15. Psyllium for digestive problems,
- 16. Red pepper for pain relief
- 17. St. John's wort for depression.
- 18. Tea for heart health.
- 19. Tea tree oil for athlete's foot
- 20. Turmeric for arthritis and joint
- 21. Valerian for insomnia.
- 22. White willow bark for pain relief (salycylic acid, common aspirin)



Medicinal Plant Map of the United States

CANNABIS SATIVA

"On the other hand, C. indica strains are an excellent medicinal variety, being effective in relieving overall pain and the insomnia, which often accompanies chronic pain. Muscles relax, body pain is lessened, spasms and seizures are reduced, and the effects of anxiety and depression are significantly diminished. Generally, indica varieties are an excellent treatment for those suffering from chronic pain, fibromyalgia, nerve pain with spasms; pain from cancer and its treatments; after-effects from surgery; colitis and irritable bowel syndrome; a wide variety of symptoms associated with "female maladies" (including painful menses and protracted labor and delivery); and for those in need of a relaxing medication to relieve the symptoms of intractable pain caused by serious injury or by life-long disabling conditions such as Multiple."

Source: C.Wright, Paper Presented at 2011 International Conf. on Religion & Plants University of Florida, Gainesville, FL

"It is also clear that the realities of human need are incompatible with the demand for a legally enforceable distinction between medicinal and all other uses of cannabis. Marijuana simply does not conform to the conceptual boundaries established by twentieth-century institutions. It enhances many pleasures, and it has many potential medical uses, but even these two categories are not the only relevant ones. The kind of therapy often used to ease everyday discomforts does not fit any such scheme. In many cases what lay people do in prescribing marijuana for themselves is not very different from what physicians do when they provide prescriptions for psychoactive or other drugs."

"The only workable way of realizing the full potential of this remarkable substance, including its full medical potential, is to free it from the present dual set of regulations—those that control prescription drugs in general and the special criminal laws that control psychoactive substances. These mutually reinforcing laws establish a set of social categories that strangle marijuana's uniquely multifaceted potential. The only way out is to cut the knot by giving marijuana the same status as alcohol—legalizing it for adults for all uses and removing it entirely from the medical and criminal control systems."

Source: Lester Grinspoon. M.D., is professor emeritus of psychiatry at the Harvard Medical School and a well-published author in the field of drugs and drug policy. He is the author of Marihuana Reconsidered (Cambridge, MA: Harvard University Press, 1971, 1977; American Archives press classic edition, 1994) and Marijuana, The Forbidden Medicine (Princeton, NJ: Yale University Press, 1993, 1997). which is now translated into fourteen languages. Dr. Grinspoon currently maintains two medical marijuana websites (www.rxmarijuana.com and www.marijuana-uses.com)

Also good reading on the subject:

The Pot Book: A Complete Guide to Cannabis, by Julie Holland, (2010. Inner Traditions International) is the most complete and interesting source on Cannabis (easily found and available at www.amazon.com)

FOR MORE ON NATUROPATHY, READ:

http://en.wikipedia.org/w/index.php?title=naturopathy

FOR MORE ON NUTRITION, READ:

http://www.bastyr.edu/news/generakl-news-home-page/2012/02/feeding-spirit-nutritionist-helps-tribes-rediscover-traditional_2011



Cannabis sativa plant. Detail of a hemp field grown for fibres CreativeNature.nl/Shutterstock.com

Reading Chris Wright: Cannabis (sativa, indica, ruderalis)

Chris Wright

One of the most ubiquitous plants in the world, Cannabis is known in three forms: C. sativa, C. indica, and C ruderalis. According to archaelogical discoveries, Cannabis has been used and likely cultivated for as long as 12000 years. Archaelogical digs into ancient shaman's tombs in China and in central Asia, are found to have accompanying the human remains, a bag with a variety of herbs and fungi, predominately Cannabis, Amanita muscaria, mandrake and hellebore. Also, at the time of these burials, humans had not yet discovered the making or usefulness of the pipe, but would instead make a small tent of three poles, tightly covered in cloth or animal skins. In performing rituals for the recently dead, especially important individuals such as royalty and shamans (male and female alike), some rocks were heated up and then sprinkled with the flowering heads of the female Cannabis plant. According to Herodotus, the ancient Greek historian writing ca. fifth-century BCE, the people known as the Scythians (Sidonians to the Greeks; Ashkenazi to their trading partners among the Semitic-Canaanite population in the Palestine area), burned these Cannabis flowering heads to produce a dense smoke which was inhaled deeply by those who crawled into the tent. The practice of inhaling incense smoke in this fashion was taught to the ancient Israelites, who used it when practicing religious rituals involving the Ark of the Covenant. The use of Cannabis as a medicinal herb is described in ancient Chinese medical manuals from the 4th millenium BCE, as well as in ancient Egyptian ritual, where the psychoactive part of the plant was particularly esteemed by adherents of cults of the Great Mother (Asherah, wife of the plant god El) to the Canaanites, Asherah to the ancient Israelites before the bloody termination of the cult by the prophet Jeremiah and King Josiah in the 5th century BCE.

In today's world, most "varieties" of Cannabis are genetically-produced mixtures of C. sativa and C. indica. Each strain has its own range of effects on the body and the mind, with a wide range of medicinal benefits as well as psychoactive effects. Formerly thought to belong to the Nettle family, Cannabis is now classified as a member of the Hops family. Because the two major forms of the plant (C. sativa and C. indica) are able to cross-pollinate and because the history of its use (as many as a dozen useful/utilitarian applications, besides the psychoactive) goes back perhaps as much as 12000 years, the Cannabis plant is known by a wide variety of names: the most common in current usage being "marijuana" (which carries with it overtones of the American racist policies of the 1930's, which created laws at further marginalizing African-Americans - especially jazz musicians - and the large transient population of Hispanic seasonal farm-workers). The plant is also known as, (from the internet site, www.marijuanadictionary.com): SaltandPepper/SantaMarta/Sassafras/Scissors/Seeds/Sen/Sess/Sezz/Siddi/Sin se/Skunk/Smoke Canada/Snop/Splim/Stack/Stems/Stink Weed/Sugar Weed/Sweet Grass/Sweet Lucy; ganja or bhang (from India), spliff (a Jamaican cigar combining Cannabis and tobacco), grass, reefer, weed, pot.

Sativa plants are generally tall and thin, up to 20 feet in height, with multifingered leaves that grow asymetrically on the stem. Varieties which are sativa-dominant tend to have a more grassy odor to the buds, and provide the user with an uplifitng, energetic and "cerebral" high. This variety has found favor with artists, who claim to discover new ideas and creations while under its influence. Generally, C. sativa may produce feelings of well-being and relief from anxiety and depression; mental stimulation and overall energizing; and, most importantly for those whose activities involve problem-solving or the creation of artistic endeavors, an increase in focus and creativity.

On the other hand, C. indica strains are an excellent medicinal variety, being effective in relieving overall pain and the insomnia which often accompanies chronic pain. Muscles relax, body pain is lessened, spasms and seizures are reduced, and the effects of anxiety and depression are significantly diminished. Generally, indica varieties are an excellent treatment for those suffering from chronic pain, fibromyalgia, nerve pain with spasms; pain from cancer and its treatments; after-effects from surgery; colitis and irritable bowel syndrome; a wide variety of symptoms associated with "female maladies" (including painful menses and protracted labor and delivery); and for those in need of a relaxing medication to relieve the symptoms of intractable pain caused by serious injury, or by life-long disabling conditions such as Multiple Sclerosis, juvenile arthritis, and even rare, genetic disorders such as the family of Mucopolysaccharidoses.



Cannabis sativa Hein Nouwens/Shutterstock.com

HISTORY: THE USE OF CANNABIS IN ANCIENT ISRAEL AND IN THE EARLY JEWISH- AND GENTILE-CHRISTIAN CULTS.

The history of the use of Cannabis is closely tied in to the development of religious ritual and identity in early Israel. The Indo-Aryan peoples known generically as the "Scythians" are documented in Herodotus' History (ca. 450 BCE) as being users of Cannabis in their funerary rituals. Although Herodotus was writing about 1000 years after the movement of the Scythians from Central Asia, Cannabis was still remembered, and has been confirmed by their use of recent archaeological digs in China and Central Asia. The smoking pipe had not yet been invented, so the method of consuming Cannabis by the Scythians was ingenious and strikingly elegant: a tripod tent was constructed of three poles, covered with tightly overlapping skins and firmly planted into the ground, to ensure that as much smoke generated by the burning female flowering Cannabis tops would be retained within the structure. A pile of very hot rocks were placed on the center of the floor, and flowering tops of the female Cannabis plant were thrown onto them, causing a thick dense smoke (think: incense) to fill the tent. This method produces an atmosphere thick with smoke, "thicker than a "Grecian vapor bath." After entering the tent and inhaling in as much of the smoke as possible, the devotee would emerge laughing, "howling with delight," and dancing; not at all saddened by the fact of this being a funeral ritual. Archaeological excavations into central Asian shamans' burials reveal the tripod tent, rocks with remains of burnt Cannabis seeds; and oftentimes accompanying the human remains, a pouch or satchel filled with the entheogens used by the shaman to attain the proper state for communication with the ancestors or the tribal deities; eg.: Amanita muscaria ("Death's Head" mushroom), Hellebore, and a large quantity (as much as a pound in one recent dig) of Cannabis leaves and dried flowering tops of the female plant.

The history of Cannabis/Hashish use in the Middle East is virtually the same history as that of the native peoples of this region ("Canaan," Palestine, Syria, Jordan, ... etc.), and in particular of their early religious practices. Cannabis had travelled with the horse-riding nomadic tribes

from the Middle and Far East, called the "Scythians." Although their ceremonies, especially for their honored dead, are described in detail at least a thousand years after these people had begun their movement to the coastal areas of the Near East, nonetheless their religious and ceremonial activities are described in detail by the Greek historian, Herodotus, in about 450 BCE. Archaeological discoveries in the past century have confirmed the validity of Herodotus' descriptions: at the time of burial of an important tribal figure, such as a royal or a shaman, a tent would be constructed of tree poles and covered with closely-overlapped blankets. A large dish with red-hot stones was placed on the floor of this tent, and handfuls of the flowering tops of the female Cannabis plant were thrown onto the stones. One after the other, people would enter the tent and inhale as much of the thick vaporous-smoke as possible, emerging singing and dancing. Several recent digs have disclosed bags or pouches of Cannabis leaf and flowers (as much as half a kilogramm), as well as handsful of Hellebore, Amanita Muscaria, and other psychoactive plants and fungi: the arsenal of a shaman, a specialized individual of society who could, with the right combination of plants and spells, call on ancestors or deities.

When the wandering peoples whom we now identify as the Hebrews, ended their sojourning in the Sinai desert, they left behind the deceased leader of the group: a shaman-priest of Egypt named Moses, but not the religio-ceremonial practices he had instituted so that his people would know and identify themselves as "Chosen People."

Having lived in Egypt and knowing of the customs of the country, the Hebrews also used Cannabis: as a fiber for clothing, a food-source (the seeds of the Cannabis plant have the most complete proteins of any plant as well as Omega oils in the proper balance of O-6 and 0-3 for complete nutrition), as an oil for cooking, eating, lighting and heating as well as a very effective skin-emoliant; a paper for writing and for art-making/decoration; heavy cloth for sails and ropes; for decorating ceramics; and finally -- but apparently not very significantly for the Egyptians in general -- as having a psycho-active properties. Such awareness would likely have been the private knowledge of a select group

of religious practitioners, who understood the "voices" they heard in their heads when consuming sufficient quantities of the proper strength of Cannabis as being the voice(s) of the ancestors or the deities.

Moses, on the other hand, was not only a well-educated Egyptian prince, but was also likely instructed in the practices of "magic" and medicine/pharmacology. As a typical prophet-shaman of his with day. Moses is described as carrying him а brass snake הנחושת נחש or הנחושתן or Nehustan, Hebrew:later (Nehushtan), housed in the Ark of the Covenant until it was ordered destroyed by order of King Josiah and the prophet Jeremiah. The snake is a symbol of prophetic affiliation with the female deity called the Asherah, or the "Consort of God." "God" was originally known amongst the Canaanites as EI, the Plant God. In ancient semitic vocabulary, the plural of "EI" is "Elohim." The Hebrew Creator was thus viewed as plural, before Moses had his monotheistic experience with the singular Creator and received his unutterable and "true name:" YHWH. In addition to receiving the name of God, Moses is also instructed in the making and the meaning of the "holy oil" and incense which are to be used exclusively as an ointment for anointing kings, priests and prophets (shamans). In Exodus 30:22-33, Yahweh instructs Moses on the contents of the holy oil/ointment:

"Pure Myrrh דרור מר mar deror) 500 shekels (about 6 kg)

(Sweet Cinnamon בשם קינמון kinnemon besem) 250 shekels (about 3 kg);

Cannabis סבש קנה keneh bosem) 250 shekels (about 3 kg);

Cassia (קדה kiddah) 500 shekels (about 6 kg);

Olive oil זית שמן shemen sayith) one hin (about 4-6 quarts).

Make these into a sacred anointing oil".

For centuries, from the publishing of the Septuagint through the King James Version to the present, the translation of "kaneh-bosem", was a "sweet/aromatic cane" called calamus. However, in 1935, Polish

etymologist Sula Benet traced the pronunciation and usage, through the centuries and cultures of the East, of the base syllable "kan" as meaning "cane" or "hemp". In 1980, Hebrew University agreed with Benet's interpretation, thus assigning a cannabis-based oil/ointment as the most sacred article of Temple worship, second only to the Ark itself. All articles associated with Temple worship and the mystical practices associated within were given an anointing: statuary, the cloth and Tent, every object large and small. Likewise, any priest who would enter the tent of the Ark would have likewise to be so anointed; Exodus insists that Aaron and Moses (and we assume every priest thereafter) be anointed morning and night, thereby keeping them in a perpetual psychedelic state. It is not hard to see that such an important item -- one that could acquire insights into the worlds beyond and, most importantly, messages of the will of God -- would be coveted by the court hierarchy.

However the use of Holy Oil as a "palace vice" is also evident in the histories of several major figures of the Hebrew Bible. It must be understood that access to sacred objects by the royalty is not special to the Hebrews. Many, if not most, of the rulers of ancient Near Eastern kingdoms often partook of the sacred in order to know better the will of the gods in daily earthly activities as well as in divine realms. In the cuneiform library of Ashurbanipal (ca. 650BC), reference is made of the healing and "other- worldly" properties which are obtained through the use of Cannabis as a sacred herb. The Babylonian king, Nebuchadnezzar, was likely a partaker of hashish products. Much of his behavior suggests this: the melancholy he frequently complained of, a condition which was relieved only by the soothing tones of the Hebrew shepherd-turned-toubador. In medicine, there is no treatment by music which would relieve the kind of depression exhibited, save that of hashish "withdrawal." Even

David himself complains in one of his last psalms/songs: "my joints are aching and dry for the lack of oil." Cannabis has also been demonstrated both in anecdote as well as in laboratory studies to be an anti-inflammatory, able to affect positively conditions like arthritis. Cannabis is highly effective against skin inflammations, described generically as "leprosy" in the time of Israelite and early Christian ritual performance). It has been documented in the laboratory as anti-biotic properties. having Finally, cannabis demonstrates as an effective treatment for so-called "female" issues, such as severe uterine bleeding/hemorrage. Among the tribes of Southern Africa, many villages set aside a patch of ground for the growing of cannabis, to be used as a ritual gesture of sharing in friendship; and for women in labor, as it is claimed to ease the pains of labor.

Module 9: Healing the Planet



Sunbeam in cave Nature Capture/Shutterstock.com

Nature Religions: Healing the Earth and its Peoples (Lecture Notes 1)

This table is from McGoldrick, 2013, on "Dark Green Religions" discussed below.

	Animism	Gaian Earth Religion
supernaturalism	-believe non-human life forms have a spirit, soul, consciousness,	-organistic realm
	spiritual intelligence, powers	-biosphere/cosmos/universe alive and conscious
	-includes ethical mores specifying the sorts of relationships should	-has many interdependent parts
	have/avoid with nature's diverse beings -supernatural	-energetic living system is fundamental and should be venerated
	expression/communication with life forces (Spiritual Animism)	-can be called God, Brahman, pantheistic, New Age
		(Gaian Spirituality)
naturalism	-agnostic of any immaterial dimension	-skeptical of supernatural metaphysics
	-nothing seeking to communicate	-mainstream science for understanding holistic metaphysics
	-pp1 can (or at least imagine) develop respectful, beneficial	-awe,complexity of universe
	relationships with non-human nature (naturalistic animism)	-rely on a religious language
		-belong to the universe
		(Gaian Naturalism)
Film and Audio Resources (copy and paste to browser):

(1) PPeter MMayer HHoly NNow https://www.youtube.com/watch?v=KiypaURysz4

(2) Symphony of Science - WWe Aare Aall Connected (ft. Sagan, Feynman, deGrasse TTyson Bill Nye)https://www.youtube.com/watch?NR=1&feature=fvwp&v=XGK84Poeynk

(3) FFrom JJohn TTrudell, LLakota activist: http://www.brontaylor.com/sound/Trudell--MotherEarth.mp3

Reading Albanese: Nature Religion in the United States

Catherine Albanese

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The Transcendentalist moment in American religious history enjoyed its heyday through the 1840s and 1850s. As an elite statement of a complex and many-faceted form of nature religion (at least in germ), it produced a lasting template for what might count as nature religion in the United States. Unlike the earlier folklorized occult and metaphysical religion of colonial America, Transcendental nature religion took religious ideas about human correspondences with an almighty Nature into new and more public directions. It acted, as it were, as a conduit from the seventeenth- and eighteenth-century past into a nineteenth-century and later American future. In terms of nature religion itself, that future moved in at least three, and possibly four, major directions. First, one major form of nature religion in the nation led out from the Transcendentalism of Emerson and, especially, Thoreau in the direction of environmentalism. The often-celebrated John Muir (1838–1914) carried writings by the two of them in his saddlebags, and he clearly revered them as spiritual mentors. Muir himself, who as a young boy had emigrated from Scotland with his family, left the family and the conventional life behind and trekked far and wide, eventually reaching California's Sierra Nevada Mountains. There he felt that he had come home to nature and to himself, a "higher self" that directed him with inner wisdom and even mystical forms of intuition. In Muir's own writings, it is clear that he worshipped a nature that was alive and sentient, resplendent with sacramental manifestations that fed his spirit to the point of inebriation. But Muir combined the earlier Transcendental veneration of the panorama of the land (Emerson) and the details of its construction and inhabitants (Thoreau) with a sense of social activism and public accountability. In this, he was not unlike Henry David Thoreau, but more than Thoreau, Muir's cause became nature itself. That he founded the Sierra Club, the nation's first environmental lobby, and that he worked at the forefront of the national-park movement that gave the United States Yosemite in 1890 are uncompromising statements to his moral conviction and its social enactment. Muir had found a public rhetoric to connect private delight in wilderness and religious reverence for it with a domain of political practice. After him, and even alongside him, there were others, Aldo Leopold (1887–1948), Professor of Game Management at the University of Wisconsin, important among them. Leopold's enormously influential Sand County Almanac (1949) gave voice to a religious and ethical valuation of nature not tied to conventional Western biblical themes. In fact, turning selfconsciously away from what he called an "Abrahamic concept of land," Leopold called for a land ethic based on an affirmation of the land as a community in which humans were members. As community, the land was alive - not a mechanized and commodified other - and humans who understood its life could express love and regard for it, with its encompassing channels of energy that flowed in circuits bringing life and death to individuals. Leopold's work made a major impact on a the emerging twentieth-century discourse in environmental ethics, and it also provided resources for the near-mystical spirituality of many who embraced a radical form of environmentalism by the later part of the century. His haunting vision of the dying green fire in the eyes of a mother wolf that as a young man he had hunted down became a catalytic sign and emblem of the death of nature at human hands. Between Leopold's green fire, as it kept burning among those committed to radical action in movements like Earth First! and Greenpeace, and the more law-bound environmentalism of established lobbies like the Sierra Club and the Wilderness Society, twentieth century environmentalism continued into the twenty first. It became increasingly clear that the wellspring for the passion that drove public speech and action on behalf of the environment was in large part religious and ethical. Environmentalism, in short, had become one version of nature religion in the lingering shadow of American Transcendentalism.

The Transcendentalists functioned, however, as a switching station for a second form of American nature religion as well. The metaphysical nature religion of the past, encoded in a series of cultural practices that ranged from dowsing, to the casting of magical spells, to the pursuit of astrology, to a plethora of folk behaviors involving correspondences with nature still continued even as it was transformed. Based at least in part on the new religious language that Emerson and the other Transcendentalists helped to make familiar to Americans, this metaphysical form of nature religion was now shaped by more urbanizing and middle-class times, reaching out to embrace an Enlightenment rhetoric of reason and science. All the same, it still encompassed a rural and poorer past. And it encompassed, as well, a moral logic similar to the one that had compelled Thoreau and other Transcendentalists, including Emerson, in anti-slavery directions. By the second half of the nineteenth century, the results were visible in spiritualism, both in its practical and speculative varieties.

Spiritualism flourished in popular and what has become known as "phenomenal" (practical or spirit manifesting) form after 1848, the year that two upstate New York girls, Kate and Maggie Fox, claimed that they were in contact with a murdered peddler whose remains were buried in the cellar of the ramshackle house their family rented. Along with spiritualist phenomena and practice came elaborate theories of how its seeming miracles were produced: spirits, it turned out, were part of nature. They represented a more refined version of matter, and in certain situations (seances), with the aid of gifted professionals (mediums, who were usually but not always female), their material refinement was visible to grosser human eyes and senses. The more speculative version of spiritualism, from its inception in 1847 – one year before the fabled communications of the Fox sisters – had from the first provided a self-conscious and sophisticated theology to explain spiritualist phenomena and manifestations. Under the banner of the "harmonial philosophy," Andrew Jackson Davis (1826–1910) and others supplied their own theoretical frame for the ghostly life of phenomenal spiritualists. They did so by means of Enlightenment thought that met and married a metaphysical theory of correspondence in the absence of Christianity. Davis, especially, became an important culture broker, bringing together a Swedenborgian doctrine of correspondence with the "magnetic" or mesmeric theory and practice of Austrian physician Franz Anton Mesmer (1734–1815), based on the belief that there was a universal fluid with mysterious tides operating in all of space.

In effect, harmonialism linked these European concepts to an American popular culture shaped in part by notions of the power of Reason and Right inherited from public discourse in the context of the American Revolution and from a folklorized metaphysicalism that had been handed down. It linked the European concepts, too, to a popular culture shaped in part by the Transcendentalist discourse of correspondence - through the popular speaking tours of Emerson and others, the ubiquitous newspaper reports about them, and the stream of publications by them that kept coming. Harmonialism stressed reform and, in the name of nature, radically equalized the playing field between women and men, even as it also posited something like eternal progress. Always though, nature, not the supernature of Christianity, was God and goal. Howard Kerr and Charles L. Crow underline the significance of spiritualism for what followed, noting that as conventional religion became subject to a growing fear that it was " untenable," spiritualism itself became a "historical hourglass" through the channel of which "the sands of witchcraft, popular ghost lore, mesmerism, Swedenborgianism, and scientism" poured, "then to disperse into Theosophy and parapsychology" (Kerr and Crow 1983: 4). And, it could be added for a century later in the 1970s, into the New Age movement. Theosophy arose as a spiritualist reform movement in 1875, the year after Russian immigrant Helena P. Blavatsky (1831–1891) and American Colonel Henry S. Olcott (1832–1907) met at a Vermont farm where they both had gone to investigate reported spiritualist phenomena. The Theosophical

Society, which the two founded along with William Q. Judge (1851–1896) and others, announced its object in its bylaws as the collection and diffusion of knowledge concerning the laws of the universe. That in itself sounded scientific enough, except that the preamble to the document advanced the hope of going beyond science into ancient esoteric philosophy. Indeed, the religious character of the theosophical enterprise was clarified even further three years later when leaders of the society articulated two new goals in the context of their now-involvement with Asian religions. Theosophy aspired to promote universal "brotherhood" and to promote as well the study of comparative religions. Theosophists understood all three of their goals in light of an esoteric vision of the secrets of nature, the further reaches of which they were seeking to understand and to make productive in their lives. It requires only a brief foray into the history of connection between the late nineteenth-century Theosophical Society and the century-later New Age movement to notice the line between earlier Theosophical teachers and later interpreters of the New Age. Moreover, clear lineages aside, the continuity of subject and theme between the two movements points to both as strongly linked and related expressions of the metaphysical form of nature religion. In a context that is linked to this, the small but growing neo-pagan movement of the late twentieth and early twenty-first centuries needs to be noted here. In Wicca and related movements, nature - become personified in the Goddess and her consort - led her devotees into a religious world of both ritual ecstasy and ethical practice that looked to nature as law and guide. Significantly, for all of these movements, the secrets that humans would uncover in nature were secrets with practical application. None of the movements has aimed at knowledge for knowledge's sake. Rather, all of them have looked to metaphysical knowledge of nature as a vehicle of power, as the source of cultural practice to repair and enhance lives. And nowhere did that practice become more urgent and insistent by the late twentieth- and early twenty-first century than in the domain of healing.

This last observation brings us to the third major form of nature religion that was advanced by and in the Transcendentalist milieu. In keeping with Emersonian claims for the powers of nature and, also, for the realized Self, nature religion came to stand for the physicality of the human body itself. Here, in one religious logic, matter remained subject to universal natural laws, the violations of which automatically brought disease and ill health and the observances of which, by contrast, guaranteed health and blessing. The often-repeated dictum " Early to bed, early to rise, makes a man healthy, wealthy, and wise" was, in fact, a tenet of this version of nature religion. Or, at the same time and often for the same people, matter became at once the plastic substance that could be shaped and changed by the power of Mind (with the American Vedanta of oneness proclaiming the ability of the Self to cure disease and attract wealth and blessing).

One version of the logic, therefore, leads to immersion in a series of healing practices that valorize natural law and its results. Thomsonian herbal healing, inherited Native American herbalisms, and related Euro-ethnic herbalisms, all of which preceded the Transcendentalists already expressed this form of conviction, and various forms of herbalism have continued from early America into our own times. Perhaps even more graphic in their physicality and their appeal to the laws of an almighty nature have been the late nineteenth-century modalities of osteopathy and chiropractic. Indeed, early osteopathy arose out of an Enlightenment discourse strongly inflected with mechanistic accents, so that the clockwork regularity of nature as expressed in the bones and their manipulation became testimonies to the God of Reason and Law. And chiropractic, for its part, explained its healing work in language about freeing a mysterious energy called Innate, blocked and trapped in the body through spinal misalignments and subluxations. All the same, both Andrew Taylor Still (1828–1917), the founder of osteopathy, and D.D. Palmer (1845–1913), the founder of chiropractic, knew spiritualism intimately, and they also spoke in an American colloquial style that reflected the ideology of the Enlightenment. Both, significantly, had been magnetic doctors, whose goal was the unblocking of the trapped energies of nature. But both, finally, embraced the optimistic and perfectionist style that Transcendentalism expressed and encouraged, and both, even in their emphasis on physicality, looked to the ultimate powers of Mind. Their century seemingly everywhere made similar connections. Healing modalities from the vegetarianism of Sylvester Graham to the hydrotherapy of a small army of water-cure advocates like Russell T. Trall and Mary Gove Nichols pointed to nature, but also led to speculations about "mind" and, as the late twentieth and twenty-first century would say, about consciousness.

Consciousness itself came to be increasingly understood as part of nature, as a mysterious energy that could be tapped, in effect, as a refined version of matter.

Paradoxically, for many, nature was now functioning as a bridge to the immateriality of spirit. A classic paradigm for the situation, and for the new cultural practice of nature religion, exists in homeopathy. As formulated by German physician Samuel Hahnemann (1755–1843), homeopathy, then as now, represented a form of what today would be called "energy medicine," and that in a Western context. As Hahnemann experimented with his new healing modality, he constructed a theoretical frame to explain it based in part on the ancient notion of correspondence, which – as we have already seen – was alive and well in nineteenth-century metaphysical circles. Hahnemann's law of similars, as articulated in his Organon (1810), taught that a substance that produced somatic results in a healthy person that were similar to the disease symptoms in a sick individual was the very substance that could heal the disease. Like, in other words, cured like. However, "like" worked according to a second law, Hahnemann's law of infinitesimals. The German doctor and his followers used increasingly greater dilutions or, as they said, " potentizations" of the substance that they were employing in order to heal. Indeed, the potentizations were so zealously executed – for example, up to one-thirtieth of one-millionth of a remedy – that in present-day terms not even a molecule of the original substance remained in the homeopathic medicine. What was it then that remained? An energy trace? An electromagnetic field? Some kind of spiritual signature that interacted with a disease? And how did the remedy actually work? Was it a mysterious spiritual vaccination that operated in a murky halfway land between matter and spirit, between body and cosmic Mind?

Whatever the answers to the theoretical questions, homeopathy developed a series of " provings" for its medicines and, also, an anecdotal trail to demonstrate claims that patients were getting better under homeopathic regimes. It began to gain a following in the United States from the 1830s and as the century progressed became almost the preferred healing modality in the nation, used by perhaps half of the population at a time when the heroic

medicine of bleeding, blistering, and calomel, or chloride of mercury (a deadly poison) was the orthodox alternative. Especially important here, homeopathy helped to forge а path for Americans into increasingly "mental" forms of cure. In a tradition beginning with the onetime magnetic doctor Phineas P. Quimby (1802-1866), a self-conscious cadre of healers announced the power of Mind to cure the body - in an homeopathy, American melting pot in which spiritualism, Swedenborgianism, and mesmerism had been blended and stirred well.

Quimby, the clockmaker become mesmerist become mental healer, drew to himself the patients-turned-students who brought to Americans the new religious orientations of Christian Science and New Thought. Quimby, in his lifetime, had at least once invoked the term " Christian science" in the context of discussing his healing practice. But it was the chronically ill Mary Baker Eddy (1821–1910), so thoroughly dependent on his healing influence before his death, who discovered her independence from Quimby through a new emphasis on the Christian gospel, recited for her and others in the late nineteenth century in a different key. Under a platonized Christian rubric that denied the reality of matter, she taught that contact with divine truth and transformation by it could alter the ailing " appearance" of a sick individual; that is, could effect " healthy" changes in the perceived matter of thebody.

But even as Eddy denied the reality of matter, she exalted nature as the place where Spirit resided. She thought of "man" as the body of God, and continued to identify natural with spiritual laws. Among Quimby's other patient-students, Warren Felt Evans and Julius and Annetta Dresser moved in a different direction from Eddy, and their form of interaction with the religion of nature came eventually to be known as New Thought. In a movement that greatly admired Emerson and that celebrated the metaphysical doctrine of correspondence, the power of mind to alter nature meant, not an idealism that denied matter, but - in the long shadow of Transcendentalist thinking and of the spiritualist-Swedenborgian-mesmerist model – a vision of mind as continuous with matter. The mental " image" or idea shared real space and time with the afflicted body and could change it for the better. Affirming health was key to being health. Conceptions such as this and the plethora of cultural practices that arose from them continued well past the late nineteenthand early twentieth-century heyday of

Christian Science and New Thought. Under the banner of positive thinking and, later, of other versions of visualization and affirmation in the service of healing, the generalized American self-help movement spread widely, seemingly everywhere, into the twenty-first century. A flourishing New Thought movement became only the tip of the cultural iceberg. Popular bookstore sales told the greater story, and so did television talk shows, newspaper feature articles, and popular magazine subjects and sales. Always, mind and thought were (more powerful) parts of nature, and always they could change the embodied state of humans who only saw and practiced the connection. The body, the news was, could be well. And even if its grosser material failed to respond on a cellular level, gifts of spiritual and psychic integration and personal peace could, in their own ways, alter appearances. The nature of nature was, in the ultimate sense, bliss and joy. The complex Transcendental model of nature religion had led, then, in three directions. with lines and connections different among them. Environmentalism, metaphysical religion, and the physical religion of healing the body had all taken cues from this elite nineteenth-century religious and cultural movement. But, arguably, a fourth direction remained for nature eighteenth-century religion. and this direction returns us the to Enlightenment world of old Europe and the new United States. This world that preceded the Transcendentalists was addressed by them in a new rhetoric and was subsequently transformed by later lineages of American philosophers. Ironically enough perhaps, then, this fourth major direction for the nature religion that followed the Transcendental moment in American religious history returns us to a world of natural religion and theology. In his Emerson Handbook (1953; reprint, New York, 1967), literary scholar Frederick Ives Carpenter long ago noticed the connection between Emerson and the pragmatism of William James (1842–1910), and in American Religious Thought: A History (Chicago, 1973), so did religious studies scholar William A. Clebsch. Calling James "the American who would ... refine Emerson's new religious consciousness to the extent of making God essentially man's deity and of making man at home with his humanity" (124), Clebsch read the pragmatic philosopher in ways that underlined that nature, as distinct from supernature, was James' controlling concern. The historical connections were real:

Emerson had known James' father, the Swedenborgian theologian Henry James (1811–1882), and had even visited the James household. But the connections of thought and idea, for Clebsch (as for Carpenter), were central. As Emerson before him stressed the overriding importance of direct experience, in religion as in all of life, so, too, did James. With his corridor theory of truth, in which truth opened a route to a series of " rooms" filled with experiences and beliefs that enabled people to live successfully in an often chaotic and even catastrophic world, James hailed religion and its " overbeliefs" when they worked to support human projects and goals. In effect, therefore, the Jamesian stance toward religion saw it as a natural project. It was no accident that James had begun as a medical doctor, had moved from physiological to mental considerations, and had then steered his psychological concerns toward a version of natural religion.

Without James' medical-psychological background, later pragmatic philosophers agreed about natural religion or – in the language invoked here – nature religion. Charles Sanders Peirce (1839–1914), a mathematician and scientist, who before James had used the term pragmatism and propounded an earlier version of the pragmatic philosophy, had been a supernaturalist. The same was clearly not the case, however, for the Spanish-born poet and philosopher George Santayana (1863–1952) who became James's Harvard colleague. Even as he emphasized the rational and imaginative prowess of the mind, Santayana situated it squarely in the physicality of the body and spoke of " animal faith." In his Realms of Being (1942; reprint, New York, 1972), he argued that the home of spirit lay in matter, for spirit " must be the spirit of some body, the consciousness of some natural life" (843).

Meanwhile, John Dewey (1859–1952), who – as Sydney E. Ahlstrom reported in Theology in America (Indianapolis, 1967) – had once hailed Emerson as "the one citizen of the New World fit to have his name uttered in the same breath with that of Plato" (59) brought to his philosophy of instrumentalism a new and uncompromising statement of natural religion. With his conviction that truth was an evolutionary phenomenon and a tool for human labor, in his classic work A Common Faith (1934; reprint, New Haven, 1975). Dewey argued strenuously against supernaturalism and constructed in its stead a natural religion that, as Emerson and the earlier pragmatists had done, worked to bring idealism down to Earth. Under the banner of the American democratic ideal, he thought that natural piety could "rest upon a just sense of nature as the whole of which we are parts, while it also recognizes that we are parts that are marked by intelligence and purpose" (25). Evolutionary thinking became a still more explicit path into natural religion in the series of late nineteenthcentury thinkers who took on the Darwinian manifesto.

After the appearance of Charles Darwin's Origin of Species (1859) and its subsequent permeation of intellectual discourse, the theory of evolution through natural selection provided a frame for conceptions that privileged organicism and turned distinctly away from metaphysics. Liberal philosophers and theologians alike worked out intellectual strategies to come to terms with the new prestige of evolutionary science, and in so doing they resituated themselves in what distinctly looked like the world of nature religion. The philosopher, historian, and scientific popularizer John Fiske (1842–1901), as a leading example, was deeply impressed by English evolutionist Herbert Spencer who had promoted a popularization of the Darwinian thesis that totalized it to interpret human (social) history as well as the history of nature. Fiske's Outlines of Cosmic Philosophy (1874) argued subsequently for an immanent God who was manifest in the life of the phenomenal world. Nature, for Fiske, was the revelation of God that could be considered true, and for him the perfection of humankind was the goal of natural evolution.

Others, however, articulated cosmologies that slid them into agnosticism, free thought, and the ideological humanism that came to be known, as in the Free Religious Association after 1867, as the "Religion of Humanity." With a self-conscious anti-Christian and antimetaphysical stance, members of the FRA, along with adherents to similar groups such as the Society for Ethical Culture and the National Liberal League, sounded in many ways like Enlightenment deists. America's most famous freethinker Robert Ingersoll (1833–1899), the Congregational minister's son who earned himself the epithet " the great agnostic," turned the earlier Emersonian proposition that nature was all that was " not me" upside down. Nature meant human nature, and the religion of nature, including the landscape delights that surrounded humans and their built environments, ended in humankind. Yet even as he pronounced, in ringing terms, his rhetorical trinities of "Liberty, Fraternity, and Equality," of "Observation, Reason, and Experience," and of "Man, Woman, and Child," like nature religionists from Puritan times to the present, he could find the biblical book that lay outside the mind and in the environment, and he declared in favor of nature in sometimes lyrical terms.

The inclusion of Enlightenment-style natural religion and natural theology under the rubric of nature religion, of course, presents its share of difficulties. For one problem, religion on an Enlightenment model tends to lack strong practical expression. Natural theology has mostly been the province of philosophers and theologians who have sought to clarify belief and thought. As cultural practice, it has been diffuse. We can point, for example, to only a few humanist and freethinking organizations that promote it in organizational terms, and – unlike other phenomena surveyed here (for example, environmentalism, magical practice, various healing modalities) – its symbolic expression in ordinary cultural life is hard to demonstrate. Thus, as religion it limps. For another problem, natural theology as an enterprise arises out of a negative characterization of the supernatural more than out of a positive preoccupation with nature itself. In other words, it comes trailing a long history of Christian ideology and antipathy to it. Yet the nod to the Enlightenment, with its natural religion and theology, has its compensating value for any survey of American nature religion. Its glaring weakness regarding institutional forms – its absence of nature " churches" – is only a stronger version of a glaring weakness that may be found repeatedly in this narrative.

Cultural practice may be pointed to aplenty, but how and when does it stop being useful to describe it as religious? Where, in fact, does the definitional line end? Where does religion stop and something else begin?

The nod to the Enlightenment, however, has another value. It offers a useful caveat regarding the easy and exclusive identification of nature religion with benign landscapes and/or environmental activism. Like the other great theological terms that have haunted the Western mind – "God" and "man" - nature has no clearly visible boundaries. The history of nature religion, from the time of the seventeenth-century multicultural contact culture that later became the United States to our own time, is a contested history. Both the contest and the undervisibility of the boundaries argue for the wisdom of being content with the broad-gauged Transcendental model as an interpretive trope for making hypothetical sense of nature religion. Neither purely environmental, nor simply neopagan, Goddess-oriented, and/or metaphysical, nor primarily deistic and rationalistic in an Enlightenment anti-supernaturalistic framework, this model suggests that to invoke the rubric of nature religion encompasses all of the above and very much more.

Perhaps the concept itself makes the most sense in a political context, and this in the end may be the strongest argument for continuing to employ the term despite the fragility of the phenomenon. Put simply, nature religion is a bon mot that has arisen in the very multicultural late twentieth and early twenty-first century as a sounding center for civil discourse. It offers a "common" that can be shared – both as a concept and as a condition that all must deal with, whatever their multicultural pasts and presents. Contra a "civil religion" that looks to a Jewish-Christian biblical revelation and a European enlightenment Anglo-Protestant leadership community – and contra a "public religion" that secularizes the terms of that discourse to offer a mediating ethical restatement of Christian and Enlightenment values, nature religion begins not with history but with what stands over against it. The "againstness" is there for all, as a something that must be seriously confronted, something requiring – demanding –response.

Nature religion, as an idea and phenomenon, reiterates democratic values, to be sure, by acknowledging the essential similarity and equality of human experience embedded in the reality that constitutes nature. But it also acknowledges forces and factors that delimit the human project – aspects of life over which humans, literally, have no control and before which they must bow. Bowing, of course, is one central and important act of worship. Bowing can also promote acts of public and communal reconciliation.

Catherine L. Albanese

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Reading Fisher: Ecopsychology

Andy Fisher

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Ecopsychology is a diverse field committed to placing human psychology into an ecological context. Perhaps the main idea behind ecopsychology is that the human mind does not stand wholly apart from the natural world but is deeply rooted in and tangled up with it; the human psyche is a phenomenon of nature, an aspect of the larger psyche of nature. By ignoring the natural world, modern psychology both misconceives the human mind and helps to maintain the Western/industrial world's destructive state of estrangement from its Earth home. Ecopsychology seeks to reverse this situation. By expanding the focus of psychology to include the relationship between humans and nature, it aims to develop a truer picture of human psychology and to draw attention to the psychological dimension of the ecological crisis.

One of the strong claims made by ecopsychology is that psychological wellbeing ultimately involves establishing mature, reciprocal relationships with the natural world, seeing it not as a mere resource pool for human use but as the larger community of life of which humans are mere members. As a general failure to develop such relationships, the ecological crisis can be viewed as a psychological and spiritual crisis. Many ecopsychologists trace the degradation of the planet to the consumeristic, ego-driven, Earthalienated mode of consciousness that governs modern society's exploitative interactions with the natural environment. Ecopsychology thus maintains that the pursuit of human sanity and spiritual fulfillment, on the one hand, and environmental recovery, on the other, are closely related tasks.

Ecopsychology is usually described as an "emerging" field, having only recently been named as such. This does not mean that the subject matter of ecopsychology is entirely new. Numerous references to the human-nature relationship have been made in a wide variety of sources since at least the time of Jean-Jacques Rousseau. Moreover, the lifeways of indigenous peoples are generally viewed by ecopsychologists as already being " ecopsychological." However, if ecopsychology is regarded as an ecological revisioning of modern psychology and as a response to a particularly modern state of disconnection from nature, then it is indeed a historically unique undertaking. The first major work to criticize modern psychology for its anthropocentrism, and to propose a psychology that specifically focuses on the natural world, did not appear until 1960. In his book The Nonhuman Environment: In Normal Development and in Schizophrenia, psychoanalyst Harold F. Searles observed that the psychological theorists of his day regarded the nonhuman environment as irrelevant to human personality development, as if humans existed completely alone in the universe. He posited instead that a sense of relatedness to nonhuman reality, even if largely unconscious, is one of the most significant facts of human life, which humans ignore at their peril. Searles' work came and went with little comment from his professional peers. The years that followed did, however, witness a number of developments that can be seen as evidence of an evolving ecopsychological sensibility.

In 1963 Robert Greenway introduced the term psychoecology, using it to describe his search for a language capable of conceptually merging mind and nature, as well as to describe his subsequent work on the psychology of wilderness experience. In the 1960s and 1970s Gregory Bateson carried out his cybernetic studies into the "ecology of mind," locating the human mind within a greater ecosystemic mind or Mind. In the late 1960s Paul Shepard suggested that the central problem of human ecology is the relationship between mind and nature. Shepard's anthropologically informed work culminated in his 1982 book Nature and Madness, in which he argued that normal psychological development requires that children be thoroughly bonded to the natural world and that adolescents be initiated into the sacredness, mysteriousness, and poetry of earthly life. According to Shepard, Western society's irrational destruction of the Earth can be directly linked to an increasing disruption of this normal process of psychogenesis. By the mid-1980s, the deep ecology movement had gained a significant following. This movement advocates deepening one's sense of connection to the Earth, in the process of which one becomes "ecologically conscious" or

" ecologically mature," or realizes an " ecological self." The psychospiritual quality of much deep ecology discourse and practice makes it an obvious precursor to ecopsychology, and some regard the two movements as essentially the same. The 1980s also saw the introduction by Joanna Macy and others of "despair and empowerment" work. One of the main principles of this work is that personal distress over the state of the planet is not just a symptom of individual neurosis but is better understood as a healthy expression of " pain for the world," the pain one feels as a result of being connected to the ecological whole. By consciously experiencing this pain one is led to a kind of spiritual awakening in which one realizes one's interdependence with all life. Macy was also involved, along with John Seed, in developing the "Council of All Beings" ritual, a deep ecology practice in which participants shed their human boundaries to identify with and experience the suffering of other life forms. Another noteworthy development was that of transpersonal psychology, the psychological study of spiritual experience or nondual states of consciousness. Transpersonal psychology forms a basis for ecopsychology because one of the goals of ecopsychology is to overcome the dualistic mode of thought and experience that supports the illusion of separation between the human ego and the natural world. Indeed, much ecopsychological and deep ecological activity focuses on those ego-dissolving, free-flowing, or mystical experiences in the natural world that defy easy conceptualization. Hence Warwick Fox's 1990 proposal that the name deep ecology be replaced with transpersonal ecology, the latter term indicating a marriage between transpersonal psychology and the ecocentric ecology movement. These and many other developments - including the appearance of environmental psychology, environmental education, and ecofeminism - prepared the way for an explicit ecopsychology movement to finally surface in the early 1990s.

The first major work directly to explore the idea of ecopsychology was cultural historian Theodore Roszak's 1993 book The Voice of the Earth. At the center of Roszak's " exploration of ecopsychology" was an attempt to revise an animistic worldview by drawing on the latest ideas in scientific cosmology. Around the time this book was published, the term ecopsychology entered into relatively wide (if not trendy) usage. A number of ecopsychology workshops were held, and in 1995 an anthology of ecopsychology writings was published. Ecopsychology was also finding its way into a handful of college and university departments, primarily in the United States, though also in Canada, Britain, Europe, and Australia. A small ecopsychology literature now exists, including a 1996 college text by Deborah Du Nann Winter, Ecological Psychology: Healing the Split Between Planet and Self. To date, however, the stress in ecopsychology has arguably been less on its theory and more on its practice.

The practice of ecopsychology currently includes or extends into – though is not limited to - the following areas: ecologically oriented psychotherapy (especially within Gestalt, body-centered, Jungian, and transpersonal frameworks); psychospiritual work in support of ecoactivism; wilderness rituals/eco-therapy, including vision quests and deep ecological councils; numerous forms of contemplative practice; neo-paganism; large-scale Earth rituals; shamanic counseling; Earth poetics and story telling; experiential programs for reconnecting with nature; perceptual ecology/sensory awakening practices; gardening; environmental education; bioregionalism; building sustainable communities; ecological design; ecological restoration; organic farming; and environmental and social justice (including community land rights) activism. As a still-emerging field, ecopsychology faces a number of challenges and criticisms. These can perhaps be grouped into two areas. The first general challenge is to build a comprehensive and intellectually coherent body of ecopsychological thought. Critics such as Joseph Reser charge that ecopsychology is not really a psychology because it has produced little in the way of recognizably academic research findings; it is more of a popular movement than a disciplined profession. Others say that as a synthesis of psychology and ecology, ecopsychology opens up a subject matter that is so all-encompassing as to defy workable definition. Part of the difficulty for ecopsychology is that modern academic psychology assumes a divide between inner/human reality and outer/natural reality, and uses objectivistic methods that deny nature its own voice. Many ecopsychologists are accordingly leery of turning their field into a conventional psychological discipline, believing that this would betray their very subject matter. Ecopsychology is often distinguished from the more mainstream field of environmental psychology for just this reason. It nonetheless remains for ecopsychology to clarify in what sense it may be

thought of as a psychology and to build its own distinct body of well-defined theory.

The second general criticism of ecopsychology is that it is politically weak. Ecopsychology has been faulted (as summarized in Andy Fisher's Radical Ecopsychology) for having a Eurocentric bias, for neglecting the significance of social and economic forces, and for being too narrowly therapeutic in practice. These criticisms have not gone entirely unmet, as there are efforts within ecopsychology to develop a multicultural approach, to consider how the corporate sphere distorts consciousness toward consumptive behavior, and actively to engage in social change work. The challenge, however, is to create an ecopsychology that when considered as a whole has sufficient political weight to be included among the important social and ecological movements of these times.

For all that ecopsychology may be theoretically and politically underdeveloped, the very idea of it has great intuitive appeal for many people. It speaks to their experience of earthly dislocation and their yearning for a greater sense of communion or kinship with the natural world. If it can adequately address the challenges facing it, ecopsychology may therefore play an important role in bringing about an urgently needed reconciliation between modern humanity and the rest of the natural world. Andy Fisher

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Mother Earth Rocks AZP Worldwide/Shutterstock.com

Reading DePater: Ecotheraphy and Ecotopia

Cathrien DePater

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Hans Andeweg, M.Sc. is a Dutch biologist who has worked as a researcher in the field of bioorganic agriculture, gardening and forestry, and as a teacher and international organizational consultant. With his wife Rijk Bols, in 2001 he founded the Center for ECOtherapy in Waltrop, Germany, to teach a way of healing the spiritual energies of natural systems in which the healer, the system and the caretaker/manager are equally involved. Based on the viewpoint that nature has a soul and that we can communicate with it, ECOtherapy helps to restore and maintain a harmonious balance of vital energies underlying health and vitality. Andeweg and Bols believe ECOtherapy can be effectively applied anywhere where the balance between living organisms and their environment has been disturbed.

Andeweg and Bols draw on their long experience at the Institute of Resonance Therapy (IRT) in Germany where they worked with remote healing of pollution-stricken forests in Central and Eastern Europe. However, whereas the IRT relies more on the effects of radionic equipment, Andeweg and Bols maintain that the conscious involvement of the caretakers, their inner intuitive development in working with nature, and their connection with the higher spiritual world is essential for the ecosystem's long-term vitality. This links ECOtherapy with the ideas of Pogacⁿik and other present-day, spiritual-ecological movements.

In his book In Resonance with Nature (1999) Andeweg explains his worldview, which underlies the practice of ECOtherapy. He combines a wide range of phenomena such as life-force energy (ch'i), form resonance (based on Rupert Sheldrake's morphogenetic fields), and orgon (from Wilhelm Reich), with the biometry of Andr. Bovis, the work of Rudolf Steiner, blending these and the worldviews of Hawaiian, Dutch and other spiritual thinkers into a unified, holistic model. The model is applicable to anything that fits the description of an organism, organization, or system, be they animals, people, plants, gardens, houses, businesses, farms or landscapes. It includes measurable parameters by which a diagnosis can be made and replicated, and progress can be monitored over time.

On the basis of this model he builds the principles and practices of ECOtherapy. A typical ECOtherapeutic project lasts several months at least and consists of a diagnostic component and a "treatment" component. In the former, the healer intuitively diagnoses the energetic values of the system - Earth radiation, Bovis values, (Reichian) " orgon" etc. - with the aid of a pendulum or dowsing rod; this is done before treatment and repeated at regular intervals during the second phase. The resulting qualitative and quantitative observations reveal the energetic "state" of the system concerned, including spots where energies are disbalanced. The " treatment" itself is aimed at restoring the balance and is therefore called a " balancing." It involves the application of various well-known remedies for human healing (Reiki, homeopathy, music, etc.) adapted to the system's specific needs. The " balancing" can be performed not only on the spot but also - and more efficiently so - at a distance (" remote balancing"). Instead of having to go around large areas (e.g., forest), the treatment is applied on a map, photograph or other representative item of that forest which resonates with the physical system through its morphogenetic field. In this way the healer can repeat the " balancing" protocol more frequently, work over larger areas and more projects simultaneously, and reduce costs. When the " balancing" is applied correctly, disruptive vibrations are relieved and terrestrial and cosmic energy flows are renewed. Application to organizations may generate new solutions to old problems.

ECOtherapy can be learnt by anyone willing to make the effort. Andeweg's Center offers short courses and workshops, as well as a four-year certificate training course in ECOtherapy.

Ecotopia

Ecotopia, a novel written by Ernest Callenbach in 1975, is a fictional depiction of the ideas espoused in E.F. Schumacher's Small is Beautiful, The

Whole Earth Catalog, and Callenbach's nonfiction. It presents a vision of an alternative, future society, located in the Northwestern United States, which is based on a sustainable economy, de-urbanization, political decentralization, alternative energy sources, feminism and a natureoriented spirituality: " a seamless, stable-state web of living organisms" (47).

Subtitled The Notebooks and Reports of William Weston, it describes a skeptical reporter's descriptions of, and eventual conversion to Ecotopian values and practices, during the early twenty-first century, twenty years after independence. Weston is an advocate of " evercontinuing progress ... a rising Gross National Product" and materialistic lifestyles (4). He is disturbed by what he considers a primitive society " led by those damn women" (2).

In Ecotopia sexism has been outlawed, white-collar crime is vigorously prosecuted, workers are owners, and cities have been reduced to self-sustaining communities of no more than 50,000 people, with no suburbs. Automobiles have been replaced by electric buses, taxis, and magnetically propelled high-speed trains, and chemical fertilizers with processed sewage and compost. Television is interactive, and videoconferencing reduces travel. Houses are integrated systems with passive solar power and heat pumps. The extended family has replaced the nuclear family, and sexuality is freer and more playful.

Religion and spirituality are not institutionalized in Ecotopia, but a naturecentered Weltanschauung permeates every aspect of everyday life. People have "a secure sense of themselves as animals," domestic animals are raised semi-wild, and wild game is valued for its physical and spiritual properties (32). The Protestant work ethic has been abandoned because, humans were meant to take their modest place in a seamless, stable-state web of living organisms, disturbing that web as little as possible. This would mean sacrifice of present consumption, but it would ensure future survival – which became almost a religious objective, perhaps akin to earlier doctrines of " salvation." People were happy not to the extent that they dominated their fellow creatures on earth, but to the extent that they lived in balance with them (47–8, emphasis mine). Like the New Age movement that emerged in the 1970s, Ecotopian spirituality promises a New World, a new way of life, and is also highly syncretic, implying aspects of Buddhism and Taoism, while explicitly blending pagan and Native American philosophies. Weston is surprised to hear a young man hail "Brother Tree!" (63). His first Ecotopian sexual encounter takes place in the forest "in some kind of shrine ... this incredible woman is a goddamn druid or something – a tree worshipper!" (58). As Weston is slowly converted he notes, "Their little shrines are not merely pious nature-appreciation," but are part of a more complex unity (90).

The strongest influence, though, is from Ecotopia's earlier inhabitants. Some Ecotopian articles ... are directly Indian in inspiration. But what matters most is to live in balance with the nature, "walk lightly on the land," treat the Earth as a mother ... Who would use an Earth-mover on his own mother? (32)

Consequently, the Ecotopians do not feel " separate" from their technology. They evidently feel a little as the Indians must have felt: that the horse and the teepee and the bow and arrow all sprang, like the human being, from the womb of nature, organically(51).

Ecotopians also take a tribal approach to the arts, in which " there is almost no distinction between amateurs and professionals" (145). the balance and is therefore called a " balancing." It involves the application of various wellknown remedies for human healing (Reiki, homeopathy, music, etc.) adapted to the system's specific needs. The " balancing" can be performed not only on the spot but also – and more efficiently so – at a distance (" remote balancing"). Instead of having to go around large areas (e.g., forest), the treatment is applied on a map, photograph or other representative item of that forest which resonates with the physical system through its morphogenetic field. In this way the healer can repeat the " balancing" protocol more frequently, work over larger areas and more projects simultaneously, and reduce costs. When the " balancing" is applied correctly, disruptive vibrations are relieved and terrestrial and cosmic energy flows are renewed. Application to organizations may generate new solutions to old problems. ECOtherapy can be learnt by anyone willing to make the effort. Andeweg's Center offers short courses and workshops, as well as a four-year certificate training course in ECOtherapy.

Cathrien de Pater

Reading O'Brien: on Dark Green Religion

Contributed by Bridgette O'Brien. © Kendall Hunt Publishing Company.

Bridgett O'brien Mcgoldrick

Dark Green Religion is a "religion that considers nature to be sacred, imbued with intrinsic value and worthy of reverent care" (Taylor 2010: ix). The origins of Taylor's ideas about this particular form of spirituality began in some of his earlier work when he offered important insights into additional forms of nature-oriented religions (Taylor 2001:2002). In this previous work, Taylor utilized aspects of Collin Cambell's theory and applied it in an examination of the nature religions that were emerging during post-1960s era and which were known for creatively exchanging ideology.¹ Looking at earth and nature-based spiritualities, therefore, he argued that although participants in countercultural movements often intentionally avoid the label of religion that they were indeed religious movements. His argument was that in these groups and associations these people were finding ultimate meaning and transformative power in nature. Also, of great significance to his project was that Taylor, like Campbell, agreed that these trends were not being isolated to the counter culture.

Taylor argued that DGR has two manor forms, gaian and animistic and also suggested that this form of spirituality was far more prevalent than people realize.² To provide evidence for this he began by differentiating DGR from "Green Religious". The green religious phenomenon reflects the efforts of religious communities and scholars of religion in the world's more traditional religious traditions who seek to diagnose, fix, and preach about sustainability problems in the context of the world's more traditional religious traditions (Taylor 2010:10). These are mentioned only as a way to proceed beyond them in his discussion of DGR.

Dark Green Religion includes a wide array of tributaries including a

revival of indigenous traditions, Deep Ecology, Bioregionalism, New Age religion and what is considered by Taylor to be movements that are greening science as well. Taylor concluded his book with a discussion about the promise and peril presented by this sort of religion (Taylor 2010: 10). According to Taylor, however, DGR has several, identifiable key characteristics which include:

1) Nature is Sacred.

2) All living things have intrinsic value (" deep ecological" or " biocentric" ethics) and deserve respect and reverence.

3) All life forms share a common ancestor and thus are kin, with corresponding moral responsibilities.

4) Humility about the human place in the grand scheme of things.

5) Ecology-based metaphysics of interconnection and mutual dependence

6) Deep feelings of belonging & connection to nature³

Footnotes

² Bron Taylor, Slide Show "Dark Green Religion" (accessed 13 March 2013).

³ Ibid.

¹ Please see Taylor's article "Diggers, Wolfs, Ents, Elves and Expanding Universes" (2002). In this article he drew upon Colin Campbell and his idea about the cultic milieu. Campbell was a British sociologist who wrote "The Cult, the Cultic Milieu and Secularization" and his goal was to draw scholarly attention to the cultic milieu. He defined the cultic milieu as "any religious or quasi-religious collectivity which is loosely organized, ephemeral, and espouses a deviant system of belief and practice" (Campbell in Kaplan and Heléne Lööw (ed) 2002: 12). The significance of his work is the argument that the cultic milieu functions as a cultural "gene pool" for society. The diversity of it enhanced society's potential for cultural adaptation by transmitting and creating numerous cultural "mutations." This made such countercultural groups hard to track and study, but what was important was that the "cultic milieu" has characteristics that were identifiable and that it was a constant feature of society. For Campbell, counter-culture is therefore always emerging from and responding to more orthodox societal trends.



Antique oak carving of the Green Man, the ancient pagan spirit of woods and forests. 2014/Shutterstock.com

Introduction to links

In this unit, we shall also learn about "Healing Voyages" as ways of recovering culture and identity realized by the native peoples of North America, and Hawaii. Part I reconstructs how native Hawaiians have recovered their traditional voyaging canoe, which is not simply a wellcrafted object, but rather symbolizes their traditional heritage. During the journey, young native Hawaiians engaged in land reclamation projects as well, recovering an island of Hawaii, notable for its sacred sites, but which was destroyed during WWII by missiles launched by the US military.

Instructions: just click/Ctrl the following link which opens to a general page on "Native Voices", produced by the National Institute of Health, including links to 4 separate pages. After perusing the "Native Voices" page, click on the "Hokule'a" canoe image which will take you to the 6 short (3–5 min. apiece) classes on aspects of the Healing Voyager, listed below. Watch all classes

***http://www.nlm.nih.gov/nativevoices/exhibition/index.html

I. Voyage to Health: the Hawaiian Experiences Hokūle'a

***http://www.nlm.nih.gov/exhibition/avoyagetohealth/education/highereducation.html

- Class 1. Hawaiian Health and Well-Being: Balancing Essential Elements
- Class 2. Natural Elements: Healing Places
- Class 3. Physical Elements: Traditional Foods, Diet and Physical Activity
- Class 4. Spiritual Elements: Healing Hands
- Class 5. Kanaloa Kaho' olawe: Land. Identity, and Health
- Class 6. Using History to Glorify and Defend the Past

The second part of this unit documents the construction of a Totem Pole, one of the most significant symbols of Native North American identity, and a voyage from Washington State, where the Pole was carved and the journey began across the US, stopping in a number of Reservations, where the Pole received the blessings of the Medicine People, and continued on to Bethesda, Maryland, where the National Institute of Health is located. The Pole now stands on the campus grounds where it was dedicated:

"On the same campus where doctors and students dedicate their lives to studying the questions of medicine, it [the Pole] will fulfill its mission of symbolizing good health and body,"

Please read and watch all parts to this unit. The material is exceptionally good for writing Reflection Papers, Extra Credit papers, or exam questions.

2. Healing Totem Journey

***http://www.nlm.nih.gov/nativevoices/exhibition/healingtotem/index.html http://www.nlm.nih.gov/nativevoices/exhibition/healingtotem/the- totemsjourney.html



Totem poles are monumental sculptures carved from large trees, mostly Western Red Cedar, by cultures of the indigenous peoples of the Pacific Northwest Coast of North America.

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Module 10: Traditional Healing Knowledge and Intellectual Property Rights

Legal Issues and Debates: Indigenous Knowledge and "Property Rights" (Lecture Notes 1)

Article 31

United Nations Declaration on the Rights of Indigenous Peoples

" Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions."

Article 24

"Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals..." [22]

Article 11

"Indigenous peoples have the right to practice and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artifacts, designs, ceremonies, technologies and visual and performing arts and literature."
"States shall provide redress through effective mechanisms, which may include restitution, developed in conjunction with indigenous peoples, with respect to their cultural, intellectual, religious and spiritual property taken without their free, prior and informed consent or in violation of their laws, traditions and customs."

Traditional knowledge (TK), indigenous knowledge (IK), traditional environmental knowledge (TEK) and local knowledge (LK) generally refer to the long-standing traditions and practices of certain regional, indigenous, or local communities. Traditional knowledge also encompasses the wisdom, knowledge, and teachings of these communities. In many cases, traditional knowledge has been orally passed for generations from person to person. Some forms of traditional knowledge are expressed through stories, legends, folklore, rituals, songs, and even laws. Other forms of traditional knowledge are expressed through different means.

Intangible culture is the counterpart of culture which is tangible or touchable, whereas intangible culture includes song, music, drama, skills, crafts, and the other parts of culture that can be recorded but cannot be touched and interacted with, without a vehicle for the culture. These cultural vehicles are called "Human Treasures" by the UN.

According to the 2003 Convention for the Safeguarding of the Intangible Cultural Heritage, the intangible cultural heritage (ICH) – or living heritage – is the mainspring of humanity's cultural diversity and its maintenance a guarantee for continuing creativity. It is defined as follows: Intangible Cultural Heritage means the practices, representations, expressions, knowledge, skills – as well as the instruments, objects, artifacts and cultural spaces associated therewith – that communities, groups and, in some cases, individuals recognize as part of their cultural heritage. This intangible cultural heritage, transmitted from generation to generation, is constantly recreated by communities and groups in response to their environment, their interaction with nature and their history, and provides them with a sense of identity and continuity, thus promoting respect for cultural diversity and human creativity. For the purposes of this Convention, consideration will be given solely to such intangible cultural heritage as is compatible with existing international human rights instruments, as well as with the

requirements of mutual respect among communities, groups and individuals, and of sustainable development.

Declaration of Belém (Brazil, July 1988)

The First International Congress of the International Society of anthropologists, Ethnobiology involving biologists. chemists. sociologists, and indigenous peoples at Belém identifying themselves collectively as 'ethnobiologists', announced that (amongst other since "Indigenous cultures around the world are being matters) disrupted and destroyed." : " Mechanisms [ought to] be established by which indigenous specialists are recognized as proper Authorities and are consulted in all programs affecting them, their resources and their environment"

Indigenous peoples and local communities have resisted, among other things: the use of traditional symbols and designs as mascots, derivative arts and crafts; the use or modification of traditional songs; the patenting of traditional uses of medicinal plants; and the copyrighting and distribution of traditional stories.

Indigenous peoples and local communities have sought to prevent the patenting of traditional knowledge and resources where they have not given express consent. They have sought for greater protection and control over traditional knowledge and resources. Certain communities have also sought to ensure that their traditional knowledge is used equitably - according to restrictions set by their traditions, or requiring benefit sharing for its use according to benefits which they define. Bioprospecting is an umbrella term describing the process of discovery and commercialization of new products based in biological resources, typically in less-developed countries.

Bioprospecting often draws on indigenous knowledge about uses and characteristics of plants and animals. In this way, bioprospecting includes biopiracy, the exploitative appropriation of indigenous forms of knowledge by commercial actors, as well as the search for previously unknown compounds in organisms that have never been used in traditional medicine.

Biopiracy is a situation where indigenous knowledge of nature, originating with indigenous people, is used by others for profit, without permission from and with little or no compensation or recognition to the indigenous people themselves. For example when bioprospectors draw on indigenous knowledge of medicinal plants which is later patented by medical companies without recognizing the fact that the knowledge is not new, or invented by the patenter, and depriving the indigenous community to the rights to commercial exploitation of the technology that they themselves had developed. Critics of this practice such as Greenpeace, claim these practices contribute to inequality between developing countries rich in biodiversity, and developed countries hosting companies that engage in 'biopiracy'.

KUNG SAN & HOODIA: THE CASE OF UNILEVER

Hoodia, a succulent plant, originates from the Kalahari Desert of South Africa. For generations it has been known to the traditionally living San people as an appetite suppressant. In 1996 South Africa's Council for Scientific and Industrial Research began working with medical companies to develop dietary supplements based on hoodia. Originally the San people were not planned to receive any benefits from the commercialization of their traditional knowledge, but in 2003 the South African San Council made an agreement with CSIR in which they would receive from 6 to 8% of the revenue from the sale of Hoodia products.



Hoodia cactus Karel Gallas/Shutterstock.com

MUTI AND AFRICAN HEALING

" Muti (spelling variation Muthi) is a word describing a range of practices connected with the medicinal use of plants, animals, and occasionally humans in African and African-derived religions. It is one of the most widely known, yet misunderstood, concepts.

The word "muti" comes from the Zulu peoples of South Africa and originally means "medicine." This is important, because some of the negative associations of muti reported in recent years tend to ignore that, in itself, muti is a morally neutral practice, although there are ethical issues surrounding the extraction methods of plant and animal material.

In essence muti centers on the belief that many plant and animal parts have intrinsic power. This power can be harnessed through the careful preparation of potions and medicines. Thus, certain plants are believed to have special powers, and usually particular plants will be associated with different types of curative power. Likewise, the use of certain body parts may be associated with the healing of different types of illness. The power may be used for either good or bad purposes depending on the intention of those making, or commissioning, the particular medicine. Some of the ingredients in muti are said by allopathic curers to have proven healing properties. ... Some pharmaceutical companies have been in running disputes with traditional healers over muti " patents," with the latter accusing the drug companies of " ethnopiracy" – the theft of traditional knowledge for their own financial gain. The largest muti market in the world is to be found at Durban in South Africa's KwaZulu Natal province, closely followed by the Faraday muti market in Johannesburg. Here one can encounter a huge range of medicinal goods – from plants through to animal parts. A remarkable 4000 tons of plant material passes through KwaZulu Natal province every year destined for muti use, and the figure rises nationally to 20,000 tons. There are over 700 plant species throughout South Africa that are known to be used in muti medicine. Demand for muti is so high that many wild species are now threatened with extinction.

It is estimated that there are over 27 million consumers of muti in South Africa, with an astonishing 4–6 percent of annual householder budgets being spent on them. This is lucrative business, and the plants and animals do not figure as top in the priorities of those who are making financial gain. Here, then, muti medicine and so-called allopathic medicine have more in common than might at first glance seem apparent.

In response to some of the serious environmental issues surrounding the use of muti, a few nurseries have sprung up in South Africa dedicated to helping "farm" supplies; to educate those involved in the trade; and to protect endangered species ..."

- Richard Hoskins, Encyclopedia of Religion and Nature, Bron Taylor, Gen. Ed. 2005. Continuum.

Traditional medicine (also known as indigenous or folk medicine) comprises knowledge systems that developed over generations within various societies before the era of modern medicine.

The World Health Organization (WHO) defines traditional medicine as: "the health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being,"

In some Asian and African countries, up to 80% of the population relies on traditional medicine for their primary health care needs. When adopted outside of its traditional culture, traditional medicine is often called complementary and alternative medicine.

The WHO also notes, though, that " inappropriate use of traditional medicines or practices can have negative or dangerous effects" and that "further research is needed to ascertain the efficacy and safety" of several of the practices and medicinal plants used by traditional medicine systems. Core disciplines which study traditional medicine include herbalism, ethnomedicine, ethnobotany, and medical anthropology.

Traditional medicine may include formalized aspects of folk medicine, i.e. longstanding remedies passed on and practiced by lay people. Practices known as traditional medicines include Ayurveda, Siddha medicine, Unani, ancient Iranian medicine, Irani, Islamic medicine, traditional Vietnamese medicine, traditional Chinese medicine, traditional Korean medicine, acupuncture, Muti, Ifá, traditional African medicine, and many other forms of healing practices.

What is the issue?

Indigenous/traditional knowledge and intellectual property law is a complicated contemporary legal problem. There are multiple perspectives and opinions circulating about what the problems are, where they manifest and what needs to happen to alleviate them.

Indigenous people argue that they have legitimate rights to control, access and utilize in any way, including restricting others' access to, knowledge or information that derives from unique cultural histories, expressions, practices and contexts. Indigenous people are looking to intellectual property law as a means to secure these ends.

There are many difficulties that arise at the intersection of indigenous/traditional knowledge and intellectual property law. The most significant is that intellectual property has a unique European derivation and this informs its modes of classification, identification and operation.

Intellectual property law promotes particular cultural interpretations of knowledge, ownership, authorship and property. These do not necessarily correspond to nor complement indigenous peoples' understandings about the role and function of knowledge and knowledge practices.

Indigenous and local communities often do not have strong traditions of ownership over knowledge that resemble the modern forms of private ownership. Many have clear traditions of custodianship over knowledge, and customary law may guide who may use different kinds of knowledge at particular times and places, and obligations that accompany the use of knowledge. From their perspective, misappropriation and misuse of knowledge may be offensive to traditions, and may have spiritual and physical repercussions in their cosmological systems. Subsequently, indigenous and local communities argue that others' use of their traditional knowledge warrants respect and sensitivity. Critics of " traditional knowledge", however, maintain that such demands for "respect" are really an attempt to prevent unsubstantiated beliefs from being subjected to the same scrutiny as other knowledge claims. This has particular significance for environmental management because the spiritual component of "traditional knowledge" can be used to justify any activity, including the unsustainable harvesting of resources.

Indigenous/Traditional Knowledge & Intellectual Property

Indigenous peoples' interests in intellectual property law raise issues that involve both legal and non-legal components. Problems are not always commercial in nature and can involve ethical, cultural, historical, religious/spiritual and moral dimensions. For example, inappropriate use of sacred cultural artifacts, symbols or designs may not cause financial loss but can cause considerable offense to the relevant community responsible for the use and circulation of that artifact, symbol or design.

Intellectual property law is largely European in derivation and promotes particular cultural interpretations of knowledge, ownership, authorship, private property and monopoly privilege. Indigenous peoples do not necessarily interpret or conceptualize their knowledge systems and knowledge practices in the same way or only through these concepts.

While the value of indigenous knowledge has changed dramatically in the last ten years, there is not yet an international consensus about how indigenous rights to the protection of their knowledge systems can be secured, either within an intellectual property regime or through some other over- arching legislative or policy framework.

The Ways Research is Conducted

Critical evaluation of categories and frameworks that have been taken for granted are crucial for developing new strategies in this area. Rethinking how we do research, how we conceptualize knowledge, how we share knowledge, how we recognize legitimate overlaps in knowledge use and circulation, and the extent of the role of law in influencing our social orders of knowledge exchange, are necessary starting points

Knowledge registries and databases are developed for a variety of reasons. What the kind of registry or database holds depends on who created it and who might use it. For example, indigenous knowledge databases have been initiated by libraries and archives in specific nations. Others have been created by anthropologists working on knowledge projects in specific communities. Some are created as documentary and archival sites for indigenous peoples themselves; while others record and document traditional indigenous knowledge so as to prevent it from being used by others without acknowledgment.

The most comprehensive database is India's Traditional Knowledge Digital Library (TKDL). It holds 36,000 formulations utilized in Ayurvedic medicinal practice. The TKDL categorizes the knowledge in ways that allow it to be linked to international patent classification systems. The information is available in English, French, German, Spanish and Japanese for ease when searching.

Databases, registries and libraries can facilitate access to traditional knowledge without users ever having to deal or negotiate directly with an indigenous community. The uneven legal protection for databases exacerbates the problem.

The Agreement on the Trade-Related Aspects of Intellectual Property (TRIPS)

One major critique of the 1994 TRIPS agreement is the profound silence around the protection of indigenous or traditional knowledge. This has been interpreted as problematic for developing countries, many of whom, like India and Brazil, consider themselves to be responsible for protecting traditional and indigenous knowledge. India, for example, has sought to register traditional remedies and Ayurvedic preparations as protected through GIs.

See how the Indian government explains geographical indications at:

http://www.patentof ice.nic.in/ipr/gi/geo_ind.htm.

Indigenous peoples' participation, collaboration and partnership

Future directions must involve developing ways that genuinely prioritize indigenous peoples' participation, collaboration and partnership in any projects that will utilize, engage, document, and/or re-use indigenous/traditional knowledge. Taking the time to find out what local management practices are, and how they can be incorporated into research projects in appropriate ways, is necessary for developing trust and respect between all parties.

The high-level Brundtland Report (1987) recommended a change in development policy that allowed for direct community participation and

respected local rights and aspirations. Indigenous peoples and others had successfully petitioned the United Nations to establish a Working Group on Indigenous Populations that made two early surveys on treaty rights and land rights. These led to a greater public and governmental recognition of indigenous land and resource rights, and the need to address the issue of collective human rights, as distinct from the individual rights of existing human rights law.

For many indigenous people, there remains the further problem of decontextualizing knowledge and knowledge practices from the locales that actually make it meaningful. Through this process, salient dimensions of the knowledge may be lost. It is also worth being mindful of re-creating colonizing paradigms of knowledge control through these recording processes. For instance, where will the databases be located? Will indigenous peoples be able to access them easily? Who does the recording? What kind of literacy support (digital and other) is provided to the participating communities?

Engaging with indigenous people about the expectations of the planned research, being realistic about what benefits may occur, and recognizing that these benefits might not map onto the kind of benefits that indigenous people need are an important part of this process.

Research practices need to be changed so that participation, collaboration and partnership between members of a community and researchers within a specific project become normalized parts of research practice–from initial engagement with communities about the nature of, and any potential benefits of, the research, to the closure of the project as well as the archiving and storage of the materials collected in the course of the research.

FOR FURTHER INFORMATION, SEE RESOURCES IN MODULE 11 BELOW

Reading Anderson: Indigenous/Traditional Knowledge & Intellectual Property

Prepared for the Center for the Study of the Public Domain Duke University School of Law by Dr. Jane Anderson

http://web.law.duke.edu/cspd/pdf/ip_indigeno traditionalknowledge.pdf

" Indigenous/Traditional Knowledge and Intellectual Property," Issue Paper, by Dr. Jane Anderson (Assistant Professor, Anthropology and Museum Studies, New York University), © 2010 Center for the Study of the Public Domain, available for free online at https://web.law.edu/cspd/itkpaper. For more information on the subject, please see Dr. Anderson, " Law, Knowledge, Culture: The Production of Indigenous Knowledge in Intellectual Property Law" (Edward Elgar Press, 2009), and the traditional knowledge license and label project, Local Context at www.localcontexts.org

EXECUTIVE SUMMARY

The relationship between indigenous/traditional knowledge and intellectual property law is a complicated contemporary legal problem. Questions around indigenous knowledge protection present issues unlike any other that intellectual property law has had to consider. Indigenous peoples' concerns include legal questions involving copyright, patents, trademarks, designs and/ or confidential information. They also raise issues that are not always legal or commercial in nature and can include ethical, cultural, historical, political, religious/spiritual and moral dimensions.

Intellectual property law is largely European in derivation and promotes particular cultural interpretations of knowledge, ownership, authorship, private property and monopoly privilege. Indigenous peoples do not necessarily interpret or conceptualize their knowledge systems and knowledge practices in the same way or only through these concepts.

Indigenous peoples' interests in intellectual property law can affect over 370 million indigenous people and any researcher, cultural institution, corporation, industry affiliate or government department working in and/or with indigenous peoples and/or indigenous communities. While the value of indigenous knowledge has changed dramatically in the last ten years, there is not yet an international consensus about how indigenous rights to the protection of their knowledge systems can be secured, either within an intellectual property regime or through some other overarching legislative or policy framework. Indigenous people must be centrally involved in developing appropriate frameworks for access and use of their knowledge and knowledge practices. Future directions are foundationally dependent upon the development of frameworks that enhance and embolden indigenous perspectives about existing and emerging knowledge management approaches. Indigenous knowledge can no longer be considered a rawresource from which others benefit. Indigenous people are asking for their cultural systems and ways of governing knowledge access and use to be recognized as legitimate, and to be respected as custodians/owners/nurturers of knowledge that is valuable within and beyond indigenous contexts. Critical evaluation of categories and frameworks that have been taken for

granted are crucial for developing new strategies in this area. Rethinking how we do research, how we conceptualize knowledge, how we share knowledge, how we recognize legitimate overlaps in knowledge use and circulation, and the extent of the role of law in influencing our social orders of knowledge exchange, are necessary starting points.

Reading Sapp: Monopolizing Medicinal Methods: The Debate over Patent Rights for Indigenous Peoples

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"Monopolizing Medicinal Methods: The Debate Over Patent Rights for Indigenous Peoples" by Heather A. Sapp, as appeared in Temple Journal of Science, Technology, & Environmental Law, Vol. XXV, pp. 191–212. Reprinted by permission of the author. Heather A. Sapp has an LLM in Intellectual Property, The George Washington University, 2005; JD, The College of Law at Arizona State University, 2004; BA in Political Science and French & European Studies, Duke University, 1999. The author is a Trademark Attorney at the U.S. Patent & Trademark Of ice. The views expressed in this paper are solely those of the author and do not necessarily represent the of icial positions of the U.S. Patent & Trademark Of ice, the Department of Commerce, or the U.S. Government.

The 1994 Draft Declaration of the Rights of Indigenous Peoples states:

Indigenous peoples have the right ...to their traditional medicines and health practices, including the right to the protection of vital medicinal plants, animals, and minerals ...[and] to special measures to control, develop and protect their sciences, technologies and cultural manifestations, including human and other genetic resources, seeds, medicines, [and] knowledge of the properties of flora and fauna¹

Nonetheless, many argue that there exists a growing problem of biopiracy of the traditional knowledge (TK) of indigenous peoples, as developers of new medicines obtain patent protection and commercialize products based upon TK² without sharing the proceeds with the indigenous peoples from whom they obtained such knowledge.³ The diverse plant life of many developing countries, combined with the traditional natural remedies of indigenous peoples, is at the head of many pharmaceutical companies' research and development of medicinal compounds.⁴ The National Research

Council notes that " [i]ndigenous knowledge is being lost at an unprecedented rate, and its preservation ... must take place as quickly as possible." ⁵

Biopiracy, as it relates to TK, is defined as the uncompensated taking of the indigenous peoples' information concerning the medicinal eff ects of plants or other naturally occurring substances and developing it into a patented drug, seed or cell line.⁶

Using the native ethnobiological knowledge, researchers have insight into not only the identity of the plant, but also the specific part of the plant that contains the substance, the time of year during which the substance is present in the plant, the method of preparing the substance, and the symptoms the substance will alleviate.⁷

Such knowledge reduces research costs by concentrating on substances that are already known to be effective.⁸

Indigenous peoples claim that their TK is being pirated because " existing intellectual property schemes do not address the subject matter of traditional knowledge." ⁹ TK " has not been recognized as being either 'scientific' or valuable to the dominant culture and so has been freely appropriated by others." ¹⁰ Additionally, they claim that intellectual property treaties and legislation destroy their cultural heritage.¹¹ Some cases of alleged biopiracy include:

- Neem tree: The extract of the neem tree was patented in the U.S.¹² as an environmentally-safe insecticide and fungicide, although its medicinal and pesticidal qualities have been well-established in India for many years.¹³ The multi-national corporation, W.R. Grace, which obtained a patent for an insecticide based on neem, dismissed the Indian people's discovery of the plant's uses as " folk medicine" has stated that it has no plan to compensate anyone in India.¹⁴
- Turmeric: Expatriate Indian inventors obtained a patent¹⁵ for the method of administering turmeric to wounds for healing purposes. The Indian Council for Scientific and Industrial Research challenged the patent in re-examination proceedings claiming that such use had been in the public

domain for thousands of years.¹⁶ The United States Patent and Trademark Office (USPTO) cancelled the patent and various other applications pending that involved turmeric.¹⁷

- Rosy periwinkle plant: This plant, which is only found in Madagascar, contains properties that combat certain cancers.¹⁸ Ely Lilly has \$100 million in annual sales of the anti-cancer drugs vincristine and vinblastine, which are derived from the periwinkle, but does not share this bounty with Madagascar.¹⁹
- Ayahuasca: Amazon Basin tribes have used this plant to make a ceremonial drink for centuries, but a U.S. citizen obtained a patent on it as a new and unique plant variety.²⁰ Amazonian leaders filed for re-examination on the basis that the plant variety was not novel, prompting the USPTO to cancel the patent.²¹
- Hoodia: The San people of South Africa, commonly known as the Bushmen, had used the hoodia plant as an appetite suppressant for hundreds of years.²² The South African Council for Scientific and Industrial Research (CSIR) patented the hoodia plant under the name P57, without informing the San tribe.²³ In 1997, Phytopharm, a British biotech company, entered into a licensing agreement with CSIR to further develop and commercialize P57.²⁴ After the San brought a case against CSIR, a benefit-sharing program was developed between CSIR and the San, in which the San will receive a percentage of royalties Phytopharm received on the commercial sales of pharmaceuticals containing P57.²⁵

This paper examines the issue of patents and TK. Part I defines the terms "indigenous peoples," "indigenous medicinal knowledge," and "traditional knowledge." Part II analyzes whether indigenous peoples' TK would be eligible for patent protection in the current world patent system and the appropriateness of extending patent protection. Finally, Part III examines possible solutions.

I. Defining Indigenous People and Traditional Knowledge

A threshold question is how to define the terms "indigenous people" or "indigenous knowledge." Scholars have struggled for decades to define these terms. 26

A. Indigenous People

The term " indigenous people" has evolved over time.²⁷ For example, anthropologist, Stephen Brush argues that the term " is best used in regions with a colonial history that has left a predominant national culture and autochthonous cultures that coexist and compete for limited resources, especially land." ²⁸ He argues that this definition " is not suited for large parts of Asia and Africa, where a single hybrid culture (e.g., European-Native) is not dominant." ²⁹ This definition would exclude areas that are no longer colonized. By contrast, a more flexible definition is " people living in tribal societies and peoples of aboriginal cultures in nation states … thus including both tribal peoples and peasant peoples." ³⁰ Another flexible definition suggests that indigenous peoples are " existing descendants of non-Western peoples who in general continue to occupy their ancestral lands even after conquest by Westerners, or who have been relocated forcibly in the process of colonization." ³¹

This paper will adopt the second definition because it is consistent with the writings of activists and peoples concerned with indigenous knowledge and international treaties and declarations such as the Convention on Biodiversity, which includes "local communities embodying traditional lifestyles." ³² The Convention addressed the relationship between biodiversity and development and is notable for vesting sovereign rights in developing countries for access to their genetic resources.³³

"Indigenous groups are semi-autonomous collectives or 'nations within." ³⁴ Due to their unique political status, indigenous peoples have been granted substantive rights and are now viewed as "subjects of international law" 35 and have unique political relationships with their host states. 36

B. Traditional Knowledge and Indigenous Medicine

Indigenous medicinal knowledge is generally defined as a subset of TK "consisting of the medicinal and curative properties of plants in indigenous culture," including genetic resources.³⁷ Therefore, TK must be defined.

One scholar defines TK as " the body of historically constituted knowledge instrumental in the long-term adaptation of human groups." ³⁸ Another scholar notes that TK can be " defined by its general characteristics: creation through a long period of time which has been passed down from generation to generation; new knowledge is integrated to the existing, as knowledge is improved; improvement and creation of knowledge is a group effort; and ownership of indigenous knowledge varies between indigenous peoples." ³⁹ TK generally encompasses two forms of indigenous knowledge or resources: medicinal or plant knowledge and traditional cultural expressions or folklore.⁴⁰ Folklore, although an important contribution to the world heritage, is outside the scope of this paper, as any possible relationship between intellectual property and the protection of traditional cultural expressions falls closer to the realm of copyright law or trademark law, than patent law.⁴¹

Portugal's law defines TK as:

All intangible elements associated with the commercial or industrial utilization of local varieties and other autochthonous material developed in a non-systematic manner by local manner by local populations, either collectively or individually, which form part of the cultural and spiritual traditions of those populations. That includes, but is not limited to, knowledge of methods, processes, products and designations with applications in agriculture, food and industrial activities in general, including traditional crafts, commerce and services, informally associated with the use and preservation of local varieties and other spontaneously occurring autochthonous material⁴²

II. Patent Protection for Indigenous Medicinal Knowledge?

There is currently no patent protection for indigenous medicinal methods and pharmaceutical companies commonly utilize the knowledge in the development of new patentable medicines.⁴³ Proposals have been made to reform this supposed inequity and " to place patents for indigenous peoples as a means to empowerment and recognition of their intellectual contributions." ⁴⁴ However, Western patent systems appropriately exclude TK from patent protection. Additionally, intellectual property rights are not reconcilable with the traditional beliefs of indigenous peoples.

A. The World Patent System

The Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS),⁴⁵ a portion of the agreement that amended the General Agreement on Trade and Tari**ff**s (GATT) and created the World Trade Organization (WTO), set international procedural and substantive standards for patent protection.⁴⁶ Any country wishing to join the WTO must comply with the intellectual property requirements of TRIPS.⁴⁷ Article 27 of TRIPS defines as patentable " any product or process … provided they are new, involve an inventive step and are capable of industrial application." ⁴⁸ TRIPS codified pre-existing standards of member states with strong patent systems, which many critics view as primarily benefiting the Western world.⁴⁹

The requirements of novelty, inventive step (non-obviousness), and industrial application (utility), the legal definition of joint inventorship, and the ban on patenting products of nature are barriers serve as barriers to the patentability of indigenous medicinal knowledge.⁵⁰

1. Novelty

By definition, indigenous TK is not novel by patent standards. Novelty is a requirement that the claimed invention cannot be too similar to an existing invention. " Because indigenous medicine normally has been used for millennia as part of an oral tradition, the novelty requirement acts as a bar to patenting it." ⁵¹

TRIPS requires Member States to adopt patent laws to protect inventions that are "new, involve and inventive step and are capable of industrial application," ⁵² but TRIPS never defines what " new" means.⁵³ Under Article 54 of the European Patent Convention (EPC), " an invention shall be considered to be new if it does not form part of the state of the art." ⁵⁴ State of the art is defined as " everything made available to the public by means of a written or oral description by use or in any other way, before the date of filing." ⁵⁵

The United States' novelty requirement is similar to that of the EPC but excludes inventions " known or used by others in this country, or patented or described in a printed publication in this or a foreign country," ⁵⁶ and inventions " patented or described in a printed publication or in public use or on sale in this country, more than one year prior to the date of the application for patent in the United States." ⁵⁷ Thus, disclosures made outside the United States must be written to constitute prior art.⁵⁸

One scholar argues that the requirement that disclosures outside the United States must be written means that indigenous oral traditions outside the United States would not constitute prior art, a fact which " could be advantageous to indigenous peoples because they would not automatically face a novelty bar for oral disclosures made beyond United States territory." ⁵⁹ However, this would only hold true as long as the particular person seeking a patent in the United States is the actual inventor of the subject-matter.

Section 102(f) of the Patent Act states that " a person shall be entitled to a patent unless…he did not himself invent the subject-matter sought to be patented." ⁶⁰ Therefore, if the TK has been passed down for generations orally, the indigenous peoples would not be eligible to obtain a patent since they themselves were not the actual inventors. Only if the actual indigenous peoples who are seeking patent protection themselves invented the method of using the TK would they be meet the requirement of actual inventorship stipulated in § 102(g).⁶¹ For example, if a medicine man or shaman outside the United States derived a particular application thirty years ago and has orally disclosed this knowledge only to his fellow tribesmen, then this disclosure and use of the TK would not pose a novelty bar under U.S. law as long as he personally applies for the patent. If however this same shaman applies for patent protection for a TK invention that has been used for millennia by his forefathers, then he would not be eligible to obtain patent

protection due to the § 102(g) bar. Likewise, if a pharmaceutical company patents a plant medicinal method based on oral indigenous TK although such uses have been well-established in the other country, without refining or isolating the extraction or adding further ingredients, the patent is invalid under § 102(g) because the actual inventors were the ancestors of the indigenous peoples, not the pharmaceutical company.

Finally, the novelty requirement " means that inventors must seek a patent at the earliest possible moment; if they do not, they cannot later 'catch up." ⁶² One scholar argues that this system unfairly penalizes indigenous peoples who " had no practical opportunity to participate in the development of world intellectual property systems and that are now only beginning to debate and to demand a place in those systems" ⁶³

2. Inventive Step (Nonobviousness)

Patentability of TK faces a barrier in the inventive step or nonobviousness requirements because of the way it is developed. Indigenous peoples' knowledge is gathered over time and builds upon layers of prior TK and trial and error.⁶⁴

The TRIPS Agreement requires that patentable subject matter " involve an inventive step." ⁶⁵ Under Article 56 of the EPC, " an invention shall be considered as involving an inventive step if ... it is not obvious to a person skilled in the art." ⁶⁶ Other Western patent regimes, such as the United States and Japan, have similar requirements.⁶⁷

In the United States, this concept is known as "nonobviousness." ⁶⁸ Section 103(a) of the U.S. Patent Act states that "a patent may not be obtained ... if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains." ⁶⁹ The nonobviousness or inventive step requirement would not pose a bar to Western pharmaceutical companies, on the other hand, if they isolate and identify "previously unidentified bioactive substances." ⁷⁰

3. Industrial Application (Utility)

Indigenous medicine is often unrefined, which many observers might

consider as not being useful. Under TRIPS, an invention must have an "industrial application." ⁷¹ United States patent law requires that the application be "useful," or "utility." ⁷² While indigenous TK is arguably extremely useful in "developing pharmaceuticals through identification of plants with healing properties," ⁷³ the USPTO has suggested that utility in aiding drug development is not the test, but rather focuses on proven medical applications of a particular fragment or plant.⁷⁴

4. Joint Inventorship

One author posits that indigenous contributions to modern medicine may be protected under a claim of joint inventorship.⁷⁵ Joint inventorship is a status applicable to inventions that are made by two or more persons jointly⁷⁶ working in collaboration toward the same end with each inventor actually contributing to the inventive thought.⁷⁷ " The collaboration requirement is flexible enough to accommodate the relationships between indigenous people and researchers. It does not require that joint inventors work together or at the same time, or that they make the same type or amount of contribution, or make a contribution to every claim"⁷⁸

However, much medicinal TK is considered to be in the public domain, thus rendering the " intellectual contribution of indigenous people ... [perhaps] not ... worthy of inventorship status." ⁷⁹ A further barrier is that most indigenous people " understand their medicine within the context of their culture." ⁸⁰ It may be difficult for them to prove a " conceptual connection between their contribution and the medicine's ultimate use in Western medicine." ⁸¹

5. Product of Nature

Indigenous medicines often consist of unaltered or minimally altered raw plant material.⁸² As such, they may be subject to a " products of nature" rejection. Substances naturally occurring in nature, without alteration, are not patentable.⁸³

The legislative history of the United States Patent Act states that patentable subject matter " include[s] anything under the sun that is made by man." ⁸⁴ Article 3 of the EPC prohibits inventors from obtaining patents on " plant and animal varieties."⁸⁵

Such requirements may be applied " to the detriment of indigenous medicine in patent applications." ⁸⁶ For example, the European Patent Office rejected a claim for genetically altered herbicide-resistant plant cells on the grounds that the plant was a product of nature.⁸⁷ On the other hand, the German Supreme Court stated it would allow a patent for a " product of nature" if the plant resulted from the " systematic application ... of biological forces of nature." ⁸⁸ Likewise, since Diamond v. Chakrabarty,⁸⁹ U.S. courts have held that patents may be granted for artificially created living things, including plant life.⁹⁰ In Ex Parte Hibberd,⁹¹ the Board of Patent Appeals and Interferences held that plants were patentable under § 101. However, " the level of human intervention required for patent protection is so demanding," ⁹² that many types of indigenous medicines utilizing plants may be excluded, as naturally existing wild plants are often used in indigenous medicines.⁹³

B. Patent Rights in the Context of Indigenous Peoples

The differences between indigenous societies and Western states raise questions as to whether patent protection for indigenous medicinal knowledge would be desirable or even a feasible solution.

1. Can indigenous peoples conceive of private rights?

Private property rights in indigenous knowledge may actually be abhorrent to indigenous peoples who adhere to traditional beliefs.⁹⁴ Indigenous peoples often object to the use of their TK on ethical grounds, arguing that intellectual property should be treated as a pure public good.⁹⁵ This is a question of fundamental cultural values, and thus neither right nor wrong. At least one scholar questions whether " any group following this belief should retain exclusive rights to use information they discover with respect to people outside the group." ⁹⁶ This scholar continues:

If the information is freely available simply by visiting the group and observing their lifestyle, and if a visitor does this without fraud or duplicity, saying that the visitor cannot use the information as a basis for creating a new, and perhaps patentable, product is equivalent to recognizing exclusive, perhaps group, rights in the information. Maybe such recognition can be justified on the ground that the group's culture should be respected by outsiders, but if this is

the claim, it should be articulable in terms of even western notions like breach of confidence or privacy rights. Something besides "We discovered it so it's ours" is necessary unless one takes the extreme step of embracing a full-fledged natural rights basis for intellectual property or one simply has a preference for economic inefficiency over economic efficiency.⁹⁷

This lack of conception regarding intellectual property rights in indigenous societies tends to aid the uncompensated use of TK " because it implies that the knowledge is considered properly to be in the public domain." ⁹⁸ However, there has been no comprehensive study of the intellectual property rights concept among indigenous peoples.⁹⁹ In fact, studies suggest that rights similar to patents, trademarks, and copyrights exist in some indigenous societies.¹⁰⁰

Some indigenous medicines may be seen as a form of trade secret, rather than public domain knowledge.¹⁰¹ One scholar notes that while most herbal medicine may be seen as public domain, " the renowned herbalists ... guarded their knowledge ... in great secrecy." ¹⁰²

2. How to compensate?

If patent regimes were adapted to include patents on indigenous peoples' medicinal methods, a question would arise as to who would receive royalties. One critique of applying Western intellectual precepts to indigenous societies is that the developed nations' focus of " vesting rights only in individuals ... marginalizes the interests and contributions of indigenous and traditional communities." ¹⁰³ This critique crystallizes the debate: Should an individual healer receive royalties, despite the fact that his discovery may have come from a general body of knowledge in the indigenous community derived over time?¹⁰⁴ One possibility would be to compensate towns or communities for use of the TK in drug development.¹⁰⁵ This approach might, however, affect the relationships between the communities, ultimately adding to the problem.¹⁰⁶ Indigenous communities may even begin to charge other tribes for use of their medicinal knowledge.¹⁰⁷ " Thus, patent protection could become an instrument for the concentration of wealth and the creation of a new indigenous elite rather than a means to achieve distributive justice." ¹⁰⁸

Additionally, there is a fear that an influx of monetary compensation may threaten or destroy indigenous societies.¹⁰⁹ Intellectual property rights are

part and parcel of capitalist systems.¹¹⁰ Indigenous societies, on the other hand, have community-based economies where " no transactions occur outside the group." ¹¹¹ One scholar argues that introducing patent rights would " lead to economic transformation of adoption of the market form exactly among those people whom it is said to protect." ¹¹² Additionally, there is the possibility that " national governments may interfere with the rewards of patent compensation." ¹¹³

Lastly, even if the patent protection was granted to indigenous peoples' TK, there is no assurance that tribes would receive timely compensation.¹¹⁴ Despite the existence of such groups as Public Interest Intellectual Property Advisors,¹¹⁵ many indigenous peoples have no access to patent attorneys or other attorneys.¹¹⁶ Furthermore, tribes would not receive royalties for years, because it typically takes between 10-to-20 years to get drugs approved and commercialized.¹¹⁷ Indigenous cultures are rapidly disappearing,¹¹⁸ and thus, this time lag may be injurious to indigenous peoples who rely on the royalties from TK medicines " to save endangered indigenous communities." ¹¹⁹

III. Proposals and Potential Solutions

It is unlikely that the current patent regimes can protect indigenous TK. While extension of the patent laws through TRIPS may be the "most efficient way to protect and compensate for the use of [traditional] knowledge," ¹²⁰ other ways of recognizing indigenous peoples' contributions to science may also be possible. Examples of possible options are the use of contract law, sui generis legislation, treaty protection, and an international framework similar to the United States Bayh-Dole Act.

A. Private solutions: Contract-based approaches

One possible solution for the protection of TK lies in contract law. Some pharmaceutical companies and indigenous groups enter into contracts, whereby the indigenous peoples seek compensation for the use of their TK in the development of patented products and to "provide a mechanism through which any new knowledge obtained by the pharmaceutical company will be shared with the indigenous peoples." ¹²¹ As consideration, the pharmaceutical company seeks a monopoly on the TK in return for royalties.¹²²

For example, the Kuna Indians of Panama started the Project for the Study of Management of Wildlife Areas of the Kuna Yala (PEMANSKY), to establish a protected forest area on the edge of their lands.¹²³ PEMANSKY also manages a system where visiting scientists may sample the native flora and fauna in exchange for using native assistants while on the Kuna lands and making all reports freely available to the Kuna.¹²⁴ However, the contracts do not provide for any royalties.¹²⁵

The Merck/INBio Cost Rica agreement of 1991 is an example of a partnership between a developing country and public and private institutions " which led to positive benefit-sharing among all parties involved." ¹²⁶ Prior to the Rio Earth Summit which resulted in the Convention on Biological Diversity (CBD), the National Biodiversity Institute (INBio) of Costa Rica entered into an agreement with Merck whereby INBio provided Merck with short-term exclusive rights to study plant, animal, and soil samples " as well as proprietary rights for any innovative product created from the INBio samples" in exchange for \$1 million United States dollars, 60% of the royalties from products created from the INBio samples, and laboratory equipment.¹²⁷ The government of Costa Rica agreed to use royalty proceeds for biological diversity conservation.¹²⁸ This agreement, while a nonstatutory, contract-based approach, foreshadowed many of the objectives later included in the CBD.¹²⁹ However, there is no provision for direct compensation to the indigenous peoples, thus " [a]ny benefit to the indigenous people must be indirectly derived from the preservation of the biodiversity of the region." ¹³⁰

One commentator posits that " tribal laws could be used to provide contract-like remedies for the uncompensated transfer of ethnobiological knowledge." ¹³¹ Tribal laws could be used to make the " entry of outsiders onto tribal lands conditional, and provide for the punishment of any tribal member who discloses ethnobiological knowledge without tribal consent." ¹³² If the indigenous peoples are treated as separate sovereign

peoples within a host state (" nations within"), like Native Americans in the United States, damages could possibly be obtained " if the outsider is prosecuted on the reservation." ¹³³

A problem with such a private solution, however, is that there are no means of ensuring that corporations will engage in benefit-sharing unless an effective enforcement mechanism exists.¹³⁴ There is also the potential shortcoming of under compensation and unequal sharing.¹³⁵ Finally, a contract-based solution would require individual agreements between each indigenous group and each pharmaceutical company, which could result in detrimentally affecting the relationships between indigenous communities and inadvertently creating a class system amongst indigenous groups, as tribes with greater access to lawyers are able to craft better agreements.¹³⁶

B. Sui Generis legislation

Several countries provide sui generis protection to indigenous TK.¹³⁷ In response to a questionnaire on existing intellectual property protection of TK, twelve members of the Intergovernmental Committee on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore (Committee) of the World Intellectual Property Organization (WIPO) indicated that protection for TK is available under the current standards of their intellectual property law.¹³⁸ While almost all of the examples provided focused on appellations of origin and on the protection of handicrafts through copyright and trademark, only Russia and Vietnam provided examples of existing patent protection for indigenous TK.¹³⁹ Two members of the Committee, Portugal and Togo,¹⁴⁰ indicated that they adopted a sui generis system for protection of TK. According to WIPO, five additional countries enacted sui generis national legislation for protection of indigenous TK, pursuant to the Convention on Biological Diversity providing.¹⁴¹

Brazil's Provisional Measure No. 2.186–16¹⁴² protects the TK " of indigenous and local communities relating to the genetic heritage ... against illegal use and exploitation and other actions that are harmful or have not been authorized by the Management Council ... or by an accredited institution." ¹⁴³ The Brazilian Provision recognizes the inherent differences

between Western intellectual property norms and the collective rights understood in indigenous societies in its statement that, " any traditional knowledge associated with the genetic heritage may be owned by the community, even if only one single member of the community holds that knowledge." ¹⁴⁴

The Panamanian Legislative Assembly enacted Law No. 20 on June 26, 2000 in order to:

protect the collective rights of intellectual property and traditional knowledge of the indigenous communities upon their creations such as inventions, models, drawings and designs ... capable of commercial use, through a special registration system, promotion, commercialization of their rights in order to stand out the value of the indigenous cultures and to apply social justice.¹⁴⁵

This law continues by stating that TK " consequently, cannot be object of any form of exclusive right by not authorized third parties under the intellectual property system." ¹⁴⁶ Although the statute refers to inventions and TK, the specific provisions set up a protection regime more similar to that of trademark or copyright, and cover the crafts of traditional artisans, fables and stories, and traditional dance.¹⁴⁷

Perhaps the lack of patent-like protection for indigenous medicinal TK stems from many indigenous peoples' understanding of their TK through songs and dance. While this undoubtedly will protect traditional cultural expressions and folklore in Panama, unless the indigenous peoples are able to make a case that their medicinal methods are protected under this sui generis regime, this statute may do nothing to ensure that Western companies compensate for the appropriation of TK.

Peruvian Law No. 27811, "Introducing a Protection Regime for the Collective Knowledge of Indigenous Peoples Derived from Biological Resources," ¹⁴⁸ perhaps provides the most protection of the various sui generis attempts. Two of its stated objectives are " to ensure that the use of knowledge takes place with the prior informed consent of the indigenous peoples" ¹⁴⁹ and " to avoid situations where patents are granted for inventions made or developed on the basis of collective knowledge of the indigenous peoples of Peru without any account being taken of that knowledge as prior art in the examination of the novelty and inventiveness of the said inventions." ¹⁵⁰

One potential drawback of the legislation is that financial benefit-sharing of royalties from inventions derived from TK does not flow directly to the tribes themselves. While Peru has statutorily imposed a royalty of " no less than ten per cent of the value, before tax, of the gross sales resulting from the marketing of goods developed on the basis of collective knowledge," ¹⁵¹ this royalty is paid to the state, which directs it into the Fund for the Development of Indigenous Peoples and Communities.¹⁵² As this is a collective fund, all indigenous peoples in Peru have the ability to draw on the fund through their representative organizations, regardless of the extent to which their TK resulted in the monies.¹⁵³ Although the royalties do not go directly to the specific groups that provided the knowledge, the fund may ensure that the royalties actually reach indigenous peoples. As a result of the state's involvement, this regime provides a greater enforcement mechanism than do individual contracts between tribes and Western researchers.

The key apprehension with respect to sui generis regimes is their enforceability outside the state implementing the legislation, despite the fact that such statutes allegedly derive from the CBD.¹⁵⁴ " Without an international agreement requiring reciprocity of such protections, sui generis protections may prove fruitless for indigenous peoples." ¹⁵⁵

One way of " creating a base for a sui generis regime" ¹⁵⁶ might be the creation of a worldwide database to serve as a repository of TK.¹⁵⁷ The database could serve to document TK as " prior art" to be used in challenging patent applications, as a means of providing contact information of indigenous groups, or " as a fee-based access service to such knowledge." ¹⁵⁸ For example, In Ecuador, a non-governmental organization (NGO), Eccosciencia, has established a database of over 8,000 entries detailing TK of six local groups in an experimental project entitled " Transforming Traditional Knowledge into Trade Secrets." ¹⁵⁹

Databases, unfortunately, have drawbacks. They may " inhibit the ability of indigenous peoples to participate in the management of their traditional knowledge or otherwise undermine the rights of indigenous peoples." ¹⁶⁰ Additionally, some indigenous peoples may be reluctant to disclose their TK in a database, because they might feel that they cannot control the process or that they were coerced into using the database.¹⁶¹ For indigenous peoples, " the idea of disclosure within a public forum over which the individual [TK]

holder has no control may be seen to represent a level of risk of exploitation that is unacceptable to many." ¹⁶² Further, databases are not protected under existing intellectual property laws in most of the world.¹⁶³

C. Treaties

Conventions and declarations provide guiding principles for states to follow in launching international norms.¹⁶⁴ " The parties to the conventions negotiate agreements stating broad goals and setting up procedural mechanisms for attaining these goals, but typically the conventions contain few, if any, substantive requirements." ¹⁶⁵ As a result, further agreements are necessary to " provide specific goals and enforcement mechanisms." ¹⁶⁶ One example of this dichotomy, between conventions and further agreements needed to provide enforcement mechanisms, is demonstrated by the inclusion of the various WIPO treaties in the TRIPS agreement of the WTO.¹⁶⁷ Despite their inherent shortcomings, treaties may provide a means for the protection of TK, as long as they evolve to contain legitimate enforcement mechanisms and have widespread support.

1. Convention on Biological Diversity

The CBD, which was opened for signature at the United Nations Conference on Environment and Development (popularly referred to as the Rio Earth Summit) in Rio de Janeiro in 1992, was the first " large-scale international recognition of the need to compensate indigenous people for their ethnobiological knowledge." ¹⁶⁸ Previous conventions and international declarations had mentioned compensation but did not provide a means of enforcement and lacked widespread support.¹⁶⁹ The impetus for the CBD was the perception by developing countries that the binding intellectual property obligations of TRIPS (which were then being negotiated in the WTO) provided " disproportionate benefits to the West." ¹⁷⁰

The Preamble to the CBD recognizes

" the close and traditional dependence of many indigenous and local communities embodying traditional lifestyles on biological resources, and the desirability of sharing equitably benefits arising from the use of traditional knowledge, innovations and practices relevant to the conservation of biological diversity and the sustainable use of its components." ¹⁷¹

Although the " primary purpose of the Convention is to arrange for an agreement among the member states to preserve biological diversity," ¹⁷² articles of the CBD address both TK itself and the requirements for providing compensation when TK is used.

Article 16, entitled " Access to and Transfer of Technology," ¹⁷³ states in part: " in the case of technology subject to patents and other intellectual property rights, such access and transfer shall be provided on terms which recognize and are consistent with the adequate and e**f** ective protection of intellectual property rights." ¹⁷⁴ Article 18, entitled " Technical and Scientific Cooperation," requires member states to " encourage and develop methods of cooperation for the development and use of technologies, including indigenous and traditional technologies...." ¹⁷⁵ Articles 20 and 21 also address compensation.¹⁷⁶ The critical commitment to ensuring that benefits from the commercial development of new products related to bio-diverse resources flow back to developing countries is commonly referred to as " Access and Benefit Sharing" (ABS).¹⁷⁷

The CBD enjoys widespread support. Most the world's nations are parties (168 signatories and 189 parties).¹⁷⁸ The United States has not yet ratified the treaty, despite becoming a signatory in 1993. One commentator asserts that " concerns about the negative tone of countries on intellectual property protection expressed by key developing countries during the negotiations contributed to the U.S. decision to defer ratification of the CBD, notwithstanding that most European and other WIPO/WTO members had adopted and implemented the CBD." ¹⁷⁹ While most U.S. pharmaceutical companies voluntarily follow CBD ABS guidelines,¹⁸⁰ the CBD lacks realistic effectiveness if the leading biotech market¹⁸¹ is not a Party. Finally, an additional problem with reliance on the CBD for protecting TK through benefit-sharing lies in the general nature of its terms.¹⁸²

2. TRIPS Agreement

Currently, TRIPS does not protect indigenous TK.¹⁸³ However, this agreement, one of several comprising the WTO, is a work in progress, as it allows differential deadlines for a state to implement is obligations, depending on its classification as a developed, developing, or least-developed country. There have been subsequent rounds of negotiation since TRIPS'

signing.

Some commentators feel that TRIPS provides the obvious framework for protecting indigenous TK, and that it could potentially:

- 1. Educate indigenous peoples about different intellectual property protections and their implications;
- 2. Require patent applications to identify traditional knowledge used in the development process;
- 3. Make information regarding patent applications more readily available to indigenous populations;
- 4. Require the equitable sharing of benefits with indigenous peoples where genetic resources or traditional knowledge from their territories are used to develop commercial products¹⁸⁴

However, before TRIPS is likely to accomplish such goals, there may need to be effective indigenous participatory rights in the negotiation of TRIPS. This belief indicates that indigenous peoples' interests are not being effectively protected by their host states.¹⁸⁵

D. International Framework Based on Bayh-Dole Act

One commentator asserts that the current focus on protection of indigenous TK, particularly " the expanding universe of ABS guidelines with the CBD" ¹⁸⁶ is stifling the potential of the biotechnology sector.¹⁸⁷ Specifically, she cites the existence of the Bayh-Dole Act as the reason for the low level of investment in biotechnology outside the United States.¹⁸⁸

In the 1960s and 1970s, U.S. policy makers were concerned that industry was commercializing little of the technologies funded by U.S. Government grants.¹⁸⁹ In fact, less than 5% of the 28,000 U.S. Government-held patents were developed into commercial products in 1980,¹⁹⁰ in part due to the time-consuming and difficult process of obtaining exclusive patent protection.¹⁹¹ The non-exclusive rights provided for by U.S. law "failed to encourage

companies to invest in the application and development of new products." ¹⁹² To solve this problem and encourage industry to commercialize products developed with taxpayer money, Congress enacted legislation, known as the Bayh-Dole Act of 1980.¹⁹³

Bayh-Dole enabled universities and research institutions to own inventions and work with industry to bring, manufacture, and commercialize products, a process commonly referred to as "technology transfer." ¹⁹⁴ This process allowed exclusive licensing of inventions.¹⁹⁵ Regulations ensured that products "were developed diligently and for the public good." ¹⁹⁶ The university, inventor, and industry all shared in royalties resulting from the invention. The university's share was used to fund additional research.¹⁹⁷ In fiscal year 2002, more than \$37 billion in total funding was distributed to over two hundred research institutes in the United States.¹⁹⁸ Improved health, as a result of Bayh-Dole, was estimated to be fifteen times the annual investment in NIH research.¹⁹⁹

Private investment in the U.S. biotechnology sector, perhaps as a result of the jumpstart provided by the Bayh-Dole Act, is much higher than anywhere else in the world.²⁰⁰ Investment is drawn to the U.S. " due to the strength of its private rights, including intellectual property rights." ²⁰¹ Likewise, WIPO reports very low rates of filing for international patent applications for medicinal substances derived from plants, as opposed to other biotechnology inventions.²⁰² One commentator asserts:

Essentially, the bio-diverse developing countries are facing today the same situation that the U.S. faced in the 1970s. They possess a tremendous unexploited potential value in natural products R&D, but, without the proper legal framework needed to ensure the commercial development of actual products, their economic development and health objectives will not be realized.²⁰³

One requirement for developing countries wishing to foster indigenous biotechnology industries is foreign direct investment.²⁰⁴ A possible solution may be to implement an " International Bayh-Dole," ²⁰⁵ because a clear understanding of patent rights may be necessary to attract investment.

This solution, of course, has its shortcomings. While advantageous to business by providing clear rights to inventions derived from indigenous knowledge and potentially advantageous to developing countries who wish to attract foreign direct investment, the Bayh-Dole system does little to acknowledge the contributions that indigenous peoples make in the derivation of the inventions and to ensure that they will receive the benefits from their TK.

Conclusion

The use of TK without compensation is an issue of growing concern among indigenous peoples, developing countries, and activists. However, it is unlikely that a simple solution will be found. Currently patents and treaties are neither successful nor viable means of protecting or providing compensation for the transfer of TK. The most viable current alternative is the formation of private contracts that would serve the same function as patent protection. Sui generis legislation implemented by various developing states is another viable alternative, although without a legitimate enforcement mechanism outside the jurisdiction of the particular country, or without a comprehensive database or management system, such legislation will fail to provide meaningful protection on a more far-reaching scale. An international framework based on Bayh-Dole may help stimulate investment in bio-diverse developing countries and ensure that royalties flow back to the governments or indigenous peoples, but such a system would need strong enforcement mechanisms to ensure compensation for the indigenous peoples.

Footnotes

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- ⁵⁴ Convention on the Grant of European Patents art. 54(1), Oct. 5, 1973, 13 I.L.M. 271 (1974) [hereinafter Grant of European Patents]. 55 Id.

- ⁵⁶ 35 U.S.C.A. § 102(a) (2004).
- ⁵⁷ Id. at § 102(b).

- ⁵⁸ Trotti, supra note 27, at 372.
- ⁵⁹ Id.
- ⁶⁰ 35 U.S.C.A. § 102(g) (2002).

 61 See id. (extending patent protection only to the actual inventor, and not those individuals that the inventor passed the information to through oral tradition or any other means of conveyance).

⁶² Roht-Arriaza, supra note 10, at 937.

⁶³ Id.

- 64 Trotti, supra note 27, at 372.
- 65 TRIPS Agreement, supra note 45, art. 27.1, at 1208.
- ⁶⁶ See Grant of European Patents, supra note 54, art. 56 (defining the "inventive step" requirement to patentability under the European Patent Convention). 67 Trotti, supra note 27, at 372.
- ⁶⁸ 35 U.S.C.A. § 103.
- ⁶⁹ Id. § 103(a).
- ⁷⁰ Trotti, supra note 27; at 372, see also Kadidal, Plants, Poverty, supra note 19, at 238 (generally, the patent laws of most nations exclude the mere discovery of a chemical substance from patentability, however there is an exception when the substance was " previously unknown in its purified and isolated form," thus allowing for a patent of the actual substance).
- ⁷¹ TRIPS Agreement, supra note 45, Art. 27, at 1208. Footnote 5 to Article 27 states that " the terms 'inventive step' and 'capable of industrial application' may be deemed by a Member to be synonymous with the terms 'non-obvious' and 'useful' respectively."

⁷² 35 U.S.CA. § 101.

- 73 Trotti, supra note 27, at 373.
- ⁷⁴ Id. (discussing the prosecution history of the attempt by the National Institutes of Health to patent gene fragments that aid development of gene therapy through their use in mapping gene sequences); see also Josephine R. Axt, et. al, BIOTECHNOLOGY, INDIGENOUS PEOPLES, AND INTELLECTUAL PROPERTY RIGHTS, No. 93-478A, at 55-56 (1st sess. 1993) (noting that the USPTO rejected the National Institute of Health's attempt to patent gene markers because these markers had no proven application in medical treatment); Elaine Elisabetsky, Folklore, Tradition, or Know-How?, CULTURAL SURVIVAL Q. 9,10 (Summer 1991) (discussing ethnopharmacology, detailed ethnographic research, particularly of indigenous cultures, that aids in the understanding of traditional drug uses).
- ⁷⁵ Michael J. Huft, Comment, Indigenous Peoples and Drug Discovery Research: A Question of Intellectual Property Rights, 89 Nw. U. L. REV. 1678, 1724 (1995).

- 77 Monsanto Co. v. Kamp, 269 F.Supp. 818, 824 (D.C. Cir. 1967).
- ⁷⁸ Trotti, supra note 27, at 373.
- 79 Id.
- ⁸⁰ Id.

⁷⁶ 35 U.S.C.A. § 116.

- ⁸¹ Id.; see also Craig Jacoby and Charles Weiss, Recognizing Property Rights in Traditional Biocultural Contribution, 16 STAN. ENVTL. L.J. 74, 98 (1997) (highlighting problems with including traditional biocultural knowledge holders as joint inventors).
- ⁸² Trotti, supra note 27, at 371.

- ⁸⁴ S. Rep. No. 1979, at 5 (1952), reprinted in 1952 U.S.C.C.A.N. 2394, 2399.
- ⁸⁵ Grant of European Patents, supra note 53, at 271.
- ⁸⁶ Trotti, supra note 27, at 371.
- ⁸⁷ Decision T356/93 Plant Genetic Systems/Glutamine Synthetase Inhibitors, 1995 E.O.P.R. 357,
- 5367. 88 Geertrui Van Overwalle, Patent Protection for Plants: A Comparison of American and European Approaches, 39 IDEA 143, 173–174 (1999) (discussing the Rote Taube case).
- 447 U.S. 303, 310–11 (1980) (holding that genetically engineered micro-organism was patentable under § 101 as a "manufacture" or "composition of matter").
- ⁹⁰ Amy Sun, Note, Ag Supply, Inc. v. Pioneer Hi-Bred Int'l Inc.: Statutory Construction and Plant Patents, 43 JURIMETRICS J. 473, 481 (2003).
- 91 227 U.S.P.Q. (BNA) 443, 445–46 (B.P.A.I. 1985).
- ⁹² Trotti, supra note 27, at 371.
- 93 Jacoby & Weiss, supra note 80, at 97.
- ⁹⁴ Karjala, supra note 52, at 11.
- ⁹⁵ Alan S. Gutterman, The North-South Debate Regarding the Protection of Intellectual Property Rights, 28 WAKE FOREST L. REV. 89, 122 (1993); Whitt, supra note 4, at 252-53 (discussing a type of knowledge that the Maori call "tapu" and regard as sacred, believing that its misuse would cause the knowledge to lose its power); Melissa L. Sturges, Note, Who Should Hold Property Rights to the Human Genome? An Application of the Common Heritage of Humankind, 13 AM. U. INT'L L. REV. 219, 244 (1997).
- ⁹⁶ Karjala, supra note 52, at 11.
- 97 Id.
- 98 Trotti, supra note 27, at 375.
- ⁹⁹ Id.; David A. Cleveland & Stephen C. Murray, The World's Crop Genetic Resources and the Rights of Indigenous Farmers, 38 CURRENT ANTHROPOLOGY 477, 483 (1997).
- ¹⁰⁰ Trotti, supra note 27, at 375 (citing Candace S. Green & Thomas Drescher, The Tipi with Battle Pictures: The Kiowa Tradition of Intangible Property Rights, 84 TRADEMARK REP. 418, 423-24 (1994); Cleveland & Murray, supra note 98, at 483 (discussing the concept of "wou" in the Madang society of New Guinea which grants the exclusive right to make certain pots and plant certain species of yams)).
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- ¹⁰² Komla Tsey, Traditional Medicine in Contemporary Ghana: A Public Policy Analysis, 45 SOC. SCI. &MED. 1065, 1071 (1997).

⁸³ Id.

103 Roht-Arriaza, supra note 10, at 948.

¹⁰⁴ Janet McGowan and Iroka Udeinya, Collecting Traditional Medicines in Nigeria: A Proposal for IPR Compensation, INTELLECTUAL PROPERTY RIGHTS FOR INDIGENOUS PEOPLES: A SOURCE BOOK 59, 62 (Tom Greaver, ed., Society for Applied Anthropology 1994). 105 Trotti, supra note 27, at 376.

106 Id.

107 Id.

¹⁰⁸ Id. (citing Ajay K. Sharma, The Global Loss of Biodiversity: A Perspective in the Context of the Controversy over Intellectual Property Rights, 4 U. BALT. INTELL. PROP. L.J. 1, 15 (1995); Stephen Gudeman, Sketches Qualms and Other Thoughts on Intellectual Property Rights, in VALUING LOCAL KNOWLEDGE 102, 118 (Stephen B. Brush & Doreen Stabinsky eds., 1996)).

¹⁰⁹ See, e.g., Jan McGirk, A Tribe Goes Into Battle Over the 'Evil Twins' of Colombia, INDEPENDENT (London), Sept. 6, 1999 (exploring the impropriety of offering monetary compensation to indigenous peoples, particularly the U'wa tribe of Colombia).

¹¹⁰ See Trotti, supra note 27, at 376 (contrasting individualized intellectual property rights inherent in market economics with indigenous peoples' communal view of intellectual property).

¹¹¹Gudeman, supra note 108, at 105.

¹¹² Id. at 104.

- ¹¹³ Trotti, supra note 27, at 377.
- 114 Id.
- 115 Public Interest Intellectual Property Advisors (PIIPA) " is an international non-profit organization that makes intellectual property counsel available for developing countries and public interest organizations that seek to promote health, agriculture, biodiversity, science, culture, and the environment." Public Interest Intellectual Property Advisors, http://www.piipa.org (last visited Jan. 7, 2007).
- ¹¹⁶ Trotti, supra note 27, at 377 (citing Robert Weissman, Long Strange TRIPS: The Pharmaceutical Industry Drive to Harmonize Global Intellectual Property Rules and the Remaining WTO Legal Alternatives Available to Third World Countries, 17 U. PA. J. INT'L ECON. L. 1069, 1090 (1996)).
- ¹¹⁷ Elisabetsky, supra note 74.
- ¹¹⁸ KATY MORAN, Toward Compensation Returning Benefits from Indigenous Medicinal Drug Discovery to Native Peoples, in ETHNOECOLOGY: SITUATED KNOWLEDGE/LOCATED LIVES 249, 252 (Virginia D. Nazarea ed., Univ. of Arizona Press 1999) (" Because of poverty, acculturation, outside encroachment, and loss of habitat, extinction has been the fate of one indigenous culture each year in the Amazon region alone"). 119 Trotti, supra note 27, at 377.
- 120 Yano, supra note 7, at 472.
- ¹²¹ Id. at 473.

122 Id

¹²³ Id. (citing Mac Chapin, How the Kuna Keep Scientists in Line, CULTURAL SURVIVAL Q. 17

(Summer 1991)).

¹²⁴ Id.

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- 126 Finston, supra note 22, at 7.
- 127 Yano, supra note 7, at 474.
- 128 Finston, supra note 22, at 7.
- 129 M. D. Coughlin, Jr., Using the Merck-INBio Agreement to Clarify the Convention on Biological Diversity, 31 COLUMB. J. TRANSNAT'L L. 337 (1993).
- ¹³⁰ Id.
- 131 Yano, supra note 7, at 475.
- ¹³² Id.
- ¹³³ Id.
- ¹³⁴ Id.
- 135 Id
- 136 Trotti, supra note 27, at 376.
- 137 Canada, Hungary, Italy, Mexico, the Republic of Moldova, the Republic of Korea, Portugal, Romania, the Russian Federation, Switzerland, Uruguay, and Vietnam have indicated that they provide such protection. World Intellectual Property Organization [WIPO], Intergovernmental Comm. on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore, Report on the Review of Existing Intellectual Property Protection of Traditional Knowledge, Doc. WIPO/GRTKF/IC/4/7 (Dec. 9–17, 2002) (prepared by the Secretariat), available at http://www.wipo.int/documents/en/meetings/2002/igc/pdf/grtkf_ic_4_7.pdf [hereinafter WIPO Report].
- ¹³⁸ Id.

139 Id.

- 140 See id. (enacting [laws or regulations] establishing a system of traditional knowledge intellectual property protection especially adapted to its characteristics (that is, a sui generis system)."
- 141 In addition to Portugal and Togo, Brazil, Panama, and Peru have enacted sui generis legislation. Id.
- 142 Provisional Measure No. 2.186–16, Aug. 23, 2001 (Brazil), available at http://www.grain.org/brl/?docid=850&lawid=1768.

- 144 Id., art. 9, Sole Paragraph.
- 145 Legislative Assembly Law No. 20, art. 1. June 26, 2000 (Panama), available at http://www.digerpi.gob.pa/law_20.html.
- 146 Id., art. 2.

148 Law No. 27811, (published 2002) (Peru).

¹⁴³ Id., art. 8.

¹⁴⁷ Id.

- ¹⁴⁹ Id., art. 5(d).
- ¹⁵⁰ Id., art. 5(f).
- ¹⁵¹ Id., art. 8.
- ¹⁵² Id., arts. 37–41.
- ¹⁵³ Id., art. 38.
- ¹⁵⁴ Bluemel, supra note 34, at 700; see also Gerard Bodeker, Traditional Medical Knowledge, Intellectual Property Rights, and Benefit Sharing, 11 CARDOZO J. INT'L & COMP. L. 785, 807 (2003) (discussing whether sui generis legislation is enforceable outside the state).
- 155 Id.
- 156 Id. Id.
- 157 WIPO Report, supra note 137.
- ¹⁵⁸ Bluemel, supra note 34, at 701.
- ¹⁵⁹ Id. (citing JOSEPH HENRY VOGEL, THE BIODIVERSITY CARTEL: TRANSFORMING TRADITIONAL KNOWLEDGE INTO TRADE SECRETS (CARE, Proyecto Subir 2000); Graham Dutfield, TRIPS-Related Aspects of Traditional Knowledge, 33 CASE W. RES. J. INT'L L. 233, 259 (2001)).
- 160 Bluemel, supra note 34, at 701.
- ¹⁶¹ Id. at 702.
- 162 Bodeker, supra note 151, at 804.
- ¹⁶³ Amol Pachnanda, Comment, Scientific Databases Should be Protected Under a Sui Generis Regime, 51 BUFF. L. REV. 219, 229 (2003) (noting that databases are not effectively protected under current United States law); but see Mark Schneider, The European Union Database Directive, 13 BERKELEY TECH. L.J. 551, 556–60 (1998) (describing the database protection available in the European Union).
- ¹⁶⁴ Yano, supra note 7, at 476; see also Pierre-Marie Dupuy, Soft law and the International law of the Environment, 12 MICH. J. INT'L L. 420, 429–31 (1991) (describing classical and legal categories by which scholars usually describe and explain the creation and authority of international norms).
- $\frac{165}{160}$ Yano, supra note 7, at 476.
- 166 Id.
- ¹⁶⁷ See TRIPS Agreement, supra note 45.
- ¹⁶⁸ Yano, supra note 7, at 476.
- 169 Id
- 170 Finston, supra note 22, at 3.
- 171 UN Conference on Environ. and Dev.: Convention on Biological Diversity, Rio de Janeiro, Braz., pmbl, opened for signature June 5, 1992, 31 I.L.M. 818, 822 (1992), pmbl [hereinafter Convention on Biological Diversity].
- 172 Yano, supra note 7, at 476.
- 173 Convention on Biological Diversity, supra note 171, art. 16.

¹⁷⁴ Id.

- ¹⁷⁵ Id., art. 18.
- ¹⁷⁶ Id., arts. 20–21.
- ¹⁷⁷ Finston, supra note 22, at 3.

¹⁷⁸ See Parties to the Convention on Biological Diversity, http://www.biodiv.org/world/parties.asp (last visited Jan. 7, 2007) (providing statistics of the CBD).

- 179 Finston, supra note 22, at 1.
- ¹⁸⁰ Id. at 2.

¹⁸¹ Victoria Griffith, Biotech Reaches a Turning Point in its Evolution, FIN. TIMES 16, Dec. 17, 2003 ("The US dominance is clear on virtually any measure. By end-2002 its biotech sector had 10 times the market capitalisation of Europe's ... and the US spent three times more on research and development. This year the gap has widened. In the US, biotech has once again found favour with venture capitalists, raising \$ 8.52[billion] so far ... the rest of the world raised \$ 1.37[billion]").

182 Yano, supra note 7, at 478.

¹⁸³ See generally, infra Part II (noting that indigenous TK often is not able to satisfy TRIPS provisions requiring that the invention be, for example, novel or involve an inventive step. Moreover, TRIPS conceives of property rights in a way that is not commensurate with how indigenous people conceive of property rights, which engenders the problem of how to compensate the indigenous peoples.).

184 Bluemel, supra note 34, at 706.

¹⁸⁵ See generally id. at 706 (concluding that the extent to which participatory rights may reach is has not been clearly established by theories of public participation and suggesting methods for which TRIP may adopt to truly protect indigenous interests).

- 186 Finston, supra note 22, at 8.
- 187 Id.

¹⁸⁸ Id at 10 (quoting Victoria Griffith, Biotech Reaches a Turning Point in its Evolution, FIN. TIMES 16, Dec. 17, 2003).

¹⁸⁹ COUNCIL ON GOVERNMENT RELATIONS, THE BAYH-DOLE ACT: A GUIDE TO THE LAW AND IMPLEMENTING REGULATIONS 1–2 (1999), available at http://www.cogr.edu/docs/Bayh_Dole.pdf [hereinafter BAYH-DOLE ACT].

- 191 Finston, supra note 22, at 8.
- ¹⁹² Id. at 9.
- 193 BAYH-DOLE ACT, supra note 189, at 1–2.
- 194 Finston, supra note 22, at 9.
- 195 Id.
- 196
- Id.
 - Í Id.

¹⁹⁰ Id. at 2.

- ¹⁹⁸ AUTM Licensing Survey, FY 2002 Survey Summary, 1.
 ¹⁹⁹ U.S. CONGRESS JOINT ECONOMIC COMMITTEE, THE BENEFITS OF MEDICAL RESEARCH AND THE ROLE OF NIH ii (May 2000).
- 200 Finston, supra note 22, at 10.
- 201
- Id. 202 World Intellectual Property Organization [WIPO], Yearly Review of the PCT: 2002 (2002), available at http://www.wipo.int/pct/en/activity/pct_2002.pdf. 203 Finston, supra note 22, at 11.

- Id. 205 Id. at 10.

Module 11: Bibliographies & Audiovisual Resources

COMPILATION OF SELECTED BIBLIOGRAPHIES AND MULTIMEDIA RESOURCES by RM Wright, J. Reddy, et al.

1. Religion and Medicine

Bibliography Project

Various websites look at the ways in which Religion and Medicine/Spirituality and Health are being taught in schools around the country. Medical schools are also teaching courses for physicians and nurse practitioners, although their courses are framed differently than those in the humanities and social sciences. Religion and Medicine is now a vibrant and well-accepted field of study in biomedicine and integrative medicine. In addition to collecting syllabi from many institutions, some of the modules developed by Consortium schools and organizations are included:

i) The Consortium of Academic Health Centers for Integrative Medicine (Working Group on Education); This is a 200-page manual for educators, which includes modules and readings lists;

ii) Boston University Spirituality and Health Bibliography Project;

This is an extensive bibliography that has been developed and maintained at Boston University. It is listed by subject and includes references – books and articles.

iii) New York University Medical School-Medical Humanities Project

Other Websites of interest: Cochrane Library www.update-software.com/ccweb/cochrane/revabstr/ccabout.htm

CAMPAIN Database.

Complementary Medicine Program, University of Maryland Medical School, Publisher.

www.compmed.ummc.umaryland.edu/ris/risweb.isa

Natural Medicines Comprehensive Database www.naturaldatabase.com

Massage Database. Tiffany Fields, Publisher http://gehon.ir.miami.edu/touch-research/massref.htm 1

ALTMEDEX Micromedex, Publisher www.micromedex.com

British Medical Association Collected Resources www.bmj.com/cgi/collection/complementarymedicine

IBIS (Interactive Body-Medicine Information System) Integrative Arts, Inc., Publisher

www.Integrative-Medicine.com

CAMRC: University of Michigan Complementary and Alternative Medicine Research Center

www.med.umich.edu/camrc

National Center for Complementary and Alternative Medicine www.nccam.nih.gov

American Holistic Medical Association www.holisticmedicine.org 2. Selected documentaries to accompany course modules:

(Module 2) "Searching for Parika", by E. da Silva, RM Wright and MC Wright (VTS 01 1nnnn on https://www.youtube.com/watch? v=Cekn8NNR6AI)

(Module 2) "Baniwa Shamanic Revitalization", by Robin M. Wright. Edited by Foundation for Shamanic Studies. http://www.shamanism.org/media/baniwa-shamanic-revitalization.php

(Module 2) "Vine of the Souls"

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(Module 3) "Sastun" Dir. By Guido Verweyen, Cosmic Pictures, 2003

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(Module 4) "The Art of Being" (http://www.documentarywire.com/ayurveda-art-of-being")

(Module 5) "Personal Healing Testimonial from a Charismatic Healing retreat", http://www.youtube.com/watch?v=kLqNE3dxIXM

(Module 5) Catholic Charismatic Renewal Explain The Baptism Of The Holy Spirit http://www.youtube.com/watch?v=eG_ENeX3Xxo (Module 5) Understanding the Anointing with Rodney Howard Browne, http://www.youtube.com/watch?v=8EkQQYHpNLM

(Module 6) "Numen. The Nature of Plants" (2009. www.numenfilm.com)

(Module 6) "The Gersen Miracle" (www.youtube.com/watch? v=sbIixJI oa4?autoplay=0)

(Module 8) "Voyage to Health" : recovering traditional Hawaiian sacred sites; (www.nlm.lib)

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